

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>	<b>ADMINISTRATIVE EXPENSE PROOF OF CLAIM</b>	<b>Administrative Expense Claims Bar Date</b> December 13, 2016 at 5:00 p.m. (ET)
<input type="checkbox"/> Aéropostale, Inc. (Case No. 16-11275) <input type="checkbox"/> Aeropostale Licensing, Inc. (Case No. 16-11280)		
<input type="checkbox"/> Aeropostale Procurement Company, Inc. (Case No. 16-11276) <input type="checkbox"/> GoJane LLC (Case No. 16-11281)		
<input type="checkbox"/> Aéropostale West, Inc. (Case No. 16-11277) <input type="checkbox"/> P.S. from Aeropostale, Inc. (Case No. 16-11282)		
<input type="checkbox"/> Jimmy'Z Surf Co., LLC (Case No. 16-11278) <input type="checkbox"/> Aeropostale Puerto Rico, Inc. (Case No. 16-11283)		
<input type="checkbox"/> Aero GC Management LLC (Case No. 16-11279) <input type="checkbox"/> Aeropostale Holdings Inc. (Case No. 16-11285)		
Note: This form should only be used by claimants asserting an Administrative Expense Claim against one of the above Debtors arising on or after May 4, 2016.		
Name of Creditor (The person or entity to whom the debtor owes money or property)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.	Check here if this claim: <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim.  Claim Number (if known): _____
Name and Addresses Where Notices Should be Sent:	Name and Addresses Where Payment Should be Sent (if different):	Dated: _____
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Wages (Dates): _____ <input type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree Benefits as Defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other(Specify): _____		
2. DATE DEBT WAS INCURRED (IF KNOWN):		
3. DESCRIPTION OF CLAIM (IF KNOWN):		
4. TOTAL AMOUNT OF CLAIM:                      \$ _____ (Total)		
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.  6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.  7. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		<b>THIS SPACE IS FOR COURT USE ONLY</b>
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)	