

**UNITED STATES
BANKRUPTCY COURT
DISTRICT OF DELAWARE**

**ADMINISTRATIVE
EXPENSE PROOF OF
CLAIM**

Fill in this information to identify the case (Select only one Debtor per claim form):

<input type="checkbox"/> BBGI US, Inc. (Case No. 20-11785)	<input type="checkbox"/> BBGI International, LLC (Case No. 20-11791)	<input type="checkbox"/> Retail Brand Alliance of Puerto Rico, Inc. (Case No. 20-11797)
<input type="checkbox"/> Brooks Brothers Far East Limited (Case No. 20-11786)	<input type="checkbox"/> BBGI Restaurant, LLC (Case No. 20-11792)	
<input type="checkbox"/> 696 White Plains Road, LLC (Case No. 20-11787)	<input type="checkbox"/> Deconic Group LLC (Case No. 20-11793)	
<input type="checkbox"/> BBD Holding 1, LLC (Case No. 20-11788)	<input type="checkbox"/> Golden Fleece Manufacturing Group, LLC (Case No. 20-11794)	
<input type="checkbox"/> BBD Holding 2, LLC (Case No. 20-11789)	<input type="checkbox"/> RBA Wholesale, LLC (Case No. 20-11795)	
<input type="checkbox"/> BBDI, LLC (Case No. 20-11790)	<input type="checkbox"/> Retail Brand Alliance Gift Card Services, LLC (Case No. 20-11796)	

Note: This form should only be used by claimants asserting an Administrative Expense Claim arising against one of the above Debtors during the period beginning July 8, 2020 and ending on August 31, 2020. 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).

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.	<p>Check here if this claim: <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim.</p> <p>Claim Number (if known): _____</p>
Name and Addresses Where Notices Should be Sent:	Name and Addresses Where Payment Should be Sent (if different):	Dated: _____

1. BASIS FOR CLAIM: Services performed Personal Injury/Wrongful Death
 Goods sold Taxes Other(Specify): _____
 Money loaned

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 a 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>	<p>THIS SPACE IS FOR COURT USE ONLY</p>
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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)
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