

Fill in this information to identify the case:

Debtor 1 ENVIVA, INC., et al

Debtor 2 _____
 (Spouse, if filing)

United States Bankruptcy Court for the: Eastern Virginia District of _____

Case number 24-10453 (BFK)

FILED
 MAILROOM
 2024 MAR 28 PM 2:13
 CLERK
 US BANKRUPTCY COURT
 ALEXANDRIA DIVISION

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 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? American Warehousing Systems, Inc.
 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?
 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>Wes Thornton/American Warehousing</u> Name <u>106C US Hwy 117 Bypass S.</u> Number Street <u>Goldsboro, NC 27533</u> City State ZIP Code Contact phone <u>919-734-8005</u> Contact email <u>wt@awsnc.com</u>	<u>American Warehousing Systems, Inc.</u> Name <u>106C US Hwy. 117 Bypass S.</u> Number Street <u>Goldsboro, NC 27533</u> City State ZIP Code Contact phone <u>919-734-8005</u> Contact email <u>wt@awsnc.com</u>

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? _____



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: 2 1 0 4

7. How much is the claim? \$ 500.00. 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.
storage fees

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: Property was removed by Enviva
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: \$ 500.00 (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: \$ 500.00
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. \$ 500.00

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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____
- 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). \$ _____
- 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 4/01/25 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:

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

- 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.

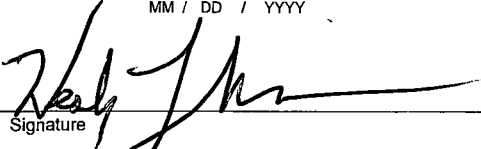
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

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 03/25/2024
MM / DD / YYYY


Signature

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

Name WESLEY THORNTON
First name Middle name Last name

Title OWNER/PRESIDENT

Company AMERICAN WAREHOUSING SYSTEMS, INC.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 106 US HWY 117 BYPASS S.
Number Street
GOLDSBORO, NC 27533
City State ZIP Code

Contact phone 919-734-8005 Email wt@awsnc.com



INVOICE

~~Invoice Number: 1094301~~

Invoice Date: 05/31/22

Page: 1

C/O AMERICAN WAREHOUSE

PO BOX 2064
 GOLDSBORO NC 27533-2064
 919 734-8005

P.O. Number: SAPPON0011837-1

P.O. Date: 05/31/22

Bill To: ID: 2104
 ENVIVA
 7272 WISCONSIN AVENUE, STE 1800
 BETHESDA MD 20814

Due Date: 06/30/22

Terms: Net 30 Days

Sub totals by Service:

MARKING CHARGES	4	ORD	6.00
MISCELLANEOUS	1	AMT	206.50
ORDER CHARGE	4	ORD	30.00
RECORDING BATCH NUMB	5	PLT	7.50

Service	Quantity	Rate	Per	Amount
ORDER CHARGE	4	7.50	Order	30.00
MARKING CHARGES	4	1.50	Order	6.00
MISCELLANEOUS	1	206.50	Amount	206.50
RECORDING BATCH NUMBERS	5	1.50	Pallet	7.50
Handling	0.00	Storage:	0.00	Other: 250.00

Subtotal: 250.00
 Total Tax: 0.00
 Total: 250.00

Bill to: ENVIVA
Code 2104

American Warehousing Systems
Invoice Detail Attachment

Invoice #: I09430
Invc date 05/31/22
Page 2

Item	Lot	Description	Date	Stg to	Doc ref	Qty	Unit	Chrg qty	Unit	Rate	Amount
		S185602	05/10/22		05102022	1	ORD			7.50	7.50
		S185603	05/13/22		05132022	1	ORD			7.50	7.50
		S185604	05/13/22		05132022-1	1	ORD			7.50	7.50
		S185978	05/25/22		FINAL P/UP	1	ORD			7.50	7.50
ORDER CHARGE								4	ORD		30.00
		S185602	05/10/22		05102022	1	ORD			1.50	1.50
		S185603	05/13/22		05132022	1	ORD			1.50	1.50
		S185604	05/13/22		05132022-1	1	ORD			1.50	1.50
		S185978	05/25/22		FINAL P/UP	1	ORD			1.50	1.50
MARKING CHARGES								4	ORD		6.00
			05/31/22		Min. Month Rate	1	AMT			206.50	206.50
MISC: Minimum Monthly Rate								1	AMT		206.50
		S185602	05/10/22		05102022	2	PLT			1.50	3.00
		S185603	05/13/22		05132022	1	PLT			1.50	1.50
		S185604	05/13/22		05132022-1	1	PLT			1.50	1.50
		S185978	05/25/22		FINAL P/UP	1	PLT			1.50	1.50
RECORDING BATCH NUMBERS								5	PLT		7.50



INVOICE

~~Invoice Number: 109383~~
 Invoice Date: 04/30/22
 Page: 1

C/O AMERICAN WAREHOUSI

PO BOX 2064
 GOLDSBORO NC 27533-2064
 919 734-8005

Bill To: ID: 2104
 ENVIVA
 7272 WISCONSIN AVENUE, STE 1800
 BETHESDA MD 20814

P.O. Number: SAPPON0011837-1
 P.O. Date: 04/30/22

Due Date: 05/30/22
 Terms: Net 30 Days

Sub totals by Service:

Minimum Renewal Stor 1 ORD 250.00

Service	Quantity	Rate	Per	Amount
Minimum Renewal Stor	1	250.00	Order	250.00
Handling	0.00	Storage:	250.00	Other: 0.00

Subtotal: 250.00
 Invoice Discount: 0.00
 Total Tax: 0.00
Total: 250.00

Bill to: ENVIVA
Code 2104

American Warehousing Systems
Invoice Detail Attachment

Invoice #: I09383
Invc date 04/30/22
Page 2

Item	Lot	Description	Date	Stg to	Doc ref	Qty	Unit	Chrg qty	Unit	Rate	Amount
1001		HPC COATING 32/5 GL	04/30/22	05/31/22		103	PAILS	4	PLT	18.00	72.00
1002		RUST GRIP 32/5 GL P	04/30/22	05/31/22		5	PAILS	1	PLT	21.60	21.60
		RUST GRIP 32/5 GL P	04/30/22	05/31/22				1	ORD	156.40	156.40
Minimum Renewal Stor						108		6	ORD		250.00