

**Fill in this information to identify the case:**

Debtor 1 Superior Silica Sands LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 19-115566 (KBO)

**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 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. 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? Amtex Scale & System, Inc.  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Amtex Scale

2. Has this claim been acquired from someone else?  No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>Amtex Scale &amp; Systems, Inc.</u> Name <u>P.O. Box 40309</u> Number Street <u>Austin TX 78704</u> City State ZIP Code Contact phone <u>512 444 1059</u> Contact email <u>tc@AmtexScale.com</u>	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____

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Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  No  
 Yes. Who made the earlier filing? \_\_\_\_\_

Date Stamped Copy Returned  
 No self addressed stamped envelope  
 No copy to return



**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: 9 S S S

7. How much is the claim? \$ 27,748.61. 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.  
Charges for: Freight, Travel, Vehicle, Equip, Labor & Sales Tax

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal 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 amounts should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

Annual Interest Rate (when case was filed) 18.00 %  
 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)?

No

Yes. Check one:

Amount entitled to priority

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

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

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

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).

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

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).

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

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

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

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

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

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.

**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.

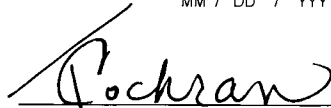
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment 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 a 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 08/05/2019  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name Teresa Jean Cochran  
First name Middle name Last name

Title President

Company Amtex Scale & Systems, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 820 Shelby Lane #101 (Physical Address)  
Number Street

Austin TX 78745  
City State ZIP Code

Contact phone 512 444 1059 Email tc@AmtexScale.com

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**GLENN HEGAR** TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

The Texas Comptroller of Public Accounts (CPA) administers the Statewide Historically Underutilized Business (HUB) Program for the State of Texas, which includes certifying minority and woman-owned businesses as HUBs and is designed to facilitate the participation of minority and woman-owned businesses in state agency procurement opportunities.

We are pleased to inform you that your application for certification/re-certification as a HUB has been approved. Your company's profile is listed in the State of Texas HUB Directory and may be viewed online at <http://www.window.state.tx.us/procurement//cmb1/hubonly.html>. Provided that your company continues to meet HUB eligibility requirements, the enclosed HUB certificate is valid for four years.

You must notify the HUB Program in writing of any changes affecting your company's compliance with the HUB eligibility requirements, including changes in ownership, day-to-day management, control and/or principal place of business. *Note: Any changes made to your company's information may require the HUB Program to re-evaluate your company's eligibility.*

Please reference the enclosed pamphlet for additional resources, such as the state's Centralized Master Bidders List (CMBL), that can increase your chance of doing business with the state.

Thank you for your participation in the HUB Program! If you have any questions, you may contact a HUB Program representative at 512-463-5872 or toll-free in Texas at 1-888-863-5881.

**Texas Historically Underutilized Business (HUB) Certificate**



Certificate/VID Number:	<b>1742435605700</b>
File/Vendor Number:	<b>005033</b>
Approval Date:	<b>24-SEP-2015</b>
Scheduled Expiration Date:	<b>24-SEP-2019</b>

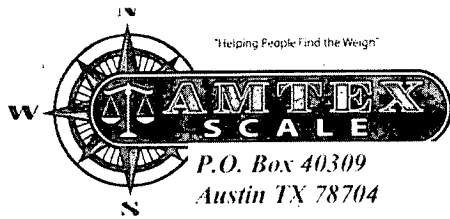
The Texas Comptroller of Public Accounts (CPA), hereby certifies that

**AMTEX SCALE & SYSTEMS INC**

has successfully met the established requirements of the State of Texas Historically Underutilized Business (HUB) Program to be recognized as a HUB. This certificate printed 25-SEP-2015, supersedes any registration and certificate previously issued by the HUB Program. If there are any changes regarding the information (i.e., business structure, ownership, day-to-day management, operational control, business location) provided in the submission of the business' application for registration/certification as a HUB, you must immediately (within 30 days of such changes) notify the HUB Program in writing. The CPA reserves the right to conduct a compliance review at any time to confirm HUB eligibility. HUB certification may be suspended or revoked upon findings of ineligibility.

