

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

1. **Who is the current creditor?** C. H. REED, 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?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>C. H. REED, INC.</u> <u>301 POPLAR STREET</u> <u>Hanover, PA 17331, United States</u>	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>717-632-4261</u> Contact email <u>accountsreceivable@chreed.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?** No
 Yes. Claim number on court claims registry (if known) See summary page Filed on 4/22/2024
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? C. H. Reed. This is for an amended claim



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: 2973 ____

7. How much is the claim? \$ 4246.47. 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.
Service 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. \$ _____

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:

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.

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.

\$ 794.89 _____

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 06/21/2024
MM / DD / YYYY

/s/Jennifer Jones
 Signature

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

Name Jennifer Jones
First name Middle name Last name

Title Accounts Receivable

Company C. H. Reed, Inc.
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (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: C. H. REED, INC. 301 POPLAR STREET Hanover, PA, 17331 United States Phone: 717-632-4261 Phone 2: Fax: Email: accountsreceivable@chreed.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: Yes Related Claim Filed By: C. H. Reed. This is for an amended claim	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: Yes - 2410453240402000000000002, 4/22/2024 Acquired Claim: No	
Basis of Claim: Service rendered	Last 4 Digits: Yes - 2973	Uniform Claim Identifier:
Total Amount of Claim: 4246.47	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): Yes: 794.89 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: Jennifer Jones on 21-Jun-2024 3:39:33 p.m. Eastern Time Title: Accounts Receivable Company: C. H. Reed, Inc.		

INVOICE



301 POPLAR STREET
 HANOVER, PA 17331
 USA
 717-632-4261

Bill To: 132973
 ENVIVA PELLETS LLC
 7272 WISCONSIN AVE
 SUITE 1800
 BETHESDA, MD 20814
 USA

Attn: ACCOUNTS PAYABLE
 Customer ID:132973

REMIT PAYMENT TO:		INVOICE	
C.H. Reed, Inc. 301 Poplar Street Hanover, PA 17331 USA		5372197_PRE	
		Invoice Date	Page
		03/28/2024 13:13:08	1 of 1
		ORDER NUMBER	
		1427995	

Ship To:
 ENVIVA PELLETS LLC
 26570 ROSE VALLEY ROAD
 FRANKLIN, VA 23851
 USA

Ordered By: KEITH KIRKMAN

Order Date	Taker	PO Number	Term Description	Net Due Date
02/16/2024 10:24:34	MARLEYHAY	SOPPON0021402-1	Net 30	04/27/2024

Quantities					Item ID Item Description	Pricing UOM Unit Size	Unit Price	Extended Price
Ordered	Shipped	Remaining	UOM Unit Size	Disp				

Carrier: Service Truck - VA

Tracking #:

*****Service Item*****

QUQSI 3351
 ROTARY SCREW COMPRESSOR

Serial Number: BU1306220001

B-BILLING EXP 1/24 -26570 ROSE VALLEY RD
 75HP SCREW AIR
 shipped 06/25/2013
 PMP, 3 MO SERV.

Order Line Notes: REBUILD INLET VALVE AND REPLACE THE
 SCAVENGER HOSE ON UNIT
 TECH: JASON JONES
 Drove to job site checked in with customer, went
 over and got parts, loto unit,rebuilt inlet valve on
 unit and changed return line hose. Test ran unit all
 is good with u it
 WORK COMPLETED 3/27/24

Total Lines: 1

S/H In: 104.91

S/H Out: 0.00

SUB-TOTAL: 689.98
 SHIPPING & HANDLING: 104.91
 TAX: 0.00
 AMOUNT DUE: 794.89

C.H. Reed, Inc. Return Policy: Returns must be made within 60 days from date of Invoice. Excludes lines marked as 'Non-Returnable'. Return is subject to a minimum handling and restocking charge of 25%. Returned product must be in the original packaging and in resalable condition.

Invoices paid by credit card are subject to a 3% processing fee against the total order amount.

Go to shop.chreed.com to view invoices, past orders, get pricing, place new orders and more.

*** REPRINT ***

INVOICE



301 POPLAR STREET
 HANOVER, PA 17331
 USA
 717-632-4261

Bill To: 132973
 ENVIVA PELLETS LLC
 7272 WISCONSIN AVE
 SUITE 1800
 BETHESDA, MD 20814
 USA

Attn: ACCOUNTS PAYABLE

Customer ID: 132973

REMIT PAYMENT TO:		INVOICE	
C.H. Reed, Inc. 301 Poplar Street Hanover, PA 17331 USA		5371417	
		Invoice Date	Page
		03/14/2024 10:02:29	1 of 2
		ORDER NUMBER	
		1426224	

Ship To:
 ENVIVA PELLETS LLC
 26570 ROSE VALLEY ROAD
 FRANKLIN, VA 23851
 USA

Ordered By: KEITH KIRKMAN

Order Date	Taker	PO Number	Term Description	Net Due Date
01/19/2024 06:35:10	MARLEYHAY	Verbal Keith	Net 30	04/13/2024

Quantities					Item ID Item Description	Pricing UOM Unit Size	Unit Price	Extended Price
Ordered	Shipped	Remaining	UOM Unit Size	Disp.				

Carrier: Service Truck - VA

Tracking #:

*****Service Item*****

QUQSI 335I
 ROTARY SCREW COMPRESSOR

Serial Number: BU1306220001

B-BILLING EXP 1/24 -26570 ROSE VALLEY RD
 75HP SCREW AIR
 shipped 06/25/2013
 PMP, 3 MO SERV.

Order Line Notes: REBUILD INLET VALVE, REPLACE THE
 ESTOP BUTTON ASSEMBLY AND NEW
 STARTING CONTACTOR ASSEMBLY ON
 UNIT
 TECH: JASON JONES
 Drove to job site, checked in with office, went
 over to compressor room, pulled parts out and
 found contactor incorrect. Rebuilt inlet valve on
 unit and changed estop button.. test ran unit all
 looks good no oil leaks will let unit run and
 inspect in next couple of weeks
 WORK COMPLETED 1/31/24

Go to shop.chreed.com to view invoices, past orders, get pricing, place new orders and more.

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INVOICE



301 POPLAR STREET
 HANOVER, PA 17331
 USA
 717-632-4261

REMIT PAYMENT TO:		INVOICE	
C.H. Reed, Inc. 301 Poplar Street Hanover, PA 17331 USA		5371417	
		Invoice Date	Page
		03/14/2024 10:02:29	2 of 2
		ORDER NUMBER	
		1426224	

<i>Quantities</i>					<i>Item ID</i>	<i>Pricing</i>	<i>Unit</i>	<i>Extended</i>
<i>Ordered</i>	<i>Shipped</i>	<i>Remaining</i>	<i>UOM</i>	<i>Disp.</i>				
					<i>Item Description</i>	<i>Unit Size</i>		

Total Lines: 1

S/H In: 134.68

S/H Out: 0.00

SUB-TOTAL:	3,316.90
SHIPPING & HANDLING:	134.68
TAX:	0.00
AMOUNT DUE:	3,451.58

C.H. Reed, Inc. Return Policy: Returns must be made within 60 days from date of Invoice. Excludes lines marked as 'Non-Returnable'. Return is subject to a minimum handling and restocking charge of 25%. Returned product must be in the original packaging and in resalable condition.

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