

UNITED STATES BANKRUPTCY COURT Northern District of Alabama

Name of Debtor: **Jim Walter Resources, Inc.**

Case Number: **15-02743**

NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) arising after the commencement of the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) may be filed pursuant to 11 U.S.C § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): **4-WAY ELECTRIC CO., INC.**

Check this box if this claim amends a previously filed claim.

Name and address where notices should be sent: **4-WAY ELECTRIC CO., INC.
P. O. BOX 1108
GREENWOOD, MS 38935**

Court Claim Number: _____
(If known)
Filed on: _____

Telephone number: _____ email: **See attached**

Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

Name and address where payment should be sent (if different from above):

Telephone number: _____ email: _____

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

1. Amount of Claim as of Date Case Filed: \$ 12400.00
If all or part of the claim is secured, complete item 4.
If all or part of the claim is entitled to priority, complete item 5.
 Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
 Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507 (a)(4).

2. Basis for Claim: Goods sold (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
(See instruction #3a)

3b. Uniform Claim Identifier (optional): _____
(See instruction #3b)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.
Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:
Value of Property: \$ _____ **Annual Interest Rate** _____ % Fixed Variable
(when case was filed)
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ **Basis for perfection:** _____
Amount of Secured Claim: \$ _____ **Amount Unsecured:** \$ _____

Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
 Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
 Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(_____).

6. Claim Pursuant to 11 U.S.C. § 503(b)(9): 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. \$ _____ (See instruction #6)

Amount entitled to priority:
\$ _____

7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)

8. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #8, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:

* Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

9. Signature: (See instruction #9) Check the appropriate box.
 I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.
Print Name: Ellen McKibben
Title: Office Manager /s/Ellen McKibben 09/15/2015
Company: 4-Way Electric Services, LLC (Signature) (Date)
Address and telephone number (if different from notice address above):
2807 Hwy 49 South, Greenwood, MS, 38930, USA
Telephone number: 662-455-1578 Email: emckibben@emeraldtransformer.com

Electronically Filed
15-Sep-2015
12:53:36 p.m.
Pacific Time
KCC

COURT USE ONLY



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0679 | International (310) 751-2679

Debtor: 15-02743 - Jim Walter Resources, Inc.		
District: Northern District of Alabama, Birmingham Division		
Creditor: 4-WAY ELECTRIC CO., INC. P. O. BOX 1108 GREENWOOD, MS, 38935 Phone: Phone 2: Fax: Email: emckibben@emeraldtransformer.com	Has Supporting Documentation: Yes, please mail physical supporting documentation	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Statement:	
		Filing Party: Creditor Authorized agent
May Be Scheduled As:		Amends Claim: No
Basis of Claim: Goods sold	Last 4 Digits:	Uniform Claim Identifier:
Total Amount of Claim: 12400.00		Includes Interest or Charges: No
Amount of Priority: No		Priority Under:
Amount of Secured: No		Nature of Secured Amount:
Amount of 503(b)(9):		Value of Property:
		Annual Interest Rate:
		Arrearage Amount:
		Basis for Perfection:
		Amount Unsecured:
Submitted By: Ellen McKibben on 15-Sep-2015 12:53:36 p.m. Pacific Time		
Title: Office Manager		
Company: 4-Way Electric Services, LLC		
Optional Signature Address: Ellen McKibben 2807 Hwy 49 South Greenwood, MS, 38930 USA Telephone Number: 662-455-1578 Email: emckibben@emeraldtransformer.com		