

Fill in this information to identify the case:

Debtor Hi-Crush Inc.

United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number 20-33495

**Official Form 410
Proof of Claim**

04/19

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?	<u>Brady Lusk</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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>Brady Lusk</u> <u>Brady Lusk</u> <u>1451 24th St apt 596</u> <u>APT 596</u> <u>Denver, CO 80205, United States</u>	
	Contact phone <u>7204020171</u>	Contact phone _____
	Contact email <u>blusk169169@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 0530 _____

7. How much is the claim? \$ 13650 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.
money owed, laid off.

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 \$3,025* 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 checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) 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).	\$ <u>13650</u>
<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 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim 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 07/29/2020
MM / DD / YYYY

/s/Brady Lusk
Signature

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

Name Brady Lusk
First name Middle name Last name

Title Dispatcher

Company Hi Crush
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 (866) 554-5810 | International (781) 575-2032

Debtor: 20-33495 - Hi-Crush Inc.		
District: Southern District of Texas, Houston Division		
Creditor: Brady Lusk Brady Lusk 1451 24th St apt 596 APT 596 Denver, CO, 80205 United States Phone: 7204020171 Phone 2: Fax: Email: blusk169169@gmail.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: money owed, laid off.	Last 4 Digits: Yes - 0530	Uniform Claim Identifier:
Total Amount of Claim: 13650	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(4): 13650	
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: Brady Lusk on 29-Jul-2020 6:50:35 p.m. Eastern Time Title: Dispatcher Company: Hi Crush		

021-0001

HI-CRUSH SERVICES LLC
 1330 POST OAK BLVD #600
 HOUSTON, TX 77056

Earnings Statement



Period Beginning: 03/16/2020
 Period Ending: 03/29/2020
 Pay Date: 04/03/2020

Filing Status: Head of household
 Exemptions/Allowances:
 Federal: Tax blocked

BRADY LUSK
1451 24TH STREET
APT 596
DENVER CO 80205

Earnings	rate	hours	this period	year to date
Regular	20.0000	80.00	1,600.00	10,557.60
Overtime	30.0000	58.48	1,754.40	10,312.50
Cellphone Allow			45.92	321.44
Bonus				1,925.00
Holiday				570.00
Gross Pay			\$3,400.32	23,686.54

Other Benefits and Information	this period	total to date
Er Add	9.27	9.27
Er Den Prm	13.98	97.86
Er Lif Prm	3.00	21.00
Er Med Prm	289.14	2,023.98
Er Vis Prm	3.17	22.19
401K Match	67.09	467.30

Deductions	Statutory		
Social Security Tax		-210.82	1,468.21
Medicare Tax		-49.30	343.37
CO State Income Tax			582.47
Denver Income Tax			17.25
Other			
Accident Post		-5.36	33.06
Hospital Post		-4.06	25.03
401K		-67.09*	467.30
Pretax Medical			5.77
Net Pay		\$3,063.69	
Checking 1		-3,063.69	
Net Check		\$0.00	

Important Notes

COMPANY PH :- 713-980-6251

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
 CO: Single
 Exemptions/Allowances:
 CO: 0,Tax Blocked(Head of Household)

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$3,333.23

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HI-CRUSH SERVICES LLC
 1330 POST OAK BLVD #600
 HOUSTON, TX 77056

Advice number: 0000144039
 Pay date: 04/03/2020

Deposited to the account of	account number	transit ABA	amount
BRADY LUSK	xxxxxx2469	xxxx xxxx	\$3,063.69

THIS IS NOT A CHECK

NON-NEGOTIABLE