

Fill in the below information to identify the case:

Debtor name: _____

United States Bankruptcy Court for the: District of Delaware

Case number: _____

Proof of Administrative Expense Claim

Read the instructions before filling out this form. Pursuant to an Order of the Bankruptcy Court in the above-referenced chapter 11 cases (see Docket No. 302), to have claims arising during the period from the Petition Date (May 17, 2020) through and including June 30, 2020 allowed as an administrative expense, this form must be filed with Donlin, Recano & Company, Inc., so as to be received by July 31, 2020 at 4:00 p.m. (Prevailing Eastern Time). To have claims arising during the period from July 1, 2020 through and including July 31, 2020 allowed as an administrative expense, this form must be filed with upon Donlin, Recano & Company, Inc., so as to be received by August 31, 2020 at 4:00 p.m. (Prevailing Eastern Time).

Do not use this form to make a request for payment of an administrative expense under 11 U.S.C. § 503(b)(9).

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.

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? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name _____	Name _____
	Name _____	Address _____	Address _____
	Address _____	City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
	City _____ State _____ Zip Code _____	Contact Phone _____	Contact Phone _____
	Contact Phone _____	Contact Email _____	Contact Email _____
Contact Email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		

4. Does this claim amend one already filed? No Filed on _____
 Yes. Claim number on court claims registry (if known) _____ MM / DD / YYYY

5. Do you know if anyone else has filed an Administrative Expense proof of claim for this claim? No
 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 identification number used 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. Basis for claim: _____

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b). *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 codebtor. Bankruptcy Rule 3005.

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.

I understand that an authorized signature on this Administrative Expense *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 Administrative Expense *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 _____

Facsimile, email, or electronic submissions will not be accepted. Claims shall be deemed filed when actually received by Donlin, Recano, & Company, Inc., as provided in the Instructions. To receive an acknowledgment of the timely submission of your claim, enclose a stamped, self-addressed envelope and copy of this Administrative Expense Proof of Claim form.

Instructions for Administrative Expense Proof of Claim

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

- **Fill in the caption at the top of the form.** You must fill in the specific Debtor name and case number against which your claim is being asserted. If you are asserting claims against more than one Debtor, you **MUST** file a separate proof of claim for each debtor.
 - **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
 - **Attach any supporting documents to this form.** Attach redacted copies of any documents that show that the debt exists.
 - **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 *Proof of Claim* 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 claim has been filed

To receive confirmation that the claim 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/comcar) 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 *Proof of Claim* 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 claim 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 claim.

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 *Proof of Claim* form and any attached documents.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

PLEASE SEND COMPLETED ADMINISTRATIVE PROOF(S) OF CLAIM TO:

If Proof of Claim is sent by mail, send to:

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

If Proof of Claim is sent by Overnight Courier or Hand Delivery, send to:

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

Do not file these instructions with your form.