

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA RICHMOND DIVISION	ADMINISTRATIVE EXPENSE PROOF OF CLAIM	Administrative Expense Claims Bar Date <small>The earlier of: (a) the 15th day of the month following the month in which the claim arose at 5:00 p.m., prevailing Eastern Time; and (b) 14 days following any hearing on a chapter 11 plan, structured settlement, or other proposed resolution to the Debtors chapter 11 cases, at 5:00 p.m., prevailing Eastern Time.</small>
<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 JUNE 30, 2018. 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; THIS FORM SHOULD NOT BE USED FOR CLAIMS PURSUANT TO SECTION 503(B)(9) OF THE BANKRUPTCY CODE.</p> <p> <input type="checkbox"/> Toys "R" Us, Inc. (17-34665) <input type="checkbox"/> Toys "R" Us - Value, Inc. (17-34664) <input type="checkbox"/> TRU Guam, LLC (17-34674) <input type="checkbox"/> TRU - SVC, Inc. (17-34659) <input type="checkbox"/> Geoffrey International, LLC (17-34666) <input type="checkbox"/> TRU Mobility, LLC (17-34675) <input type="checkbox"/> Geoffrey Holdings, LLC (17-34660) <input type="checkbox"/> Geoffrey, LLC (17-34667) <input type="checkbox"/> TRU of Puerto Rico, Inc. (17-34676) <input type="checkbox"/> Giraffe Holdings, LLC (17-34661) <input type="checkbox"/> Toys "R" Us - Delaware Inc. (17-34669) <input type="checkbox"/> Wayne Real Estate Parent Company, LLC (17-34683) <input type="checkbox"/> Giraffe Junior Holdings, LLC (17-34662) <input type="checkbox"/> Toys "R" Us Property Company II, LLC (17-34671) <input type="checkbox"/> MAP 2005 Real Estate, LLC (17-34663) <input type="checkbox"/> Toys Acquisition, LLC (17-34672) </p>		
Name of Creditor <small>(The person or entity to whom the debtor owes money or property)</small>	<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): _____ Dated: _____
Name and Addresses Where Notices Should be Sent:	Name and Addresses Where Payment Should be Sent (if different):	
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. DESCRIPTION OF CLAIM (IF KNOWN):		
3. TOTAL AMOUNT OF CLAIM: \$ _____ (Total) DATE DEBT WAS INCURRED (IF KNOWN): Please allocate your claim amount across the below dates, leaving any line blank, as appropriate.		
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. 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. 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.		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)	