

United States Bankruptcy Court District of Delaware		ADMINISTRATIVE EXPENSE CLAIM	
In re (Name of Debtor) Fresh & Easy, LLC		Case Number 15-12220-BLS	
NOTE: This form should only be used to make a claim for an administrative expense claim arising on or after October 30, 2015 through and including December 31, 2015. This form should not be used to assert a claim arising under 11 U.S.C. § 503(b)(9), which must be asserted on a separate form.			
Name of Creditor <i>(The person or other entity to whom the debtor owes money or property)</i>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy or statement giving particulars.	
Name and Address Where Notices Should be Sent		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
Telephone No.		<input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> (See attached) <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly)			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (date) (date) </div>			
2. DATE DEBT WAS INCURRED		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. Pursuant to 11 U.S.C. § 503(a), "an entity may timely file a request for payment of an administrative expense, or may tardily file such request if permitted by the court for cause." 11 U.S.C. § 503(b) describes those administrative expenses which may be allowed in a debtor's chapter 11 case.			
5. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM		6. BRIEF DESCRIPTION OF CLAIM	
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents.</u> If the documents are not available, explain. If the documents are voluminous, attach a summary.		THIS SPACE IS FOR COURT USE ONLY	
8. TIME-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 attorney, if any)		

Penalty for presenting fraudulent claim: Fine of up to \$500,000.00 or imprisonment for up to 5 years, or both. 18 U.S.C. § § 152 & 3571.

INSTRUCTIONS FOR ADMINISTRATIVE EXPENSE CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Definitions.

503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the “value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor’s business.”

Administrative Bar Date.

By order of the United States Bankruptcy Court for the District of Delaware, all persons or entities asserting an Administrative Expense Claim against the Debtor, other than a claim under 11 U.S.C. § 503(b)(9), that has arisen in the Initial Administrative Claims Period (October 30, 2015 through and including December 31, 2015) must file an Administrative Expense Claim Form, so as to be **ACTUALLY RECEIVED** by the claims and noticing agent retained in this case at the address set forth below by **February 19, 2016 at 5:00 p.m. (Pacific Time)**.

Administrative Expense Claim.

An administrative expense claim is any claim asserting priority pursuant to 11 U.S.C. §§ 503 and 507(a)(2), including but not limited to (i) claims for goods and services provided to the debtors on or after the October 30, 2015 (the “Petition Date”) otherwise unpaid and (ii) claims for the value of goods received by the debtors within 20 days before the Petition Date and meeting the other requirements of 11 U.S.C. § 503(b)(9) and which claim is otherwise unpaid. This form should be used only by claimants asserting an administrative expense claim asserting priority pursuant to 11 U.S.C. §§ 503 and 507(a)(2) other than claims arising under 11 U.S.C. § 503(b)(9), which must be asserted on a separate form. This form should not be used for any other types of claim.

Claim.

A claim is the creditor’s right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

Creditor.

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Administrative Expense Claim Form.

An Administrative Expense Claim Form is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

Redacted.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must 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 healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

General instructions and filing instructions.

1. Please read this Administrative Expense Claim Form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
3. The Administrative Expense Claim Form must be completed in English. The amount of the claim must be denominated in United States currency.
4. Attach additional pages if more space is required to complete the Administrative Expense Claim Form.
5. This form should only be used by claimants asserting administrative expense claims that are not 503(b)(9) claims. 503(b)(9) claims must be asserted on a separate form. The proposed procedures for filing 503(b)(9) Claims are set forth in the Debtor’s Motion for Entry of an Order (1) Pursuant to Sections 105(a), 363(b), 503(b), 1107(a) and 1108 of the Bankruptcy Code, Establishing Exclusive Procedures for the Assertion, Resolution and Satisfaction of Prepetition Claims Arising Under the Perishable Agricultural Commodities Act and the Packers and Stockyards Act of 1921, and (2) Pursuant to Sections 105(a) and 503(b)(9) of the Bankruptcy Code, Establishing Exclusive Procedures for the Assertion, Resolution, Allowance and Satisfaction of Claims Arising Under Section 503(b)(9) of the Bankruptcy Code [Docket No. 136].
6. To be deemed timely filed, this Administrative Expense Claim Form must contain an original signature and must be filed so as to be **ACTUALLY RECEIVED on or before 5:00 p.m. (Pacific Time) on February 19, 2016** (the “Administrative Claims Bar Date”) via First Class mail, overnight courier service, or hand delivery at the following address:

If by First-Class Mail

Fresh & Easy, LLC Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
P.O. Box 4421
Beaverton, OR 97076-4421

If by Hand Delivery or Overnight Mail:

Fresh & Easy, LLC Claims Processing Center
c/o Epiq Bankruptcy Solutions
10300 SW Allen Blvd
Beaverton, OR 97005

Forms shall not be submitted by facsimile, telecopy, e-mail or other electronic means and any Administrative Expense Claim Form submitted by such means shall not be deemed timely filed.

Items to be completed in Administrative Expense Claim Form.

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. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Account or other number by which creditor identifies debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

1. Basis for claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, and personal injury/wrongful death. If the claim is based on delivering healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information. You may be required to provide additional disclosure if an interested party objects to the claim.

2. Date debt was incurred:

State the date or dates on which the debt was incurred.

3. If court judgment, date obtained:

State the date on which any court judgment on which the claim is based was obtained.

5. Total amount of claim as of the date the debt was incurred:

State the total amount owed to the creditor on the date or dates on which the debt was incurred. Check the box if interest or other charges are included in the claim.

6. Brief description of claim (attach any additional information):

Briefly describe the nature of the claim and attach any additional relevant information.

7. Supporting documents:

Attach redacted copies of any documents that show the debt exists. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If claim is based on delivering healthcare goods or services, limit disclosing embarrassing or confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. If the documents are not available, provide explanation. If the documents are voluminous, attach a summary.

8. Date-stamped copy:

If the claimant wishes to receive an acknowledgement of the filing of the claim, submit a copy of the Administrative Expense Claim Form in a self-addressed, stamped return envelope along with the original claim

9. Date and signature:

The individual completing this Administrative Expense Claim Form must sign and date it. FRBP 9011. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). If your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for the purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.