*Paul Gibson, Statewide HUB Program Manager  
Texas Procurement and Support Services*

Note: In order for State agencies and institutions of higher education (universities) to be credited for utilizing this business as a HUB, they must award payment under the Certificate/VID Number identified above. Agencies and universities are encouraged to validate HUB certification prior to issuing a notice of award by accessing the Internet (<http://www.window.state.tx.us/procurement/cmb1/cmb1hub.html>) or by contacting the HUB Program at 1-888-863-5881 or 512-463-5872.



# Invoice

Date	Invoice No.
7/9/2019	31776

Bill To  
Superior Silica Sands LLC  
Attn: Accounts Payable  
5600 Clearfork Main St. #400  
Fort Worth TX 76109

Ship To:  
Superior Silica Sands LLC  
Kenny Kunsman 715 797 3687  
3014 CR 704  
Kosse TX 76653  
EMAIL INVOICES TO:  
ap@sssand.com

Purchase Order	Terms	Due Date	Ship Date	Ship Via	Rep	TDA Client No	TDA Acct. No.
K Kunsman	Net 30	8/8/2019	7/9/2019	UPS	JSP	00472609	0621959

Item	Qty	Description	Rate	Amount
A+ Customer	9	2 Men/ 4.5 Hours Service Call for: Truck Scale #3 RLW 720i S/N: 1611200088 Main Complaint: Indicator Displaying Weight and Would Not Zero Technician Action: Tested Load Cells & Cabling/Connections Repaired with Replacement Load Cells & Calibration of Scale Conclusion of Service: Scale was left in Proper Working Order	95.00	855.00
A+ OT	11	5.5 Hours/ 2 Men Additional Labor Hours to Complete Job Scope	142.50	1,567.50
PART	3	75K Double Ended Beam Load Cell	835.00	2,505.00
Limestone Co.	1	Heavy Capacity Test Vehicle Flat Rate Charge	1,295.00	1,295.00
Shipping & Handling	1	UPS Freight & Handling Charges	97.07	97.07

<b>Thank you for your business.</b>  Federal I.D. No. 74-2435605 Physical Address: 820 Shelby Lane Ste 101 Austin TX 78745	<b>PAST DUE ACCOUNTS ARE SUBJECT TO 1.5% MONTHLY FINANCE CHARGE WHICH IS AN ANNUAL RATE of 18%</b>	<b>Subtotal</b>	\$6,319.57
		<b>Sales Tax (8.25%)</b>	\$521.36
		<b>Total</b>	\$6,840.93
		<b>Balance Due</b>	\$6,840.93

Telephone Number	Facsimile Number	E-mail	Web Site
(512) 444-1059	(512) 444-8944	tc@AmtexScale.com	www.AmtexScale.com

REV:1B

Effective Date: 03/26/2017

OP-01-F-SR.2



Helping People Find the Weight!

**AMTEX SCALE**

www.AmtexScale.Com

TEXAS DEPARTMENT OF AGRICULTURE  
COMPANY LICENSE NO. 245675

JOB No.: 31776

**AUSTIN**  
Phone: 512 444-1059  
Fax: 512 444-8944  
1-800-388-2622  
tel@amtexscale.com

Remit To :  
P.O. Box 40309  
Austin TX 78704  
EIN 74-2435605

Come By or Ship To:  
820 Shelby Lane  
# 101  
Austin TX 78745

Customer: <u>SUPERIOR SILICA SANDS</u>	SERVICE CALL	<input checked="" type="checkbox"/>	CERTIFICATES
Person Calling: <u>KENNY KUNSMAN</u> Telephone: <u>715-797-3687</u>	INSPECTION		STICKER ONLY
Address: <u>3014 LCR 704</u>	ANNUAL		RWM-780 Report
City: <u>KOSSE</u> Zip: <u>76653</u> County:	SEMI ANNUAL		INSTALLATION
P.O.C. Telephone:	QUARTERLY		WARRANTY
Purchase Order No.:	MONTHLY		USDA Report
Email: Terms:			

**N.I.S.T. HANDBOOK 44 INSPECTION PROCEDURES**

TEST FOR ZERO, REPEAT ZERO, LEVEL OF SCALE, KEYPAD FUNCTION	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	RECORDED "AS FOUND" READINGS ON CERTIFICATE	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
APPLIED INCREASE & DECREASE TEST WEIGHTS	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	RECORDED AS "LEFT READINGS" ON CERTIFICATE	Wall Certificate Posted <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
CALIBRATED SCALE SPAN / LINEAR **	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CERTIFICATES PROVIDED TO CUSTOMER ON SITE	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
TESTED CALIBRATION	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	AMTEX RETAINED COPIES OF CERTIFICATES	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
APPLIED "NEXT DUE" CALIBRATION STICKER:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CERTIFICATES TO BE MAILED TO CUSTOMER	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

