

Fill in this information to identify the case:

Debtor Superior Silica Sands LLC

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

Case number 19-11566

**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>See summary page</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Anamark Uniform Services</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>208-344-6000</u> Contact email <u>sschwager@hawleytroxell.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 _____ 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? _____	



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: 6316 _____

7. How much is the claim? \$ 990.25. 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 Provided / Services Rendered

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. \$ 191.97

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 checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ 798.28

* 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 09/04/2019
MM / DD / YYYY

/s/Sheila R. Schwager
Signature

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

Name Sheila R. Schwager
First name Middle name Last name

Title Attorney

Company Hawley Troxell Ennis and Hawley, LLP
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: 19-11566 - Superior Silica Sands LLC		
District: District of Delaware		
Creditor: ARAMARK Uniform and Career Apparel, LLC fka ARAMARK Uniform and Career Apparel, Inc. c/o Sheila R. Schwager Hawley Troxell Ennis and Hawley, LLP P.O. Box 1617 Boise, ID, 83701 Phone: 208-344-6000 Phone 2: Fax: Email: sschwager@hawleytroxell.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
Related Claim Filed By:		Filing Party: Authorized agent
Other Names Used with Debtor: Aramark Uniform Services		Amends Claim: No
		Acquired Claim: No
Basis of Claim: Goods Provided / Services Rendered	Last 4 Digits: Yes - 6316	Uniform Claim Identifier:
Total Amount of Claim: 990.25	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(): 798.28	
Has Secured Claim: No	Nature of Secured Amount:	
Amount of 503(b)(9): No	Value of Property:	
Based on Lease: Yes, 191.97	Annual Interest Rate:	
Subject to Right of Setoff: No	Arrearage Amount:	
	Basis for Perfection:	
	Amount Unsecured:	
Submitted By: Sheila R. Schwager on 04-Sep-2019 1:25:05 p.m. Eastern Time		
Title: Attorney		
Company: Hawley Troxell Ennis and Hawley, LLP		

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

04/19

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 I: Identify the Claim

1. Who is the current creditor? ARAMARK Uniform & Career Apparel, LLC fka ARAMARK Uniform & Career Apparel, Inc.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor Aramark Uniform Services

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? c/o Sheila R. Schwager
Hawley Troxell Ennis & Hawley LLP
Name
P.O. Box 1617
Number Street
Boise, Idaho 83701
City State ZIP Code
Contact phone 208.344.6000.
Contact email sschwager@hawleytroxell.com

Where should payments to the creditor be sent? (if different)
Name
Number Street
City State ZIP Code
Contact phone
Contact email

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? _____

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: 6316/5754/6471

7. How much is the claim? \$ 990.25 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 Provided/Services Rendered

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 defaults 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. \$ 191.97

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 all that apply:*

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)(2) that applies. **503(b)(1)(A)**
Unpaid Post Petition Invoices

Amount entitled to priority

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
\$ 798.28

* 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).

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.

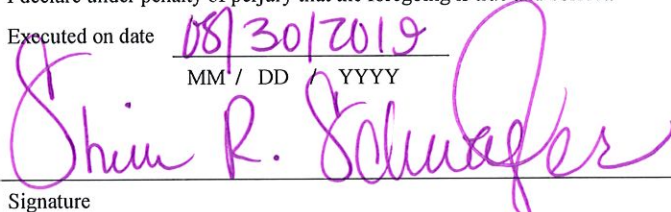
If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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 08/30/2019
 MM / DD / YYYY


 Signature

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.

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

Name **Sheila R. Schwager**
 First name Middle name Last name
 Title **Attorney for ARAMARK Uniform & Career Apparel, LLC**
 Company Click here to enter text.
 Identify the corporate servicer as the company if the authorized agent is a servicer.
 Address **P.O. Box 1617**
 Number Street
Boise, Idaho 83701
 City State ZIP Code
 Contact phone **208.344.6000** Email **sschwager@hawleytroxell.com**

ATTACHMENT TO PROOF OF CLAIM
SUPERIOR SILICA SANDS LLC
CASE NO. 19-11566

Unpaid Pre-Petition Invoices	\$ 191.97
Unpaid Post Petition Invoices	<u>\$ 798.28</u>
TOTAL CLAIM	\$ 990.25

Emerge Energy Services LP / Superior Silica Sands LLC					
Pre-Petition					
File date:	7/15/2019				
Total Invoice					\$ 191.97
Total Pre-Petition					\$ 191.97
Servicing MC	Invoice	Account	Date	Original amount	Amount Due
632	1788601125	860096316	7/1/2019	\$ 63.99	\$ 63.99
632	1788605713	860096316	7/8/2019	\$ 63.99	\$ 63.99
632	1788610214	860096316	7/15/2019	\$ 63.99	\$ 63.99

Emerge Energy Services LP / Superior Silica Sands LLC					
Post-Petition					
Total Invoice					\$ 798.28
Total Post-Petition					\$ 798.28
Servicing MC	Invoice	Account	Date	Original amount	Amount Due
632	1788611149	860045754	7/16/2019	\$ 64.47	\$ 29.76
632	1788614828	860096316	7/22/2019	\$ 63.99	\$ 63.99
632	1788615750	860045754	7/23/2019	\$ 64.47	\$ 64.47
632	1788619564	860046471	7/29/2019	\$ 121.39	\$ 121.39
632	1788619378	860096316	7/29/2019	\$ 63.99	\$ 63.99
632	1788620316	860045754	7/30/2019	\$ 66.12	\$ 66.12
1	957952	860045754	7/31/2019	\$ 0.97	\$ 0.97
1	955403	860096316	7/31/2019	\$ 1.15	\$ 1.15
632	1788623925	860096316	8/5/2019	\$ 65.05	\$ 65.05
632	1788624847	860045754	8/6/2019	\$ 64.47	\$ 64.47
632	1788628455	860096316	8/12/2019	\$ 63.99	\$ 63.99
632	1788629394	860045754	8/13/2019	\$ 64.47	\$ 64.47
632	1788633060	860096316	8/19/2019	\$ 63.99	\$ 63.99
632	1788633988	860045754	8/20/2019	\$ 64.47	\$ 64.47