

<p style="text-align: center;">UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE</p>	<p style="text-align: center;">PROOF OF ADMINISTRATIVE CLAIM</p>	<p style="text-align: center;">Administrative Claims Bar Date June 1, 2020, at 4:00 p.m., prevailing Eastern Time</p>
<p>THIS FORM SHOULD ONLY BE USED BY CLAIMANTS ASSERTING AN ADMINISTRATIVE EXPENSE CLAIM ARISING AGAINST ONE OF THE BELOW DEBTORS FOR POSTPETITION ADMINISTRATIVE CLAIMS ARISING AFTER SEPTEMBER 29, 2019, AND PRIOR TO MARCH 5, 2020, AT 11:59 P.M., PREVAILING EASTERN TIME. THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(B) AND 507(A)(2); PROVIDED, HOWEVER, THAT THIS FORM SHOULD NOT BE USED FOR CLAIMS PURSUANT TO SECTION 503(B)(9) OF THE BANKRUPTCY CODE. PLEASE CHECK THE BOX BELOW TO SELECT THE DEBTOR AGAINST WHOM YOU ASSERT A CLAIM. PLEASE SUBMIT A SEPARATE FORM FOR EACH DEBTOR AGAINST WHOM YOU ASSERT A CLAIM.</p> <p> <input type="checkbox"/> Forever 21, Inc. (19-12122) <input type="checkbox"/> Forever 21 Real Estate Holdings, LLC (19-12126) <input type="checkbox"/> Alameda Holdings, LLC (19-12123) <input type="checkbox"/> Forever 21 Retail, Inc. (19-12127) <input type="checkbox"/> Forever 21 International Holdings, Inc. (19-12124) <input type="checkbox"/> Innovative Brand Partners, LLC (19-12128) <input type="checkbox"/> Forever 21 Logistics, LLC (19-12125) <input type="checkbox"/> Riley Rose, LLC (19-12129) </p>		
<p>Name of Creditor (The person or entity to whom the debtor owes money or property)</p>	<p><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.</p>	<p>Check here if this claim: <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim. Claim Number (if known):</p>
<p>Name and Addresses Where Notices Should be Sent:</p>	<p>Name and Addresses Where Payment Should be Sent (if different):</p>	<p>Dated:</p>
<p>1. BASIS FOR CLAIM:</p> <p> <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): _____ </p>		
<p>2. DESCRIPTION OF CLAIM (IF KNOWN):</p>		
<p>3. TOTAL AMOUNT OF CLAIM: \$ _____ (Total)</p>		
<p>4. 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.</p> <p>5. 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. The Debtors may request full copies of your supporting documentation to substantiate the claim.</p> <p>6. 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.</p>	<p style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p>	
<p>Date:</p>	<p>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)</p>	