

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Mississippi Phosphate

Name of Debtor:

Case Number:

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

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

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

Robert E Roberts  
2604 Tampica rd  
Gautier, MS 39553

Court Claim Number: \_\_\_\_\_  
(If known)

Telephone number:

601-270-3038

Filed on: \_\_\_\_\_

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

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Robert E Roberts 2604 Tampica rd Gautier

Check this box if you are the debtor or trustee in this case.

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

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

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If all or part of your claim is entitled to priority, complete item 5.

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

BMC GROUP

Specify the priority of the claim.

2. Basis for Claim: \_\_\_\_\_  
(See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: \_\_\_\_\_

Wages, salaries, or commissions (up to \$11,725\*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

3a. Debtor may have scheduled account as: \_\_\_\_\_  
(See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

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

Describe: \_\_\_\_\_  
Value of Property: \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_ %

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: \$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

Up to \$2,600\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

Amount entitled to priority:

\$ \_\_\_\_\_

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

\*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

If the documents are not available, please explain:

Date:

3-2-2015

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Robert E Roberts

FOR COURT USE ONLY

U.S. BANKRUPTCY COURT  
SOUTHERN DISTRICT OF MISSISSIPPI  
FILED

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

DANNY L. MILLER, CLERK

BY [Signature] DEPUTY CLERK

MISS PHOSPHATES



00360

DEPT: 000000 DEPT: 000000 VOL: 000000  
GB: 000000 000000 000000000000

# Earnings Statement



**MISSISSIPPI PHOSPHATES CORP**  
**601 INDUSTRIAL ROAD**  
**PASCAGOULA MS 39568**  
**228 762 3210**

Period Ending: 10/27/2014  
Pay Date: 10/31/2014

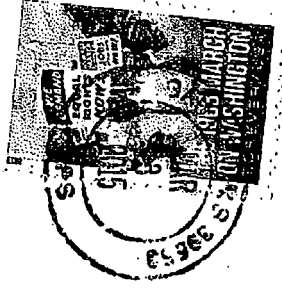
Taxable Marital Status: Single  
Exemptions/Allowances:  
Federal: 1  
MS: \$8,000 Yearly Exemption

Social Security Number: XXX-XX-8618

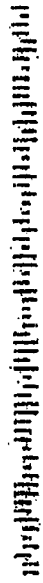
**ROBERT EARL ROBERTS**  
**2604 TAMPICA RD**  
**GAUTER, MS 39553**

*Hired June 2013*  
*Lay-off Dec 2014*

Robert E Roberts  
2604 Tampica rd  
Gauthier, MS 39553



Dan M Russel Count  
2012 15th Street Sweet 244  
Gulfport, MS 39501



3950132036

# Southern District of Mississippi Claims Register

14-51667-KMS Mississippi Phosphates Corporation

**Judge:** Katharine M. Samson

**Chapter:** 11

**Office:** Gulfport-6 Divisional Office

**Last Date to file claims:** 02/24/2015

**Trustee:**

**Last Date to file (Govt):** 04/25/2015

<i>Creditor:</i>	(3909960)	<b>Claim No:</b> 187	<i>Status:</i>
Robert E Roberts		<i>Original Filed</i>	<i>Filed by:</i> CR
2604 Tampica Rd		<i>Date:</i> 03/04/2015	<i>Entered by:</i> Wanda Watson
Gautier, MS 39553		<i>Original Entered</i>	<i>Modified:</i>
		<i>Date:</i> 03/04/2015	

*No amounts claimed*

*History:*

<i>Details</i>	<u>187-</u>	03/04/2015 Claim #187 filed by Robert E Roberts, Amount claimed: (Watson, Wanda )
	1	

*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** Mississippi Phosphates Corporation

**Case Number:** 14-51667-KMS

**Chapter:** 11

**Date Filed:** 10/27/2014

**Total Number Of Claims:** 1

**No Amounts Claimed**