

PROOF OF CLAIM FORM TO BE USED BY FREEDOM INDUSTRIES “ELK RIVER SPILL CLAIMANTS”:

THIS PROOF OF CLAIM FORM IS FOR USE BY INDIVIDUALS, CORPORATIONS AND ENTITIES (“ELK RIVER SPILL CLAIMANTS”) WHO ARE ASSERTING CLAIMS AGAINST FREEDOM INDUSTRIES, INC. AS THE RESULT OF THE CHEMICAL SPILL IN THE ELK RIVER THAT OCCURRED ON OR ABOUT JANUARY 9, 2014 (THE “ELK RIVER SPILL INCIDENT”). ALL OTHER CREDITORS WHOSE CLAIMS ARE NOT RELATED TO THE SPILL INCIDENT, SHOULD FILE THEIR CLAIMS USING THE STANDARD B 10 PROOF OF CLAIM FORM. (NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.)

THE COURT HAS SET A CLAIMS BAR DATE OF AUGUST 1, 2014.

A CLAIM WILL BE UNTIMELY FILED (AND NOT ALLOWED) UNLESS IT IS FILED ON OR BEFORE THAT DATE. A PROOF OF CLAIM THAT IS FILED ON PAPER MAY BE DELIVERED TO OR CAN BE MAILED TO THE BANKRUPTCY COURT CLERKS OFFICE, ROBERT C. BYRD FEDERAL COURTHOUSE, 300 VIRGINIA STREET, EAST, ROOM 3200, CHARLESTON, W.V. 25301, BUT MUST BE RECEIVED BY 5:00 P.M. ON AUGUST 1, 2014. A PROOF OF CLAIM FILED ELECTRONICALLY ON THE BANKRUPTCY COURT WEBSITE (WWW.WVSB.USCOURTS.GOV), MUST BE SUBMITTED BY MIDNIGHT (EASTERN STANDARD TIME) ON AUGUST 1, 2014.

NOTICE: WHILE FILING A TIMELY CLAIM DOES NOT GUARANTEE THAT YOUR CLAIM WILL RECEIVE ANY DISTRIBUTION OR TREATMENT, UNTIMELY FILED CLAIMS, SUBJECT TO LIMITED EXCEPTIONS, WILL NOT BE ENTITLED TO ANY APPROVED DISTRIBUTION OR TREATMENT.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA		PROOF OF CLAIM
Freedom Industries, Inc.	Case Number: 2:14-mp-20017	COURT USE ONLY
Name of Claimant :		
Address of Claimant :		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number of previously filed claim: _____ (If known) Filed on: _____
Telephone number:	email:	
Mailing address (if different from above):		<input type="checkbox"/> 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.
Telephone number:	email:	
1. Basis for Claim: This Claim is based upon the Elk River Spill Incident		

2. Total Amount of Claim: \$_____ (Add amounts from Sections 3 through 6.)

The amount of the claim is broken down further in Sections 3 through 6. You must complete all sections that apply to your claim.

3. If you are a consumer and have suffered financial loss, please identify the specific dollar amount and the specific item of expense with respect to the losses or out-of-pocket expenses you suffered by date as a result of the Elk River Incident. Provide a detailed explanation of any other details that you believe will support your claim.

Amount: \$_____

Explanation

4. If you are submitting a claim for lost wages as a result of the Elk River Spill Incident, please identify the specific dollar amounts regarding your lost wages (the gross amount), and the name and telephone number of your employer or other person who can verify your claim.

Gross wages: \$_____

Name of Employer:_____

Telephone Number of Employer:_____

5. If you are an individual, business or entity claiming lost sales or income (e.g. for a shutdown, interruption of business, loss of business, etc.) as a result of the Elk River Spill Incident, please identify the date(s) the interruption occurred and the total loss sustained. You must specify whether the loss is to gross sales, net income or other, and identify the name, address and phone number of the individual, accountant or records keeper who can verify the claim information.

Date(s) of shutdown or interruption of business:_____

Amount of loss: \$_____

Check if loss was to: ☐ Gross Sales ☐ Net Income ☐ Other

(If Other, please provide details:_____)

Did you have business interruption loss insurance: ☐ Yes ☐ No If yes, you must reduce your claim by the amount you received in those benefits.

Name(s) of individual, accountant or record keeper: _____; Address:_____;

Telephone number and e-mail address:_____

6. If you are an individual claiming loss due to medical expenses incurred for treatment of a physical injury or other condition that you assert resulted from the Elk River Spill Incident, please both state the gross amount incurred and itemize those expenses.

Total amount of medical expenses: \$_____ Itemized amounts of medical expenses:

\$_____

7. IF YOU ARE ASSERTING DAMAGES FOR ANY INJURIES BEYOND ECONOMIC OR OUT-OF-POCKET EXPENSES, LISTED ABOVE, YOU MUST DESCRIBE THE NATURE AND AMOUNT OF YOUR CLAIM IN DETAIL. IF YOU HAVE ENGAGED A LAWYER TO REPRESENT YOU, PLEASE PROVIDE HIS/HER NAME AND ADDRESS.

8. Documents: If you have documents that support claims listed above you may attach redacted copies of any documents that support the claim.

(See instruction #4, regarding documents to be "redacted")

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain

9. Signature: (See instruction #5). Check the appropriate box.			
<input type="checkbox"/> I am the claimant.	<input type="checkbox"/> I am the claimant's authorized agent.	<input type="checkbox"/> I am the trustee, or the debtor or their authorized agent (See Bankruptcy Rule 3004)	<input type="checkbox"/> I am a guarantor, surety, endorser, or other co-debtor (See Bankruptcy Rule 3005)
<p>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.</p> <p>Print Name:</p> <p>Title:</p> <p>Company:</p> <p>Address (if different from notice address above):</p> <p>Telephone:</p> <p>Email:</p>			
(Signature)		(Date)	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18. U.S.C. §§ 152 and 3571

INSTRUCTIONS AND INFORMATION FOR PROOF OF CLAIM FORM

The instructions and information below are general explanations of the law. In certain circumstances, exceptions to these general rules may apply.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing.

2. Changes in Information:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

4. Documents:

Attach redacted copies of any documents that show the debt exists and support your claim and the amount(s) you assert are entitled to receive as a result of the Elk River Incident. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, do not attach documents that disclose confidential health care information. Do not send original documents, as attachments may be destroyed after scanning. A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. Documents should show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

5. Date and Signature:

A proof of claim filed on paper must be signed and dated. A proof of claim electronically must include the claimants typed name where a signature is called for and will constitute the signature of the claimant.