

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

ADMINISTRATIVE EXPENSE PROOF OF CLAIM

Debtor against which claim is asserted: (check one)

- | | |
|--|---|
| <input type="checkbox"/> APP Winddown, LLC
(f/k/a American Apparel, LLC)
(Case No. 16-12551) | <input type="checkbox"/> APP D&F Winddown, Inc.
(f/k/a American Apparel Dyeing & Finishing, Inc.)
(Case No. 16-12554) |
| <input type="checkbox"/> APP USA Winddown, LLC
(f/k/a American Apparel (USA), LLC)
(Case No. 16-12552) | <input type="checkbox"/> APP Knitting Winddown, LLC
(f/k/a KCL Knitting, LLC)
(Case No. 16-12555) |
| <input type="checkbox"/> APP Retail Winddown, Inc.
(f/k/a American Apparel Retail, Inc.)
(Case No. 16-12553) | <input type="checkbox"/> APP Shipping Winddown, Inc.
(f/k/a Fresh Air Freight, Inc.)
(Case No. 16-12556) |

Note: This form should only be used by claimants asserting an Administrative Expense Claim arising against one of the above Debtors on or after November 14, 2016. THIS FORM SHOULD **ONLY** BE USED FOR ANY CLAIMS THAT ARE OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 365(d)(3), 365(d)(5) 503(b)(1)-(8) AND 507(a)(2).

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: _____

<p>1. BASIS FOR CLAIM:</p> <p><input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Personal Injury/Wrongful Death</p> <p><input type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Wages (Dates): _____</p> <p><input type="checkbox"/> Other(Specify): _____</p>
2. DATE DEBT WAS INCURRED (IF KNOWN):
3. DESCRIPTION OF CLAIM (IF KNOWN):
4. TOTAL AMOUNT OF CLAIM: \$ _____ (Total)

<p>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.</p> <p>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 summary.</p> <p>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.</p>	THIS SPACE IS FOR COURT USE ONLY
<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>	

IF PROOF OF CLAIM IS SENT BY MAIL, HAND DELIVERY, OR OVERNIGHT COURIER, SEND TO:
APP Winddown, LLC (f/k/a American Apparel, LLC) Claims Processing Center
c/o Prime Clerk LLC
830 3rd Avenue, 3rd Floor
New York, NY 10022

Attach Supporting Documentation (limited to a single PDF attachment that is less than 5 megabytes in size and under 100 pages):

I have supporting documentation.
(attach below)

I do not have supporting documentation.

PLEASE REVIEW YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTS AND REDACT ACCORDINGLY PRIOR TO UPLOADING THEM. PROOFS OF CLAIM AND ATTACHMENTS ARE PUBLIC DOCUMENTS THAT WILL BE AVAILABLE FOR ANYONE TO VIEW ONLINE.

IMPORTANT NOTE REGARDING REDACTING YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTATION When you submit a proof of claim and any supporting documentation you must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. The responsibility for redacting personal data identifiers (as defined in Federal Rule of Bankruptcy Procedure 9037) rests solely with the party submitting the documentation and their counsel. Prime Clerk and the Clerk of the Court will not review any document for redaction or compliance with this Rule and you hereby release and agree to hold harmless Prime Clerk and the Clerk of the Court from the disclosure of any personal data identifiers included in your submission. In the event Prime Clerk or the Clerk of the Court discover that personal identifier data or information concerning a minor individual has been included in a pleading, Prime Clerk and the Clerk of the Court are authorized, in their sole discretion, to redact all such information from the text of the filing and make an entry indicating the correction.