

**UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF KENTUCKY**

**ADMINISTRATIVE  
EXPENSE CLAIM  
REQUEST**

**Name of Debtor:**

Lodestar Energy, Inc.  
Lodestar Holding, Inc.  
Industrial Fuels and Minerals, Co.

**Case Number:**

01-50969 (jms)  
01-50972 (jms)  
03-70015 (jms)

NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtors prior to the commencement of the cases. This ADMINISTRATIVE EXPENSE CLAIM REQUEST FORM is to be used solely in connection with a request for payment of an Administrative Expense arising after commencement of the case pursuant to 11 U.S.C § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

**If address differs from above, please complete the following:**

Creditor Name:

Telephone: #

Address:

City/St/Zip:

This Space is for Court Use  
Only

Account or other number by which creditor identifies debtor:

Check here if replaces  
this claim amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other

- Retiree benefits as defined in 11 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)  
Last four digits of S.S.# \_\_\_\_\_  
Unpaid compensation for services performed  
from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2. Date debt was incurred:**

**3. If court judgment, date obtained:**

**4. Total Amount of Administrative Claim:\$ \_\_\_\_\_**

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Brief Description of Claim: (attach any additional information)**

**6. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**7. Supporting Documents:** *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**8. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

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## INSTRUCTIONS FOR FILING ADMINISTRATIVE EXPENSE CLAIM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

### DEFINITIONS

#### **Administrative Expense Claim**

“Administrative Expense Claim” means any right to payment constituting a cost or expense of administration of the Chapter 11 Case allowed under sections 503(b), 507(a)(1) and 1114(e) of the Bankruptcy Code, including without limitation, (a) any actual and necessary costs and expenses, incurred on and after the Petition Date, of preserving the Estate, (b) any actual and necessary costs and expenses, incurred on and after the Petition Date, of operating the Debtor’s business in the ordinary course of business, (c) any indebtedness or obligations incurred or assumed by the Debtor during the Chapter 11 Case in the ordinary course of its business, (d) any allowances of compensation and reimbursement of expenses to the extent allowed by Final Order under sections 330 or 503 of the Bankruptcy code, and (e) any fees or charges assessed against the estate under section 1930 or chapter 123 of title 28 of the United States Code

### ITEMS TO BE COMPLETED IN THE ADMINISTRATIVE EXPENSE CLAIM FORM (if not already filled in)

#### **Court, Name of Debtor, and Case Number:**

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, District of Delaware), the name of the debtor in the bankruptcy case, and the bankruptcy case number.

#### **Information about Creditor:**

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor’s account number, if any. If anyone else has already filed an Administrative Expense Claim form relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this Administrative Expense Claim form replaces or changes an Administrative Expense Claim form that was already filed, check the appropriate box on the form.

#### **1. Basis for Claim:**

Check the type of debt for which the Administrative Expense Claim form is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your last four digits of your social security number and the dates of work for which you were not paid.

#### **2. Date Debt Incurred:**

Fill in the date when the debt first was owed by the debtor.

#### **3. Court Judgments:**

If you have a court judgment for this debt, state the date the court entered the judgment.

#### **4. Total Amount of Administrative Claim:**

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

#### **5. Brief Description of Claim:**

Describe the Administrative Expense Claim including, but not limited to, the actual and necessary costs and expenses of operating one or more of the Debtors’ Estates or any actual and necessary costs and expenses of operating One or more of the Debtors’ businesses.

#### **6. Credits:**

By signing this Administrative Expense Claim form, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

#### **7. Supporting Documents:**

You must attach to this Administrative Expense Claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

#### **8. Date-Stamped Copy:**

To receive an acknowledgement of the filing of your Administrative Expense Claim form, enclose a stamped, self-addressed envelope and copy of this Administrative Expense Claim form.

*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.