

Fill in this information to identify the case:

Debtor 1 ENVIVA Port of Chesapeake

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the Eastern District of Virginia

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 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?

Air Gas USA 22c
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?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Air Gas USA 22c
Name
2015 Vaughn rd NW Suite 400
Number Street
Kennesaw GA 30144
City State ZIP Code

Same as
Name
Number Street
City State ZIP Code

678-803-7784
Contact phone

Contact phone _____

Kesh.Fisher@AirGas.com
Contact email

Contact email _____

RECEIVED

APR 17 2024

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

KURTZMAN CARSON CONSULTANTS

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: 2460

7. How much is the claim?

\$ 6,307.77

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.

Product

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 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?

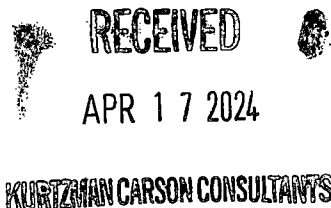
No

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:

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 4 16 2024
MM / DD / YYYY

Kurt Fisher
Signature

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

Name Kurt Fisher
First name Middle name Last name

Title Bankruptcy Specialist

Company Air Gas USA LLC
Identify the corporate servicer as the company if the authorized agent is a servicer

Address 2015 Vaughn rd NW Suite 200
Number Street

Kennesaw GA 30144 USA
City State ZIP Code Country

Contact phone 404-903-7784 Email Kurt.Fisher@AirGas.com

RECEIVED

APR 17 2024

KURTZMAN CARSON CONSULTANTS

Bankruptcy for ENVIVA PORT OF CHESAPEAKE LLC / 3442460				
INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	PROOF OF DELIVERY NUMBER	PRODUCT OR SERVICE
3/12/2024	9147785887	\$6,307.77	8141232093	PRODUCT
Total Amount		\$6,307.77		



an Air Liquide company

AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249**STANDARD INVOICE**

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
03/12/2024	3442460	9147785887	03/22/2024	\$ 6,307.77

SOLD BY AIRGAS USA, LLC (S300)
3121 VICTORY BLVD
PORTSMOUTH VA 23702-1829
757-487-4922**Manage Your Account Online 24/7**Access order history, view cylinder balances, get proofs of delivery,
pay invoices and more -- visit Airgas.com today

Please send new or updated blanket purchase orders to: airgassouthbpo@airgas.com

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:BILL TO ENVIVA PORT OF CHESAPEAKE LLC
7200 WISCONSIN AVE STE 1000
BETHESDA MD 20814-4844

AIRGAS USA, LLC
PO BOX 734672
DALLAS TX 75373-4672

34424601914778588700006307771

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

ORDER NO.	INVOICE NO.	INVOICE DATE	SOLD TO NO.	SOLD TO NAME					
1128500544	9147785887	03/12/2024	3442460	ENVIVA PORT OF CHESAPEAKE LLC					
PO / RELEASE	ORDERED BY	SHIP VIA	PAYMENT TERMS	ORDER DATE					
DEL TKT DZ4774690		ARGTRK	NET 10	03/12/2024					
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIPD	UOM	QTY B/O	CYLINDER SHPD	RETD	UNIT PRICE	UOM	AMOUNT
8141232093	NI BLK	275,792	SCF				1.602	CCF	4,418.19 T
NITROGEN INDUSTRIAL BULK (Vol: 275792 FT3)									
DEL TKT DZ4774690 DEL DATE 02/27/2024									
Energy Charge 888.05									
Insurance Rate 39.76									
Restricted Access 295.00									
Admin. Charge 50.00									
Delivery Flat Fee BK 200.00									
Bulk Hazmat Flat Rt 90.00									
Sales subtotal: 5,641.00									
Sales Tax: 326.77									
AMOUNT 6,307.77									



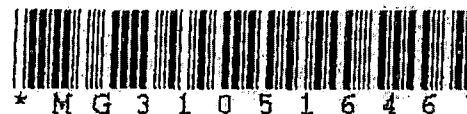
an Air Liquide company

AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249SHIP TO: 3471931
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ENVIVA PORT OF CHESAPEAKE LLC
1213 VICTORY BLVD
PORTSMOUTH VA 23702**FOR WIRE TRANSFER PAYMENTS**AIRGAS USA, LLC
Acct No. 550372244
JPMC Bank, ABA No 021000021
ww-global-remits@airgas.comFOR CHANGE Email: sdiv_adrss@airgas.com
OF ADDRESS Phone: 678-903-7716



EMERGENCY CONTACT
(CHEMTREC)
800-424-9300

AMG Customer Service:
1-800-265-1375



Sold By:
AIRGAS USA LLC - MERCHANT GASES
259 NORTH RADNOR-CHESTER RD
RADNOR, PA 19087

Manual Ticket Number:
MG31051646

Ship To:
ENVIVA PORT OF CHESAPEAKE LLC
1213 VICTORY BLVD
PORTSMOUTH, VA 23702

ALTO Ticket Number:
DZ4774690

Date: 2/27/24

Produced By:
AIRGAS CHESTER VA
13501 ALLIED RD
CHESTER, VA 23836

TOTAL DEL QTY	2962	
Delivery Unit of Measure (select one):		
<input type="checkbox"/> SCF	<input checked="" type="checkbox"/> GAL	<input type="checkbox"/> LBS
GRADE (Select one):		
<input type="checkbox"/> IND	<input checked="" type="checkbox"/> MED	<input type="checkbox"/> UHP
<input type="checkbox"/> FOOD	<input type="checkbox"/> BEV	<input type="checkbox"/> NSF
<input type="checkbox"/> ABO		

