

<b>UNITED STATES BANKRUPTCY COURT, DISTRICT OF DELAWARE</b>		<b>PROOF OF CLAIM</b>	
Indicate Debtor against which you assert a claim by checking the appropriate box below ( <b>Check only one Debtor per claim form</b> ):			
<input checked="" type="checkbox"/> Santa Fe Gold Corporation (Case No. 15-11761) <input type="checkbox"/> Azco Mica, Inc. (Case No. 15-11762)		<input type="checkbox"/> The Lordsburg Mining Company (Case No. 15-11763) <input type="checkbox"/> Santa Fe Gold (Barbados) Corporation (Case No. 15-11764)	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file requests for payment of an administrative expense according to 11 U.S.C. § 503.		<b>COURT USE ONLY</b>	
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>JOHN WALTERS</u>		<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  <b>DEC 18 2015</b>            American Legal Claims         </div>	
Name and address where notices should be sent: <u>JOHN WALTERS</u> <u>101 OLD HACKBERRY LANE, APT. 313</u> <u>TUSCALOOSA, ALA. 35401</u>			
Telephone number: <u>205-7586206</u> email: <u>none</u>			
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Telephone number: _____ email: _____		<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.	
In re: <b>SANTA FE GOLD CORP</b> Case No: <b>15-11761</b> CLAIM <b>610025</b>			
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>2,000.00</u> If all or part of the claim is <u>secured</u> , complete <u>item 4</u> . If all or part of the claim is entitled to <u>priority</u> , complete <u>item 5</u> . <input type="checkbox"/> 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.			
<b>2. Basis for Claim:</b> <u>1,000.00</u> (See instruction #2)			
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>1418</u>	<b>3a. Debtor may have scheduled account as:</b> <u>84-1094315</u> (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> <u>204315678105200124300002</u> (See instruction #3b)	
<b>4. Secured Claim</b> (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.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ <u>none</u>	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: <u>none</u>	
Value of Property: \$ <u>none</u>		Amount of Secured Claim: \$ <u>3,000.00</u>	
Annual Interest Rate <u>100%</u> <input checked="" type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ <u>1,000.00</u>	
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a).</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).		<input type="checkbox"/> 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).	
<input type="checkbox"/> 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).		<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 applicable paragraph of 11 U.S.C. § 507 (a)(____).	
		Amount entitled to priority: \$ <u>none</u>	

\*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**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.

\$

none

(See instruction #6)

**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, or security agreements. 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. (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:

IT got destroyed when

**9. Signature:** (See instruction #9)

John Walters

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: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address and telephone number (if different from notice address above): \_\_\_\_\_

(Signature)

(Date)

Telephone number: \_\_\_\_\_

email: \_\_\_\_\_

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.

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DEC 16 2015

BY ALCS LLC

BIRMINGHAM AL 352  
15 DEC 2015 PM 2:1



SANTA Fe CLAIM PROCESSING  
C/O AMERICAN LEGAL CLAIM SERVICES

P.O. BOX 23650

JACKSONVILLE, FLORIDA 32241-3650