

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 19-11566

Official Form 410

Proof of Claim

04/16

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? Ambius
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Rentokil North America

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)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Joseph Kraynak</u> Name <u>1125 Berkshire Blvd Suite 150</u> Number Street <u>Wyomissing Pa 19610</u> City State ZIP Code Contact phone <u>610-372-9700 x27154</u> Contact email <u>joseph.kraynak@rentokil.com</u>	_____ Name _____ Number Street _____ City State ZIP Code _____ 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? 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? _____

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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: 3 9 1 9

7. How much is the claim? \$ 902.92. 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 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.)

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: _____

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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 \$2,850* 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 \$12,850*) 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 4/01/19 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.

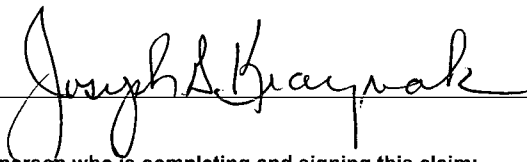
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 08/20/2019
MM / DD / YYYY

Joseph G Kraynak
Signature



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

Name Joseph G Kraynak
First name Middle name Last name

Title Assistant Credit Manager

Company Rentokil North America
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1125 Berkshire Blvd, Suite 150
Number Street
Wyomissing Pa 19610
City State ZIP Code

Contact phone 610-372-9700 Email joseph.kraynak@rentokil.com

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RENTOKIL NORTH AMERICA, INC.
 1125 Berkshire Blvd.
 Suite 150
 Wyomissing, PA 19610
 Connect with Ambius



INVOICE

Invoice Date 7/1/2019 **Invoice Number** 003919DA351001
Delivery Date **Page No.** 1 of 1

Representative
 CHRIS STILES
Transaction Type
 MONTHLY BILL FOR 7/2019

Bill To:
003919

2839 1 MB 0.428 9 Return Service Requested
 SUPERIOR SILICA SANDS LLC Seq# 002839
 ACCOUNTS PAYABLE
 5600 CLEARFORK MAIN ST STE 400
 FORT WORTH, TX 76109-3567



Ambius (21)-Dallas
 Phone: 214/638-1000
 atyourservice@ambius.com

Contract #	Transactions	PO Number	Amount	Tax	Total
	Ship To: 0001 SUPERIOR SILICA SANDS LLC 5600 CLEARFORK MAIN STREET SUITE 400 FORT WORTH, TX 76109-0000				
65620	Rental - Plant & con		\$525.22	\$43.33	\$568.55
71059	Rotation Program		\$38.14	\$3.15	\$41.29
For questions or to set up paperless invoicing please call 855-239-0053 or email atyourservice@ambius.com					
FEIN 23-1568350			Payment Options : EFT or Direct Debit, send information to eft.coordinator-us@ambius.com . Checks will be converted to a one time electronic funds transfer; opt out, written notice to address on invoice. Invoice/Billing solution: First contact billing phone number on invoice, not resolved call 866-787-5268.		
			Total Amount		\$563.36
			Total Sales Taxes		\$46.48
			* Please Pay*		\$609.84

DETACH AND RETURN THIS REMITTANCE STUB WITH PAYMENT

TERMS: NET 10 DAYS PAYABLE IN US DOLLARS

DO NOT FOLD, STAPLE, TAPE, OR MUTILATE THIS STUB WHEN RETURNING PAYMENT

SUPERIOR SILICA SANDS LLC- Acct# 003919

00391921351001 000060984 7

DO NOT SEND LEGAL NOTICE OR CORRESPONDENCE TO THIS PO BOX.

Please Remit To
 Ambius (21)
 PO Box 14086
 Reading, PA 19612

Amount Due: \$609.84

Total Paid _____



*A 2% SERVICE CHARGE WILL BE MADE ON ALL PAST DUE 30 DAYS.
 APR.24% MINIMUM SERVICE CHARGE FOR PAST DUE IS .50.



RENTOKIL NORTH AMERICA, INC.
 1125 Berkshire Blvd.
 Suite 150
 Wyomissing, PA 19610
 Connect with Ambius



*****INVOICE*****

Invoice Date 6/1/2019 **Invoice Number** 003919DA350215
Delivery Date **Page No.** 1 of 1

Representative CHRIS STILES
Transaction Type MONTHLY BILL FOR 7/2019

Bill To:
003919

2839 1 MB 0.428 9 Return Service Requested
 SUPERIOR SILICA SANDS LLC Seq# 002839
 ACCOUNTS PAYABLE
 5600 CLEARFORK MAIN ST STE 400
 FORT WORTH, TX 76109-3567



Ambius (21)-Dallas
 Phone: 214/638-1000
 atyourservice@ambius.com

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71059	Rotation Program		\$38.14	\$3.15	\$41.29
	For questions or to set up paperless invoicing please call 855-239-0053 or email atyourservice@ambius.com				
	Partial Payment		\$314.76		-\$314.76
FEIN 23-1568350 Payment Options : EFT or Direct Debit, send information to eft.coordinator-us@ambius.com . Checks will be converted to a one time electronic funds transfer; opt out, written notice to address on invoice. Invoice/Billing solution: First contact billing phone number on invoice, not resolved call 866-787-5268.			Total Amount \$ 248.60 Total Sales Taxes \$46.48 * Please Pay* \$ 295.08		

DETACH AND RETURN THIS REMITTANCE STUB WITH PAYMENT

TERMS: NET 10 DAYS PAYABLE IN US DOLLARS

DO NOT FOLD, STAPLE, TAPE, OR MUTILATE THIS STUB WHEN RETURNING PAYMENT

SUPERIOR SILICA SANDS LLC- Acct# 003919

00391921351001 0000 29508 7

DO NOT SEND LEGAL NOTICE OR CORRESPONDENCE TO THIS PO BOX.

Please Remit To
Ambius (21)
PO Box 14086
Reading, PA 19612

Amount Due: \$ 295.08

Total Paid _____



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