IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re: TARONIS FUELS, INC., et al., Debtors.) Chapter 11) Case No. 22-11121 (BLS)) (Jointly Administered))				
ADMINISTRATIVE EXPENSE PAYMENT REQUEST FORM					
THIS FORM IS TO BE USED ONLY FOR CERTAIN ADMINISTRATIVE EXPENSE CLAIMS INVOLVING THE DEBTORS AND OCCURING BETWEEN NOVEMBER 11, 2022 AND FEBRUARY 10, 2023 FOR CLAIMS ARISING BEFORE NOVEMBER 11, 2022 (AND FOR SECTION 503(B)(9) CLAIMS), USE THE GENERAL PROOF OF CLAIM FORM					
 Name of claimant: Name of Debtor claim asserted against (<u>check only one per claim form</u>): 					
Taronis Fuels, Inc. (Case No. 22-11121)	MagneGas Production, LLC (Case No. 22-11142)				
MagneGas Welding Supply – West, LLC (Case No. 22-11130)	Taronis Sub I LLC (Case No. 22-11144)				
Taronis Sub III LLC (Case No. 22-11133)	Taronis -TAS, LLC (Case No. 22-11146)				
MagneGas Welding Supply – South, LLC (Case No. 22-11135)	Taronis-TAH, LLC (Case No. 22-11147)				
MagneGas Real Estate Holdings, LLC (Case No. 22-11137)	Taronis Sub II LLC (Case No. 22-11148)				
MagneGas IP, LLC (Case No. 22-11140)					

¹ The Debtors in these chapter 11 cases, along with the last four digits (if any) of each Debtor's federal tax identification number include: Taronis Fuels, Inc. (7454), MagneGas Welding Supply – West, LLC (6662), Taronis Sub III LLC (5826), MagneGas Welding Supply – South, LLC (8686), MagneGas Real Estate Holdings, LLC (7412), MagneGas IP, LLC (0988), MagneGas Production, LLC (7727), Taronis Sub I LLC (4205), Taronis-TAS, LLC (2356), Taronis-TAH, LLC (3542), and Taronis Sub II LLC (9673). The location of the Debtors' service address in these chapter 11 cases is 24980 N. 83rd Avenue, Suite 100, Peoria, Arizona 85383.

3. Nature and descrip	tion of the claim	(you may atta	ch a separate sı	ımmary): 	
4. Date(s) claim arose	:				
5. Amount of claim: \$	·				
	ce of the nature	of the adminis	trative expense	claim asserted as well as im arose.	
SIGN BELOW:					
The person completing this payment request 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. 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.	Treson completing this nt request must sign te it. FRBP 9011(b). If am the creditor is attorney or authorized agent. I am the creditor is attorney or authorized agent. I am the creditor is attorney or authorized agent. I am the creditor is attorney or authorized agent. I am the creditor is attorney or authorized agent. I am the creditor is attorney or authorized agent. I am the creditor is attorney or authorized agent. I am the creditor is attorney or authorized agent. I am the creditor. I				
		-		Last:	
				Last	
	Title: Company (identify the corporate servicer as the company if the authorized agent is a servicer):				
	Address:				
	City:		State:	Zip:	
	Phone: Email:				

Instructions for Payment Request Form

United States Bankruptcy Court

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

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.

How to fill out this form

- Name of Claimant. Indicate your full name.
- Indicate Debtor against which you are asserting your request. Indicate the Debtor against which you assert a payment request by checking the appropriate box. Check only one Debtor per claim form. If you are asserting payment requests against more than one Debtor, you MUST file a separate payment request for each debtor.
- Indicate the nature and basis/description of your claim.
- Indicate the date(s) the claim arose.
- Indicate the amount of your claim. Indicate the amount of your claim in lawful currency of the United States as of the Administrative Claim Bar Date.
- Attach any supporting documents to this form.

Attach redacted copies of any documents that show that the debt exists. (See the definition of *redaction* on the reverse page.). Documentation should include both evidence of the nature of the administrative expense claim asserted as well as evidence of the date or dates on which the administrative expense claim arose.

- Do not attach original documents because attachments may be destroyed after scanning.
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.

- A Payment Request form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.
- For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write A.B., a minor child (John Doe, parent, 123 Main St., City, State). See Bankruptcy Rule 9037.

Confirmation that the request has been filed

To receive confirmation that the request has been filed, either enclose a stamped self-addressed envelope and a copy of this form or you may access the claims agent's website (www.donlinrecano.com/taronis) to view the filed form.

Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt.

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Information that is entitled to privacy: A *Payment Request* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a request is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the request.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Payment Request* form and any attached documents.

Do not file these instructions with your form.

PLEASE SEND COMPLETED ADMINISTRATIVE EXPENSE PAYMENT REQUEST FORMS TO:

If sent by mail, send to:

Donlin, Recano & Company, Inc. Re: Taronis Fuels, Inc., et al. P.O. Box 199043 Blythebourne Station Brooklyn, NY 11219

If sent by Overnight Courier or Hand Delivery, send to:

Donlin, Recano & Company, Inc. Re: Taronis Fuels, Inc., et al. 6201 15th Avenue Brooklyn, NY 11219

Alternatively, your payment request may be filed electronically on DRC's website at:

https://www.donlinrecano.com/Clients/tfi/FileClaim