

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF VIRGINIA  
ALEXANDRIA DIVISION**

In re:	)	
	)	Chapter 11
ENVIVA INC., <i>et al.</i> ,	)	
	)	Case No. 24-10453 (BFK)
Debtors. <sup>1</sup>	)	
	)	(Jointly Administered)

**COVER SHEET TO AMENDED  
SCHEDULE E/F: CREDITORS WHO HAVE UNSECURED CLAIMS**

The appended Amended Schedule E/F: Creditors Who Have Unsecured Claims (“Amended Schedule E/F”) filed by Enviva Inc. and certain of its affiliates, as debtors and debtors in possession (collectively, the “Debtors”) amends Schedule E/F: Creditors Who Have Unsecured Claims (“Schedule E/F”) previously filed on the docket on May 30, 2024 and April 26, 2024 to reflect certain fiscal year 2023 audit adjustments. The Amended Schedule E/F incorporates the *Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding Debtors’ Schedules of Assets and Liabilities and Statements of Financial Affairs* filed with Schedule E/F. The Debtors reserve their rights to make further amendments to any of the Debtors’ schedules and statements as appropriate.

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<sup>1</sup> Due to the large number of Debtors in these jointly administered Chapter 11 Cases, a complete list of the Debtor entities and the last four digits of their federal tax identification numbers is not provided herein. A complete list may be obtained on the website of the Debtors’ claims and noticing agent at <https://www.veritaglobal.net/enviva>. The location of the Debtors’ corporate headquarters is: 7272 Wisconsin Avenue, Suite 1800, Bethesda, MD 20814.



**Fill in this information to identify the case:**

Debtor name ENVIVA MANAGEMENT COMPANY, LLC

United States Bankruptcy Court for the: Eastern District of Virginia

Case number (if known): 24-10461

☒ Check if this is an amended filing

**Official Form 206Sum**

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B* .....

\$ 0.00

**1b. Total personal property:**

Copy line 91A from *Schedule A/B* .....

\$ 264,583,785.92\*

**1c. Total of all property:**

Copy line 92 from *Schedule A/B* .....

\$ 264,583,785.92\*

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$ Undetermined

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F* .....

\$ 0.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* .....

