

Fill in this information to identify the case:

Debtor Emerge Energy Services LP

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 19-11563

**Official Form 410
Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>American Stock Transfer and Trust Company, LLC</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	Other names the creditor used with the debtor <u>AST / AST Equity Plan Solutions</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? See summary page	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
	Contact phone <u>212-493-6923</u> Contact email <u>legalteamAST@astfinancial.com</u>	Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: EMES/8298 ____

7. How much is the claim? \$ 27,774.50. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Services Performed _____

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,025* 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"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/28/2019
MM / DD / YYYY

/s/Serena Zou
Signature

Print the name of the person who is completing and signing this claim:

Name Serena Zou
First name Middle name Last name

Title Legal Assistant

Company American Stock Transfer and Trust Company, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 634-7165 | International 001-310-823-9000

Debtor: 19-11563 - Emerge Energy Services LP		
District: District of Delaware		
Creditor: American Stock Transfer and Trust Company, LLC 48 Wall Street, 22nd Floor New York, NY, 10005 United States Phone: 212-493-6923 Phone 2: Fax: Email: legalteamAST@astfinancial.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
		Has Related Claim: No Related Claim Filed By:
		Filing Party: Creditor
Other Names Used with Debtor: AST / AST Equity Plan Solutions	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services Performed	Last 4 Digits: Yes - EMES/8298	Uniform Claim Identifier:
Total Amount of Claim: 27,774.50	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Serena Zou on 28-Aug-2019 3:02:07 p.m. Eastern Time Title: Legal Assistant Company: American Stock Transfer and Trust Company, LLC		



INVOICE

Taxpayer ID#26-2383678

Please direct queries to:

Contact: Colleen Kober

Phone: 1.201.806.4180

Facsimile:

Email: ckober@astfinancial.com

ATTN: KIM ASHBY
EMERGE ENERGY SERVICES LP
5600 CLEARFORK MAIN ST STE 400
FORT WORTH TX 76109

Invoice Number: DFE 10211175

Invoice Date: May-22-2019

Account Number: D9EMES

Total Due: \$ 24,152.50

Date Due: Upon Receipt

Equity Plan Solutions

PERIOD: 05/01/2019 - 04/30/2020

SERVICES

Account Administration

Annual Administration Fee
Financial Reporting Services

16,647.90

7,500.00

Total: SERVICES

24,147.90

EXPENSES

Disbursements

Restricted Release Electn Ltr

4 @ 1.15

4.60

Total: EXPENSES

4.60

Grand Total

\$ 24,152.50

Payments not received within thirty days of the due date will be assessed a late payment penalty of 1.50%

IMPORTANT: DETACH AND RETURN THIS STUB WITH YOUR PAYMENT - please do not staple your check to the payment stub

To ensure proper credit to your account, please reference account and/or invoice number on your check or wire.

Total Due: \$24,152.50 Amount Remitted: _____

Account Name: EMERGE ENERGY SERVICES LP

Account Number: D9EMES

Invoice Number: DFE 10211175

If paying by check, please make payable and remit to:

Preferred payment by wire, please follow the instructions below:

American Stock Transfer & Trust Company, LLC
PO Box 12893
Philadelphia, PA 19176-0893

SANTANDER BANK N.A.
READING, PA 19601
ABA/Routing 231 372 691
Account 3036002123
Swift Code: SVRNUS33



EPS-USA-A1

Thank you for choosing AST



INVOICE

WARREN BONHAM
EMERGE ENERGY SERVICES LP
5600 CLEARFORK MAIN STREET SUITE 100
FORT WORTH TX 76109

Please direct queries to:
Contact: Billing / Accounts Receivable
Phone: +1 718-921-8319
Facsimile: +1 718-765-8729
Email: ar@astfinancial.com

Invoice Number: DFE 10210501
Invoice Date: May-22-2019
Account Number: DBL18298

Total Due: \$ 1,791.00
Date Due: Upon Receipt

MONTHLY TRANSFER FEE

1,791.00

Grand Total

\$ 1,791.00

THE MONTHLY TRANSFER FEE IS FOR SERVICES PROVIDED IN THE MONTH REPRESENTED BY
THE INVOICE DATE ABOVE AND ALL OTHER FEES RELATE TO OUT OF POCKET EXPENSES FROM
THE PRIOR SERVICE PERIOD

IMPORTANT: DETACH AND RETURN THIS STUB WITH YOUR PAYMENT - please do not staple your check to the payment stub

To ensure proper credit to your account, please reference account and/or invoice number on your check or wire.

