

United States Bankruptcy Court for the District of Delaware US Magnesium LLC Claims Processing Center c/o Stretto, Inc. 410 Exchange, Suite 100 Irvine, CA 92602	To submit your form online please go to https://cases.stretto.com/usmagnesium/ and click on "File a Claim" under "Case Actions."
Name of Debtor: US Magnesium LLC Case Number: 25-11696 (BLS)	
	For Court Use Only
ADMINISTRATIVE EXPENSE REQUEST FORM 04/22	

This form is for making an Administrative Expense claim for payment in a bankruptcy case.

NOTE: THIS FORM SHOULD NOT BE USED FOR ANY CLAIM THAT IS NOT OF A KIND SPECIFIED UNDER 11 U.S.C. § 503(b) AND ENTITLED TO PRIORITY UNDER 11 U. S.C. §§ 507(a)(2), 507(b), or 1114(e)(2).

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of 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? 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 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)		4. Does this claim amend one already filed?
Where should notices to the creditor be sent? Name _____ Number Street _____ City State Zip Code _____ Country (if International): _____ Contact phone: _____ Contact email: _____	Where should payments to the creditors be sent? (if different) Name _____ Number Street _____ City State Zip Code _____ Country (if International): _____ Contact phone: _____ Contact email: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims register (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 type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____
Part 2: Give Information About the Claim		

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:

____ _

7. How much is the ADMINISTRATIVE EXPENSE CLAIM:

\$ _____

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?

Goods sold

Services performed (See attached)

Money loaned

Personal injury/wrongful death

Taxes

Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries, and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed

from _____ to _____
(date) (date)

9. Date(s) debt was incurred:

10. Is this claim subject to any right of setoff?

No

Yes. Brief description.

11. Is this claim secured by collateral?

No

Yes. Value of collateral.

\$ _____

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.

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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 co-debtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a 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 _____
MM / DD / YYYY Signature _____

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

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State Zip Code

Contact Phone _____ Email _____