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| UNITED STATES BANKRUPTCY COURT | PROOF OF CLAIM |
|---------------------------------------|-----------------------|

| | |
|---|------------------------------------|
| Name of Debtor: Mississippi Phosphate | Case Number: 14-51667KMS |
|---|------------------------------------|

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
James Johnson

Name and address where notices should be sent:
**4824 Jefferson St.
Moss Point, MS 39563**

Telephone number: **228 623 9267** email: **James R Johnson, JJ @ G-mail.com**

Name and address where payment should be sent (if different from above):

Telephone number: _____ email: _____

1. Amount of Claim as of Date Case Filed: \$ 22060.80

If all or part of the claim is secured, complete item 4.
If all or part of the claim is entitled to priority, complete item 5.

Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

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2. Basis for Claim: Severance Package
(See instruction #2)

| | | |
|--|---|--|
| 3. Last four digits of any number by which creditor identifies debtor: | 3a. Debtor may have scheduled account as: _____ (See instruction #3a) | 3b. Uniform Claim Identifier (optional): _____ (See instruction #3b) |
|--|---|--|

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe: _____

Value of Property: \$ _____

Annual Interest Rate _____ % Fixed or Variable (when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____

Basis for perfection: _____

Amount of Secured Claim: \$ _____

Amount Unsecured: \$ _____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

| | | |
|--|---|--|
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). | <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). |
| <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). | <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). | <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). |

Amount entitled to priority: \$ _____

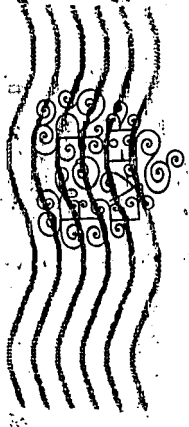
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of _____

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

MISS PHOSPHATES
00341

James R. Johnson
4824 Jefferson St.
Nass Point, MS.
39563

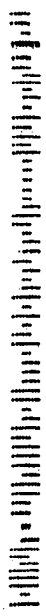
GULFPORT MS 395
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BMC Group Inc
ATTN: MISSISSIPPI Phosphates Corp. Claims
Processing
P.O. Box 3020 Chanassen, Mo.
55317-3020

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