Total Due: \$ 1,791.00 Amount Remitted: _____

Account Name: EMERGE ENERGY SERVICES LP
Account Number: DBL18298
Invoice Number: DFE 10210501

If paying by check, please make payable and remit to:

Preferred payment by wire, please follow the instructions below:

American Stock Transfer & Trust Company, LLC
PO Box 12893
Philadelphia, PA 19176-0893

SANTANDER BANK N.A.
READING, PA 19601
ABA/Routing 231 372 691
Account 3036002123
Swift Code: SVRNUS33



Thank you for choosing AST



INVOICE

WARREN BONHAM
EMERGE ENERGY SERVICES LP
5600 CLEARFORK MAIN STREET SUITE 100
FORT WORTH TX 76109

Please direct queries to:
Contact: Billing / Accounts Receivable
Phone: +1 718-921-8319
Facsimile: +1 718-765-8729
Email: ar@astfinancial.com

Invoice Number: DFE 10212320
Invoice Date: Jun-13-2019
Account Number: DBL18298

Total Due: \$1,791.00
Date Due: Upon Receipt

MONTHLY TRANSFER FEE

1,791.00

Grand Total

\$ 1,791.00

THE MONTHLY TRANSFER FEE IS FOR SERVICES PROVIDED IN THE MONTH REPRESENTED BY THE INVOICE DATE ABOVE AND ALL OTHER FEES RELATE TO OUT OF POCKET EXPENSES FROM THE PRIOR SERVICE PERIOD

IMPORTANT: DETACH AND RETURN THIS STUB WITH YOUR PAYMENT - please do not staple your check to the payment stub

To ensure proper credit to your account, please reference account and/or invoice number on your check or wire.

Total Due: \$ 1,791.00 Amount Remitted: _____

Account Name: EMERGE ENERGY SERVICES LP
Account Number: DBL18298
Invoice Number: DFE 10212320

If paying by check, please make payable and remit to:

Preferred payment by wire, please follow the instructions below:

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PO Box 12893
Philadelphia, PA 19176-0893

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READING, PA 19601
ABA/Routing 231 372 691
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Swift Code: SVRNUS33



AST-USA-A4

Thank you for choosing AST



INVOICE

Taxpayer ID#26-2383678

Please direct queries to:

Contact: Colleen Kober

Phone: 1.201.806.4180

Facsimile:

Email: ckober@astfinancial.com

ATTN: KIM ASHBY
EMERGE ENERGY SERVICES LP
5600 CLEARFORK MAIN ST STE 400
FORT WORTH TX 76109

Invoice Number: DFE 10213469

Invoice Date: Jun-25-2019

Account Number: D9EMES

Total Due: \$ 40.00

Date Due: Upon Receipt

Equity Plan Solutions

SERVICES

Transactions

Restricted Lapse Processing	4 @ 10.00	40.00
Total: SERVICES		40.00

Grand Total	\$ 40.00
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Payments not received within thirty days of the due date will be assessed a late payment penalty of 1.50%

IMPORTANT. DETACH AND RETURN THIS STUB WITH YOUR PAYMENT - please do not staple your check to the payment stub

To ensure proper credit to your account, please reference account and/or invoice number on your check or wire.

Total Due: \$ 40.00 Amount Remitted: _____

Account Name: EMERGE ENERGY SERVICES LP

Account Number: D9EMES

Invoice Number: DFE 10213469

If paying by check, please make payable and remit to:

Preferred payment by wire, please follow the instructions below:

American Stock Transfer & Trust Company, LLC
PO Box 12893
Philadelphia, PA 19176-0893

SANTANDER BANK N.A.
READING, PA 19601
ABA/Routing 231 372 691
Account 3036002123
Swift Code: SVRNUS33



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Thank you for choosing AST