**EQUIPMENT INFORMATION:**

MODEL NO.	SERIAL NO.	MODEL NO.	SERIAL NO.
<u>RLW 720 3/4 16</u>	<u>200088</u>	<u>TRUCK SCALE #3</u>	

→ INDICATOR DISPLAYING -39400 lbs UPON ARRIVAL, WOULD NOT ZERO OUT.  
→ TROUBLESHOOT SCALE, FOUND 3 BAD LOAD CELLS AND 1 QUESTIONABLE CELL. REPLACED 3 CELLS AS NEEDED. ALL CABLEING RAN AND CONNECTION TERMINATED. QUESTIONABLE CELL SHOULD BE REPLACED, DO NOT KNOW IF

THIS SERVICE HAS BEEN RECEIVED	Qty	Equipment / Parts	Description	Price Per Item	Extended Price
	3	CG58	75K DOUBLE ENDED BEAM LOAD CELL	835.00	
CUSTOMER SIGNATURE <i>X</i> NO ONE AVAILABLE TO KENNY PRE-SPoke ON THE PHONE 7:10 PM	Additional Service / NOTES: IT WILL LAST OR POSSIBLY GET WORSE. WE WERE ABLE TO GET ENUFF ADJUSTMENT OUT OF IT TO OVERCOME DESCREPENCIES OF MV/READINGS. ALL SECTIONS WERE BALENCED AND SCALE WAS CALIBRATED. TESTED AND CHECKED. SCALE WAS LEFT			REGULAR HOURS	45x2.00
DATE: <u>07/09/2019</u>				OVERTIME HOURS	5.5x2.00
TECHNICIAN: <u>SPADISZELL P GARCIA</u>				TRAVEL CHARGE	(a)
TDA No.: <u>770917 / 75354</u>				TRAVEL HOURS	(a)
PAST DUE ACCOYNIS ARE SUBJECT TO A 1.5% MONTHLY FINANCE CHARGE, WHICH IS AN ANNUAL RATE OF 18%				HCTV CHARGE	1 (a)
				FREIGHT	1 (a)
				SUB TOTAL	97.07
				SALES TAX	
				TOTAL	

STANDARD TERMS AND CONDITIONS OF SALE

1. **AGREEMENT AND ACCEPTANCE.** BY THE COMPANY OF THE BUYER'S ORDER OR PURCHASE ORDER OR CONTRACT OR BY THE BUYER'S ACCEPTANCE OF THE COMPANY'S STANDARD TERMS AND CONDITIONS OF SALE CONTAINED WITHIN THE ORDER OR PURCHASE ORDER OR CONTRACT, THE BUYER AGREES TO BUY FROM THE COMPANY THE EQUIPMENT DESCRIBED HEREIN UNDER THE TERMS AND CONDITIONS OF SALE SET FORTH IN THE COMPANY'S STANDARD TERMS AND CONDITIONS OF SALE CONTAINED WITHIN THE ORDER OR PURCHASE ORDER OR CONTRACT.

2. **WARRANTY.** THE COMPANY WARRANTS THAT THE EQUIPMENT DESCRIBED HEREIN IS NEW UNLESS OTHERWISE SPECIFIED BY THE COMPANY AND THAT THE EQUIPMENT IS FREE FROM DEFECTS IN MATERIAL AND WORKMANSHIP AT THE TIME OF DELIVERY.

3. **TESTING.** THE COMPANY'S EQUIPMENT IS NOT TO BE TESTED OR USED FOR ANY OTHER PURPOSES THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY MISUSE OR ABUSE.

4. **INSTALLATION.** THE COMPANY'S EQUIPMENT IS NOT TO BE INSTALLED OR OPERATED IN ANY MANNER THAT IS UNREASONABLE OR UNLAWFUL. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL INSTALLATION OR OPERATION.

