

| UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK | | ADMINISTRATIVE EXPENSE PROOF OF CLAIM FORM |
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| IN RE: QUEBECOR WORLD (USA) INC., ET AL. | 08-10152 (JMP) | This Space is For Court Use Only |
| Name of Debtor: | Case Number: | |
| NOTE: This form should only be used to make a claim for an administrative expense arising after the commencement of the cases pursuant to 11 U.S.C. § 503, 507, 365(d)(3) and 365(d)(5). IT SHOULD NOT BE USED FOR CLAIMS: (i) ARISING PRIOR TO JANUARY 21, 2008 OR (ii) ENTITLED TO ADMINISTRATIVE EXPENSE PRIORITY UNDER 11 U.S.C. § 503(b)(9). | | |
| NAME AND ADDRESS OF CREDITOR (the person or entity to whom the debtor owes money or property). If address is incorrect, please insert correct address. | | |
| <input type="checkbox"/> 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. | | |
| <input type="checkbox"/> Check box if you have never received any notices in this case. | | |
| <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the Bankruptcy Court. | | |
| Phone Number: | | |
| ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: | Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____ | |
| 1. BASIS FOR CLAIM: <ul style="list-style-type: none"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____ | | |
| 2. DATE ADMINISTRATIVE DEBT WAS INCURRED: | 3. IF COURT JUDGMENT, DATE OBTAINED: | |
| 4. TOTAL AMOUNT OF ADMINISTRATIVE EXPENSE CLAIM: <div style="display: flex; align-items: center;"> <input type="checkbox"/> 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. \$ _____ (Total) _____ </div> | | |
| 5. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of administrative expense claim. | | |
| 6. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , 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. | | |
| 7. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your administrative expense proof of claim, enclose a stamped, self-addressed envelope and copy of this administrative expense proof of claim. | | |
| 8. This form must be completed in English and claims must be denominated in U.S. Dollars. | | |
| THE ORIGINAL OF THIS ADMINISTRATIVE EXPENSE PROOF OF CLAIM MUST BE SENT SO THAT IT IS RECEIVED ON OR BEFORE 5:00 P.M., PREVAILING EASTERN TIME, ON SEPTEMBER 21, 2009. | | |
| IF PROOF OF CLAIM IS SENT BY MAIL, SEND TO: DONLIN, RECANO & COMPANY, INC. RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING P.O. BOX 2062, MURRAY HILL STATION NEW YORK, NY 10156 | | IF PROOF OF CLAIM IS SENT BY HAND DELIVERY OR OVERNIGHT COURIER, SEND TO: DONLIN, RECANO & COMPANY, INC. RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING 419 PARK AVENUE SOUTH, SUITE 1206 NEW YORK, NY 10016 |
| IF PROOF OF CLAIM IS SENT BY OVERNIGHT COURIER, SEND TO: DONLIN, RECANO & COMPANY, INC. RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING 419 PARK AVENUE SOUTH, SUITE 1206 NEW YORK, NY 10016 | | UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK CLERK'S OFFICE RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING ONE BOWLING GREEN, ROOM 534 NEW YORK, NY 10004-1408 |
| Please see instructions on back of administrative expense 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): | |

INSTRUCTIONS FOR ADMINISTRATIVE EXPENSE PROOF OF CLAIM FORM

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 Claims

The claims described in sections 503, 507, 365(d)(3) and 365(d)(5) of title 11 of the United States Code that arose on or between January 21, 2008 and July 21, 2009.

Debtor

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

Administrative Expense Creditor

An administrative expense creditor is any person, corporation, or other entity to whom the debtor owes a debt for an administrative expense.

Administrative Expense Proof of Claim

A form telling the bankruptcy court how much the debtor owes a creditor for administrative expenses.

ITEMS TO BE COMPLETED IN ADMINISTRATIVE EXPENSE PROOF OF CLAIM FORM (IF NOT ALREADY FILLED IN)

NAME OF DEBTOR AND CASE NUMBER:

You MUST fill in the specific Debtor against which your claim is being asserted and the case number of that Debtor's bankruptcy case.

If you are asserting claims against more than one Debtor, you MUST file a separate administrative expense proof of claim for each Debtor.

INFORMATION ABOUT ADMINISTRATIVE EXPENSE 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 proof of claim 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 proof of claim replaces or changes an administrative expense proof of claim 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 proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt.

2. CURRENCY OF CLAIM:

Claims must be denominated in U.S. currency.

3. DATE ADMINISTRATIVE DEBT INCURRED:

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

4. COURT JUDGMENTS:

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

5. TOTAL AMOUNT OF ADMINISTRATIVE EXPENSE CLAIM:

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

6. CREDITS:

By signing this administrative expense proof of claim, you are stating under oath that in calculating the amount of your administrative expense proof of claim you have given the debtor credit for all payments received from the debtor.

7. SUPPORTING DOCUMENTS:

You must attach to this administrative expense proof of 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 Claim, enclose a stamped, self-addressed envelope and copy of this administrative expense proof of claim form.

TO BE CONSIDERED TIMELY FILED, THE PROOF OF CLAIM FORM MUST BE ACTUALLY RECEIVED ON OR BEFORE SEPTEMBER 21, 2009 AT 5:00 P.M. PREVAILING EASTERN TIME AND MUST INCLUDE APPROPRIATE MATERIALS ESTABLISHING THE ADMINISTRATIVE NATURE OF THE CLAIM AND THE AMOUNT OF THE ASSERTED CLAIM.

THIS FORM IS NOT FOR FILING CLAIMS: (i) ARISING PRIOR TO JANUARY 21, 2008 OR (ii) ENTITLED TO ADMINISTRATIVE EXPENSE PRIORITY UNDER 11 U.S.C. § 503(b)(9).