

Fill in this information to identify the case:

Debtor Enviva Inc.

United States Bankruptcy Court for the: Eastern District of Virginia
(State)

Case number 24-10453

**Official Form 410
Proof of Claim**

04/22

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

<p>1. Who is the current creditor?</p>	<p><u>BUSINESS WIRE</u></p> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>BUSINESS WIRE</u> <u>101 CALIFORNIA STREET, 20 FLOOR</u> <u>SAN FRANCISCO, CA 94111, United States</u></p> <p>Contact phone <u>9089983608</u></p> <p>Contact email <u>See summary page</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Contact phone _____</p> <p>Contact email _____</p>
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



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: 2204 ____

7. How much is the claim? \$ 42500.00. 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 \$3,350* 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 \$15,150*) 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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority 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 03/19/2024
MM / DD / YYYY

/s/JUDITH MALDONADO
Signature

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

Name JUDITH MALDONADO
First name Middle name Last name

Title SENIOR COLLECTIONS ASSOCIATE

Company BUSINESS WIRE INC
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 (888) 249-2695 | International (310) 751-2601

Debtor: 24-10453 - Enviva Inc. District: Eastern District of Virginia, Alexandria Division		
Creditor: BUSINESS WIRE 101 CALIFORNIA STREET, 20 FLOOR SAN FRANCISCO, CA, 94111 United States Phone: 9089983608 Phone 2: Fax: Email: judith.maldonado@businesswire.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:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services Performed	Last 4 Digits: Yes - 2204	Uniform Claim Identifier:
Total Amount of Claim: 42500.00	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: JUDITH MALDONADO on 19-Mar-2024 11:27:02 a.m. Eastern Time Title: SENIOR COLLECTIONS ASSOCIATE Company: BUSINESS WIRE INC		



Invoice

Business Wire, Inc.
101 California Street, 20th Floor
San Francisco, CA 94111
US

415-986-4422
TAX ID: 20-4146409
www.businesswire.com

Transaction No:	2410008916
Transaction Date:	31-Jan-24
Payment Terms:	NET 30
Due Date:	1-Mar-24

BILL TO: ENVIVA, INC.
KATE WALSH
7272 WISCONSIN AVENUE, SUITE 16
BETHESDA, MD 20814
United States

SHIP TO: ENVIVA, INC.
CUSTOMER NO.: 2922204
ORDERED BY:
P.O. NO.: EVAPON0001253

RE: CONTRACT BILLING TERM: 4/28/23 - 5/30/25 (4 OF 8)

WORD COUNT: 0

Description of Services	Amount
Misc: Quarterly Contract Billing	42,500.00

Terms: Invoices are due upon receipt and become over due once Payment Terms are exceeded. Service can be suspended for overdue accounts. If any invoices are turned over for collection, debtor will be charged for all collection costs, court costs and attorney fees. Please include your invoice numbers when remitting payment. If no remittance advice is provided, Business Wire reserves the right to apply your payment to your account starting with the oldest open transaction.

SUBTOTAL:	42,500.00
TAX (if applicable):	0.00
TOTAL:	42,500.00
AMOUNT PAID:	0.00
BALANCE DUE:	42,500.00

All amounts shown in USD

IF PAYING BY CHECK, PLEASE DETACH AND RETURN THIS STUB WITH PAYMENT

REMITTANCE INFORMATION

EFT/ ACH/ WIRE/ CREDIT CARD

Bank Name: Wells Fargo Acct Name: Business Wire, Inc Acct N°:
4121551816 Routing N°: 121000248 Swift Code: WFBUIUS6S
Mail Checks To: Business Wire, Inc PO BOX 884182 Los Angeles, CA 90088-4182

ENVIVA, INC.
KATE WALSH
7272 WISCONSIN AVENUE, SUITE 16
BETHESDA, MD 20814
United States

AMOUNT ENCLOSED

If you have any questions our team is available to assist you Monday to Friday from 6:00 am to 6:00 pm Pacific Standard Time. Phone: +001 (415) 986-4422, Option 3 or Email: callctrar@businesswire.com

2922204 2410008916 20240131 00004250000

Mar 19 2024

Business Wire Inc



Please tear off remittance stub below, and include with your payment to ensure amounts are properly credited to your account.

Customer	Customer ID	Statement Date	Page
ENVIVA INC.	2922204	Mar 19 2024	1 / 2

Customer ID	Invoice #	Invoice Date	PO #	Due Date	Description	Original Amount	Amount
2922204	2410008916	Jan 31 2024	EVAPON0001253	Mar 01 2024	CONTRACT BILLING TERM: 4/28/23 - 5/30/25 (4 OF 8)	42,500.00 USD	42,500.00 USD
							42,500.00 USD

As of	Current	Past Due	Invoices Total	Credits Total	Account Balance
Mar 19 2024	0.00 USD	42,500.00 USD	42,500.00 USD	-	42,500.00 USD

Account Balance
42,500.00 USD

Mar 19 2024

Business Wire Inc



Please tear off remittance stub below, and include with your payment to ensure amounts are properly credited to your account.

Customer	Customer ID	Statement Date	Page
ENVIVA INC.	2922204	Mar 19 2024	2 / 2

Account Balance **42,500.00 USD**

Please send payment to:

Pay Amount \$	If paying anything but the full amount, please specify:
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Business Wire, Inc.
PO Box 884182
Los Angeles, CA 90088-4182

If your AP contact has changed, or you would like to add another contact, please enter the information below:

Name: _____ Email Address: _____

Please indicate which invoices you are paying by checking the boxes below.

Please remember you can always make electronic payments in your TermSync account.

	Invoice #	Amount
<input type="checkbox"/>	2410008916	42,500.00 USD