5. **ADDITIONAL WARRANTIES.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

6. **WARRANTY EXCLUSIONS.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

7. **WARRANTY LIMITATIONS.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

8. **WARRANTY OBLIGATIONS.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

9. **DELIVERY.** DELIVERY OF THE EQUIPMENT IS SUBJECT TO THE COMPANY'S STANDARD TERMS AND CONDITIONS OF SALE. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

10. **SHIPPING.** UNLESS OTHERWISE PROVIDED IN THE CONTRACT, THE COMPANY WILL SHIP THE EQUIPMENT BY THE MOST ECONOMICAL METHOD AVAILABLE. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

11. **INSURANCE.** THE BUYER SHALL BE RESPONSIBLE FOR OBTAINING AND MAINTAINING INSURANCE TO COVER THE EQUIPMENT FROM THE TIME OF DELIVERY TO THE TIME OF RECEIPT. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

12. **FORCE MAJEURE.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

13. **ASSIGNMENT.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

14. **ENTIRE AGREEMENT.** THIS CONTRACT REPRESENTS THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE BUYER. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

15. **FORCE MAJEURE.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

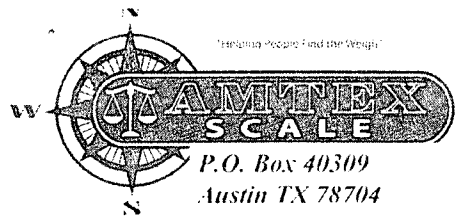
16. **FORCE MAJEURE.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

17. **FORCE MAJEURE.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

18. **FORCE MAJEURE.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

19. **FORCE MAJEURE.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.

20. **FORCE MAJEURE.** THE COMPANY'S EQUIPMENT IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THOSE FOR WHICH IT IS DESIGNED AND MANUFACTURED. THE COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF EQUIPMENT CAUSED BY UNREASONABLE OR UNLAWFUL USE.



# Invoice

Date	Invoice No.
7/23/2019	31789

**Bill To**  
 Superior Silica Sands LLC  
 Attn: Accounts Payable  
 5600 Clearfork Main St. #400  
 Fort Worth TX 76109

**Ship To:**  
 Superior Silica Sands LLC  
 Kenny Kunsman 715 797 3687  
 3014 CR 704  
 Kosse TX 76653  
 EMAIL INVOICES TO:  
 ap@sssand.com

Purchase Order	Terms	Due Date	Ship Date	Ship Via	Rep	TDA Client No.	TDA Acct. No.
K Kunsman	Net 30	8/22/2019	7/23/2019	UPS	JSP	00472609	0621959

Item	Qty	Description	Rate	Amount
A+ Customer	24	3 Men/ 8 Hours Straight Time Service Call for: Repair for RLW720i-2A Serial No. 1881400073 Main Complaint: Load Cell Failure - Indicator Failure Scale Repair Technician Action: Removed all Damaged non Functioning Load Cells and Installed new Load Cells. Ran New Cabling and Piping Throughout Scale. Obstacle Issues Scale was Packed with Product . Binding had to be cleared before cabling and connections could be run. All connections were terminated. New Indicator was installed. setup and interfaced to function with PC Program. All Sections were Balanced and Scale was calibrated & Checked Calibration Conclusion of Service: Scale was left in Proper Working Order	95.00	2,280.00T
A+ OT	30	Overtime 10 Hours/ 3 Men Completion of Job Scope in One Day	142.50	4,275.00T
Equipment	1	RLW 720i Indicator Serial No. 1881400073 Truck Scale #1	1,325.00	1,325.00T
Shipping & Handling	1	Indicator Freight & Handling Charges	26.52	26.52T
PART	11	Load Cells 75K Double Ended P/N: 102BH-75KLB Serial No.: 1719001695, 1318004542, 1318004551, 1719001906, 1719001604, 1719001869, 1719001915, 1719001921, 1719001738, 1719001908, 1719001941	835.00	9,185.00T
Limestone Co.	1	Heavy Capacity Test Vehicle Flat Rate Charge	1,295.00	1,295.00T
Limestone Co.	1	Round Trip Austin	475.00	475.00T
Shipping & Handling	1	Load Cell Shipping Freight & Handling Charges	452.73	452.73T