+ \$ 382,909,402.42\*

**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$ 382,909,402.42\*

\*Plus Undetermined Amounts

**Fill in this information to identify the case:**Debtor ENVIVA MANAGEMENT COMPANY, LLCUnited States Bankruptcy Court for the: Eastern District of VirginiaCase number 24-10461  
(If known)☒ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)* and on *Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*. Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
<b>2.1</b>	<b>Priority creditor's name and mailing address</b>  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) () <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____
<b>2.2</b>	<b>Priority creditor's name and mailing address</b>  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) () <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____
<b>2.3</b>	<b>Priority creditor's name and mailing address</b>  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) () <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> AUTEN, MICHAEL ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> BENJAMIN, JACQUAN ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION CASE #FILE NO. 207433	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> BROWN, ANTHONY ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION CASE #EEOC NO. 437-2023-00956	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> CUNA MUTUAL RETIREMENT PO BOX 1167 GREAT BEND, KS 67530	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> DAVIS, DA'QUANTE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION CASE #FILE NO. 207755	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> ENVIVA HOLDINGS, L.P. 7272 WISCONSIN AVENUE SUITE 1800 BETHESDA, MD 20814	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> INTERCOMPANY PAYABLE	\$ _____ 193,198,434.84
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	<b>Nonpriority creditor's name and mailing address</b> ENVIVA INC. 7272 WISCONSIN AVENUE SUITE 1800 BETHESDA, MD 20814	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> INTERCOMPANY PAYABLE	\$ 136,271,166.19
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	<b>Nonpriority creditor's name and mailing address</b> ENVIVA MLP INTERNATIONAL HOLDINGS, LLC 7272 WISCONSIN AVENUE SUITE 1800 BETHESDA, MD 20814	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> INTERCOMPANY PAYABLE	\$ 31,007,370.04
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	<b>Nonpriority creditor's name and mailing address</b> ENVIVA PELLETS AMORY II, LLC 7272 WISCONSIN AVENUE SUITE 1800 BETHESDA, MD 20814	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> INTERCOMPANY PAYABLE	\$ 86,030.24
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	<b>Nonpriority creditor's name and mailing address</b> ENVIVA WILMINGTON HOLDINGS, LLC 7272 WISCONSIN AVE SUITE 1800 BETHESDA, MD 20814	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> INTERCOMPANY PAYABLE	\$ 11,700,000.00
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	<b>Nonpriority creditor's name and mailing address</b> ENVIVA, LP 7272 WISCONSIN AVENUE SUITE 1800 BETHESDA, MD 20814	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> INTERCOMPANY PAYABLE	\$ 9,940,838.39
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	<b>Nonpriority creditor's name and mailing address</b> GAMBINO, MATT E. ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	<b>Nonpriority creditor's name and mailing address</b> GERTJEGERDES, HELMUT ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION CASE #EEOC NO. 433-2023-01803	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	<b>Nonpriority creditor's name and mailing address</b> GWINNET COUNTY MAGISTRATE COURT GARNISHMENT PO BOX 568 LAWRENCEVILLE, GA 30046	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	<b>Nonpriority creditor's name and mailing address</b> HARRIS, KRISTOPHER ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION CASE #EEOC CHARGE NO. 437-2022-01372	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	<b>Nonpriority creditor's name and mailing address</b> HSA BANK 10800 MIDLOTHIAN TURNPIKE RICHMOND, VA 23235	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	<b>Nonpriority creditor's name and mailing address</b> INTERNAL REVENUE SERVICE PO BOX 71052 PHILADELPHIA, PA 19176	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ 1,537.99
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	<b>Nonpriority creditor's name and mailing address</b> KEPPLER, JOHN K. ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> EMPLOYEE SEVERANCE CLAIM	\$ 208,333.34
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	<b>Nonpriority creditor's name and mailing address</b> KRAVTSOVA, YANINA A. ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> EMPLOYEE SEVERANCE CLAIM	\$ 228,438.70
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	<b>Nonpriority creditor's name and mailing address</b> METLIFE SERVICE CORP P O BOX 804466 KANSAS CITY, MO 64180	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	<b>Nonpriority creditor's name and mailing address</b> MIDTOWN PROPERTY SERVICES LLC 4321 LASSITER AT NORTH HILLS AVE SUITE 250 RALEIGH, NC 27609	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.22	<b>Nonpriority creditor's name and mailing address</b> MOUER, ANTONIO ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION CASE #EEOC CHARGE NO. 433-2024-00391	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	<b>Nonpriority creditor's name and mailing address</b> NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	<b>Nonpriority creditor's name and mailing address</b> NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	<b>Nonpriority creditor's name and mailing address</b> PERRY, BRANDON ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION CASE #EEOC CHARGE NO. 437-2023-01530	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	<b>Nonpriority creditor's name and mailing address</b> RELIASTAR LIFE INSURANCE COMPANY 20 WASHINGTON AVE S MINNEAPOLIS, MN 55401	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ 41,505.79
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.27	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SCHMIDT JR., WILLIAM H. ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred</b> UNDETERMINED</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> EMPLOYEE SEVERANCE CLAIM</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 150,233.78</p>
3.28	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SCHRADER, STEVE ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred</b> UNDETERMINED</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ Undetermined</p>
3.29	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SMITH, ROYAL ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred</b> UNDETERMINED</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> EMPLOYEE SEVERANCE CLAIM</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 75,513.12</p>
3.30	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THOMAS, JALEESA NC DEPARTMENT OF LABOR 111 HILLSBOROUGH STREET, 2ND FLOOR RALEIGH, NC 27603</p> <p><b>Date or dates debt was incurred</b> UNDETERMINED</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> LITIGATION CASE #FILE NO. 207433</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ Undetermined</p>
3.31	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THOMAS, JALEESA NC DEPARTMENT OF LABOR 111 HILLSBOROUGH STREET, 2ND FLOOR RALEIGH, NC 27603</p> <p><b>Date or dates debt was incurred</b> UNDETERMINED</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> LITIGATION CASE #FILE NO. 207755</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ Undetermined</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.32	<b>Nonpriority creditor's name and mailing address</b> TRUAX, RYAN J. ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.33	<b>Nonpriority creditor's name and mailing address</b> WILMINGTON SAVINGS FUND SOCIETY FSB 500 DELAWARE AVENUE WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> GUARANTOR OF 2026 UNSECURED NOTES INDENTURE	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	<b>Nonpriority creditor's name and mailing address</b> WILMINGTON TRUST, NA ATTN TO: JOY HOLLOWAY 3591 WESTERRE PARKWAY STE. 300 RICHMOND, VA 23233	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> GUARANTOR OF 2052 IDAS LOAN AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	<b>Nonpriority creditor's name and mailing address</b> WILMINGTON TRUST, NA ATTN TO: JOY HOLLOWAY 3591 WESTERRE PARKWAY STE. 300 RICHMOND, VA 23233	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> GUARANTOR OF 2047 MBFC LOAN AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.36	<b>Nonpriority creditor's name and mailing address</b> XIE, ZHAOZHAO ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$ Undetermined
	<b>Date or dates debt was incurred</b> UNDETERMINED <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 BALCH & BINGHAM LLP 188 EAST CAPITOL STREET SUITE 1400 JACKSON, MS 39201	Line 3.35 <input type="checkbox"/> Not listed. Explain	
4.2 INDUSTRIAL DEVELOPMENT AUTHORITY OF SUMTER COUNTY P.O. BOX 1059 LIVINGSTON, AL 35470	Line 3.34 <input type="checkbox"/> Not listed. Explain	
4.3 MISSISSIPPI BUSINESS FINANCE CORPORATION 735 RIVERSIDE DRIVE SUITE 300 JACKSON, MS 39202	Line 3.35 <input type="checkbox"/> Not listed. Explain	
4.4 WATKINS CROSS, LLC 226 SOUTH WASHINGTON STREET P.O. BOX 1528 LIVINGSTON, AL 35470	Line 3.34 <input type="checkbox"/> Not listed. Explain	
4.5	Line <input type="checkbox"/> Not listed. Explain	
4.6	Line <input type="checkbox"/> Not listed. Explain	
4.7	Line <input type="checkbox"/> Not listed. Explain	
4.8	Line <input type="checkbox"/> Not listed. Explain	
4.9	Line <input type="checkbox"/> Not listed. Explain	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$ 0.00

5b. Total claims from Part 2 5b. + \$ 382,909,402.42  
+ Undetermined Amounts

5c. Total of Parts 1 and 2 5c. \$ 382,909,402.42  
Lines 5a + 5b = 5c. + Undetermined Amounts

**Fill in this information to identify the case and this filing:**Debtor name ENVIVA MANAGEMENT COMPANY, LLCUnited States Bankruptcy Court for the: Eastern District of VirginiaCase number (If known) 24-10461**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ Amended Schedule E/F
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/27/2024  
MM / DD / YYYY

**X** /s/ James P. Geraghty

Signature of individual signing on behalf of debtor

James P. Geraghty

Printed name

Executive Vice President, Finance

Position or relationship to debtor