

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION	ADMINISTRATIVE EXPENSE PROOF OF CLAIM	Chapter 11 General Administrative Expense Claim Bar Date April 20, 2018 at 5:00 p.m. (CST)
<input type="checkbox"/> Central Grocers, Inc. (Case No. 17-13886) <input type="checkbox"/> Strack & Van Til Super Market, Inc. (Case No. 17-18821) <input type="checkbox"/> SVT, LLC (Case No. 17-18817)		
<p>Note: This form should only be used by claimants asserting a Chapter 11 general administrative expense claim incurred from May 2, 2017 (with respect to claims against Central Grocers, Inc.) or, as applicable, May 4, 2017 (with respect to claims against Strack & Van Til Super Market, Inc. and/or SVT, LLC) through the effective date of conversion of the bankruptcy cases (December 4, 2017).</p> <p>Do not use this form for: (i) any claim arising under 11 U.S.C. § 503(b)(9), (ii) any claim under the Perishable Agricultural Commodities Act of 1930, as amended, 7 U.S.C. §§ 499a <i>et seq.</i>, and/or the Packers and Stockyards Act of 1921 as amended, 7 U.S.C. § 181 <i>et seq.</i>, (iii) any claim by a Debtor's retained professional arising prior to December 4, 2017, (iv) any administrative claim accrued after December 4, 2017, or (v) any claim that is not of a kind entitled to priority in accordance with 11 U.S.C. §§ 503(b) and 507(a)(2).</p>		
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.		THIS SPACE IS FOR COURT USE ONLY
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)	