<b>All work is complete!</b>  Federal I.D. No. 74-2435605 Physical Address: 820 Shelby Lane Ste 101 Austin TX 78745	<b>PAST DUE          ACCOUNTS ARE          SUBJECT TO 1.5%          MONTHLY          FINANCE CHARGE          WHICH IS AN          ANNUAL RATE of          18%</b>	<b>Subtotal</b>	\$19,314.25
		<b>Sales Tax (8.25%)</b>	\$1,593.43
		<b>Total</b>	\$20,907.68
		<b>Balance Due</b>	\$20,907.68

Telephone Number	Facsimile Number	E-mail	Web Site
(512) 444-1059	(512) 444-8944	tc@AmteScale.com	www.AmteScale.com





**AUSTIN**  
Phone: 512 444-1059  
Fax: 512 444-8944  
1-800-388-2622  
tc@amtexscale.com

**Remit To:**  
P.O. Box 40309  
Austin TX 78704  
EIN 74-2435605

**Come By or Ship To:**  
820 Shelby Lane  
# 101  
Austin TX 78745

Customer: SUPERIOR SILICA SANDS 715	SERVICE CALL	<input checked="" type="checkbox"/> CERTIFICATES
Person Calling: KENNY KUNSMAN Telephone: 797-3687	INSPECTION	<input type="checkbox"/> STICKER ONLY
Address: 3014 CR 704	ANNUAL	<input type="checkbox"/> RWM-780 Report
City: KOSSE Zip: 76553 County:	SEMI ANNUAL	<input type="checkbox"/> INSTALLATION
P.O.C. Telephone:	QUARTERLY	<input type="checkbox"/> WARRANTY
Purchase Order No.:	MONTHLY	<input type="checkbox"/> USDA Report
Email: Terms:		

**N.I.S.T. HANDBOOK 44 INSPECTION PROCEDURES**

TEST FOR ZERO, REPEAT ZERO, LEVEL OF SCALE, KEYPAD FUNCTION	<input checked="" type="checkbox"/> N	RECORDED "AS FOUND" READINGS ON CERTIFICATE	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
APPLIED INCREASE & DECREASE TEST WEIGHTS	<input checked="" type="checkbox"/> N	REPAIRS NEEDED BEFORE TESTING	
CALIBRATED SCALE (SPAN / LINEAR *)	<input checked="" type="checkbox"/> N	RECORDED AS "LEFT READINGS" ON CERTIFICATE	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
TESTED CALIBRATION	<input checked="" type="checkbox"/> N	CERTIFICATES PROVIDED TO CUSTOMER ON SITE	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
APPLIED "NEXT DUE" CALIBRATION STICKER: 12/2019	<input checked="" type="checkbox"/> N	AMTEX RETAINED COPIES OF CERTIFICATES	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
		CERTIFICATES TO BE MAILED TO CUSTOMER	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

**EQUIPMENT INFORMATION:**

MODEL NO.	SERIAL NO.	MODEL NO.	SERIAL NO.
RLW 720i-2A	1881400073	TRUCK SCALE #1	
REMOVED ALL DAMAGED NON FUNCTIONING LOAD CELLS AND INSTALLED NEW CELLS. ALL CABLING RAN (PIPING THROUGH OUT SCALE WAS PACKED, HAD TO BE CLEARED BEFORE ANY NEW CABLE COULD BE RUN) ALL CONNECTIONS TERMINATED. NEW INDICATOR INSTALLED.			

THIS SERVICE HAS BEEN RECEIVED	Qty	Equipment / Parts	Description	Price Per Item	Extended Price
	1	RLW720i	INDICATOR		
CUSTOMER SIGNATURE:	11	102BH-75KLB	75K DOUBLE ENDED LOAD CELLS		
DATE: 07/23/2019	Additional Service / NOTES:			REGULAR HOURS	8x3 @
TECHNICIAN: J. PASDERETZ P. GARCIA E. CONDE TDA No.: 770917	SETUP AND INTERFACED TO FUNCTION W/RC PROGRAM.			OVERTIME HOURS	10x3 @
	ALL SECTIONS BALANCED AND SCALE CALIBRATED. SCALE WAS LEFT IN PROPER WORKING ORDER. ENTRANCE OF SCALE PICKS UP VIBRATION FROM SHAKERS WEIGHS JUMP SLIGHTLY AT THAT			TRAVEL CHARGE	1 @
				TRAVEL HOURS	@
				ACTY CHARGE	1 @
				WEIGHT	@
				SUB TOTAL	452.73
				SALES TAX	
				TOTAL	

