

Your claim can be filed electronically on KCC's website at <https://epoc.kecllc.net/EmergeEnergy>.

ID: 24656300

PIN: 6XoaopGH

United States Bankruptcy Court for the District of Delaware

Indicate Debtor against which you assert a claim by checking the appropriate box below. **(Check only one Debtor per claim form.)**

- Emerge Energy Services LP (Case No. 19-11563)
- Emerge Energy Services GP LLC (Case No. 19-11564)
- Emerge Energy Services Operating LLC (Case No. 19-11565)
- Superior Silica Sands LLC (Case No. 19-11566)
- Emerge Energy Services Finance Corporation (Case No. 19-11567)

The Debtor has listed your claim on Schedule F (E/F Part 2) as a General Unsecured claim in the amount of \$179.08. If you agree with this characterization and amount, you do not need to complete and return this form. If you disagree, please complete and return this form accordingly.

**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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Part 1: Identify the Claim

NameID: 13891571

1. Who is the current creditor?	Bearing Headquarters Company Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
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? Bearing Headquarters Company PO Box 6267 Broadview, IL 60155	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Address _____ Country _____ Contact phone _____ Contact email _____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) 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 _____ MM / DD / YYYY	
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? _____	

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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: 0787

7. How much is the claim? \$ 179.08 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.
Goods Sold

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: \$ 179.08
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ 179.08 (The sum of the secured and unsecured amount should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ 179.08

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:
- | | |
|---|---|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | Amount entitled to priority
\$ _____ |
| <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)? Please see the instructions attached hereto regarding additional required information.

- 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 09 03 2019
MM / DD / YYYY

Paul B. Cuthbert
Signature

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

Name PAUL BIKOTA
First name Middle name Last name

Title VP - FINANCE

Company BEARING HEADQUARTERS COMPANY
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2601 PARKES DR.
Number Street

BROADVIEW IL 60155 USA
City State ZIP Code Country

Contact phone 708-681-4400 Email pcvikota@bearing.com

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KURTZMAN CARSON CONSULTANTS





Bearing Headquarters Company

1814 Truax Blvd
Eau Claire WI 54703
Phone: 715-839-7155
Fax: 715-839-0118

INVOICE

PAGE	1
INVOICE NO.	5473995
INVOICE DATE	6/13/19

Remit To: P.O. Box 6267
Broadview, Illinois 60155-6267

"The Service First Company"

S90787

S O L D T O
SUPERIOR SILICA SANDS

5600 CLEARFORK MAIN ST, STE 40
FORT WORTH, TX 76109

S H I P T O
SUPERIOR SILICA SANDS

5600 CLEARFORK MAIN ST, STE 40
FORT WORTH, TX 76109

For Terms And Conditions Please Visit Below:
http://www.bearingheadquarters.com/customer_terms.asp

CUSTOMER PURCHASE ORDER	Rel #	SHIP VIA	TERMS	DATE SHIPPED	SLMN	ORDER NUMBER	
Barron/656110RT		Best way	Net 30	6/12/19	3601	10123215-000	
SPECIAL INSTRUCTIONS >							
QTY ORDERED	QTY SHIPPED	QTY. BACK ORDERED	U/M	ITEM NO. / DESCRIPTION	PRICE	AMOUNT	
4.00	4.00	.00	EA	D14EJ39800 5WX1120 CARLISLE	33.40	133.60	
SUB-TOTAL				TAX	SHIPPING & HANDLING	DEPOSIT	BALANCE DUE
133.60				.00	9.55	.00	143.15



Bearing Headquarters Company

1814 Truax Blvd
Eau Claire WI 54703
Phone: 715-839-7155
Fax: 715-839-0118

INVOICE

Remit To: P.O. Box 6267
Broadview, Illinois 60155-6267

PAGE	1
INVOICE NO.	5481680
INVOICE DATE	7/10/19

"The Service First Company"

S90787

S O L D
SUPERIOR SILICA SANDS

5600 CLEARFORK MAIN ST, STE 40
FORT WORTH, TX 76109

002

SUPERIOR SILICA SANDS

CLINTON PLANT
1058 U.S. HWY 8
BARRON, WI 54812

For Terms And Conditions Please Visit Below:
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CUSTOMER PURCHASE ORDER	Rel #	SHIP VIA	TERMS	DATE SHIPPED	SLMN	ORDER NUMBER
Barron 656110 RT		Best Way	Net 30	6/21/19	3601	10130197-000
SPECIAL INSTRUCTIONS >						
QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED	U/M	ITEM NO. / DESCRIPTION	PRICE	AMOUNT
2.00	2.00	.00	EA	H12RJ38030 75 93 10 ADL 75 X 93 X 10ADL NBR	12.85	25.70
				HARMAL		
SUB - TOTAL	TAX	SHIPPING & HANDLING	SUB-TOTAL	DEPOSIT	BALANCE DUE	
25.70	1.88	8.35	35.93	.00	35.93	