Product (Select one):

- | | | |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> UN1977, NITROGEN, REFRIGERATED LIQUID, 2.2 | <input type="checkbox"/> UN1966, HYDROGEN, REFRIGERATED LIQUID, 2.1 | <input type="checkbox"/> UN2187, CARBON DIOXIDE, REFRIGERATED LIQUID, 2.2 |
| <input type="checkbox"/> UN1066, NITROGEN, COMPRESSED, 2.2 | <input type="checkbox"/> UN1049, HYDROGEN, COMPRESSED, 2.1 | <input type="checkbox"/> UN1046, HELIUM, COMPRESSED, 2.2 |
| <input type="checkbox"/> UN1073, OXYGEN, REFRIGERATED LIQUID, 2.2 (5.1) | <input type="checkbox"/> UN1951, ARGON, REFRIGERATED LIQUID, 2.2 | <input type="checkbox"/> UN1002, AIR, COMPRESSED, 2.2 |
| <input checked="" type="checkbox"/> UN1072, OXYGEN, COMPRESSED, 2.2 (5.1) | <input type="checkbox"/> UN3158, GAS, REFRIGERATED LIQUID, N.O.S. (Argon Refrigerated liquid, Oxygen Refrigerated liquid), 2.2 | |

Trailer #: _____ PO #: _____
Return Trailer #: 502858 Account #: 3471931 Release #: _____

Shift Number: 521956786 Time IN: 1100 Time OUT: 1200

Lot Number: 7951N-7310-4058-4-502858 Purity: 99.999

Tank ID	Tank Level In	Tank Level Out	Vol. Delivered	Full Level	Capacity
E484185	98	171	2962	255	13000

If Delivering By Weight

Gross Weight: _____ Tare Weight: _____ Net Weight: _____

If Delivering Tube Trailer

PSI Start: _____ TEMP Start: _____ Trailer IN: _____
PSI Stop: _____ TEMP Stop: _____ Trailer OUT: _____

Driver Signature

Customer Signature

Delivered By (Print Name): _____ Received By (Print Name): _____

IMPORTANT NOTICE: SAFETY DATA SHEET (SDS) HAS BEEN PROVIDED TO THE BUYER



Certificate of Analysis

All NF Nitrogen delivered by Airgas USA, LLC, when used in a medical application or by medical customers properly registered with the FDA, is classified as NF Nitrogen

Shipped From:
Airgas USA, LLC.
13501 Allied Road
Chester, VA 23836
Phone: (804) 415-8086

an Air Liquide company

Company Name: **Airgas USA, LLC.**

Product: **Nitrogen, NF**

Driver: **T. Poston**

Tractor No: **74**

Load No: **193015**

Certificate No: **213816**

Time In: **5:59:39 am**

Time Out: **6:25:22 am**

Tare Weight: **30,880 lbs**

Gross Weight: **79,200 lbs**

Operator: **Austin Groves**

Product Code: **NI BLK**

Trailer No: **502858**

Loaded From Tank: **7310**

Certificate Date: **2/27/2024 6:24:56AM**

Net Weight: **48,320 lbs**

Airgas Lot Number: **7951-N-7310-4058-4-502858**

Produced By: **Air Liquefaction**

Assay per NF requirements is by difference of O2 only

	<u>Results</u>	<u>Units</u>	<u>USP / NF Specifications</u>	<u>Airgas Specifications</u>
Purity Pre-Fill:	Pass *		Pass *	Pass *
Purity Post-Fill: (Assay, By Difference)	>99.999	%	>= 99.0%	>= 99.999%
O2: O2 Tested By: <i>Electrochemical</i>	0.80	ppm/V	<= 1.0%	<= 5.0 ppm
CO: CO Tested By: <i>Infrared</i>	0.70	ppm/V	<= 10.0 ppm	<= 10.0 ppm
Odor: Odor Tested By: <i>Organoleptic</i>	None		None	None
Identity: Identity Tested By: <i>AMG DP 4.2</i>	Nitrogen		Nitrogen	Nitrogen
Dew Point:	-130.00	deg. F	N/A	N/A

Moisture Tested By: *Meeco Aquamatic Electrolytic*

* The Pre-Fill is tested against Airgas and USP / NF specifications and a Pass indicates that the results met or exceeded the applicable specifications. The results of the Pre-Fill tests are kept on file.

Quantity delivered to trailer: **48,320**

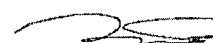
Gallons: **7,156.19**

Cubic Feet: **666,960.96**


Airgas Analyst: I declare that this analysis was completed within all Airgas policy and procedures and that the product meets all Airgas and USP/NF specifications.

Signed:  Date: 02/27/2024

Product Release Specialist / Released By: I declare that this certificate is accurate, complete and compliant with all applicable policies and procedures, that all pre-fill inspections including inspection of the loading hose and connections were performed following all applicable procedures, and that the product meets all Airgas and USP/NF specifications.

Signed:  Date: 02/27/2024

Picked Up By: I declare that I have received the required documentation for shipment of this product and that I have the North American Emergency Response Guide or a SDS.

Signed:  Date: 02/27/2024