

<p align="center">UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</p>	<p align="center">ADMINISTRATIVE EXPENSE PROOF OF CLAIM</p>	<p align="center">Administrative Expense Claims Bar Date January 20, 2016 at 5:00 p.m. (ET)</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> The Great Atlantic & Pacific Tea Company, Inc. (Case No. 15-23007) <input type="checkbox"/> 2008 Broadway, Inc. (Case No. 15-23006) <input type="checkbox"/> A&P Live Better, LLC (Case No. 15-23008) <input type="checkbox"/> A&P Real Property, LLC (Case No. 15-23009) <input type="checkbox"/> APW Supermarket Corporation (Case No. 15-23010) <input type="checkbox"/> APW Supermarkets, Inc. (Case No. 15-23011) <input type="checkbox"/> Borman's Inc. (Case No. 15-23012) <input type="checkbox"/> Delaware County Dairies, Inc. (Case No. 15-23013) <input type="checkbox"/> Food Basics, Inc. (Case No. 15-23014) <input type="checkbox"/> Kwik Save Inc. (Case No. 15-23015) <input type="checkbox"/> McLean Avenue Plaza Corp. (Case No. 15-23016) </div> <div style="width: 48%;"> <input type="checkbox"/> Montvale Holdings, Inc. (Case No. 15-23017) <input type="checkbox"/> Montvale-Para Holdings, Inc. (Case No. 15-23018) <input type="checkbox"/> Onpoint, Inc. (Case No. 15-23019) <input type="checkbox"/> Pathmark Stores, Inc. (Case No. 15-23020) <input type="checkbox"/> Plainbridge, LLC (Case No. 15-23021) <input type="checkbox"/> Shopwell, Inc. (Case No. 15-23022) <input type="checkbox"/> Super Fresh Food Markets, Inc. (Case No. 15-23023) <input type="checkbox"/> The Old Wine Emporium of Westport Inc. (Case No. 15-23024) <input type="checkbox"/> Tradewell Foods of Conn., Inc. (Case No. 15-23025) <input type="checkbox"/> Waldbaum, Inc. (Case No. 15-23026) </div> </div> <p>Note: This form should only be used by claimants asserting an Administrative Expense Claim against one of the above Debtors arising on or after July 19, 2015.</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)	