UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

ADMINISTRATIVE PROOF OF CLAIM

Name of Debtor: **Federation Employment and Guidance Service Inc.**

Case Number: **15-71074**

Note: This form should only be used by claimants asserting an Administrative Expense arising between March 18, 2015 and August 31, 2015 (the "Administrative Claim Period"). 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 other entity to whom the debtor owes money or property):

THIS SPACE IS FOR COURT USE ONLY

Name and address where notices should be sent:

Name:_____
Address 1:_____
Address 2:_____
Address 3:_____
Address 4:_____
Address 5:_____
TEL: _____

☐ Check box to indicate that this claim amends a previously filed claim.

Court Claim Number: ☐☐☐☐☐ *(If known)*

Filed On: ☐☐/☐☐/☐☐

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

Name and address where payment should be sent (if different from above):

Name:_____
Address 1:_____
Address 2:_____
Address 3:_____
Address 4:_____
Address 5:_____
TEL: _____

Carefully read instructions included with this Proof of Claim before completing. In order to have your claim considered for payment and/or voting purposes, complete ALL applicable questions.

1. Administrative Expense Claim Under 11 U.S.C. § 503

THIS SPACE IS FOR COURT USE ONLY

Amount of Claim: $ ☐☐☐☐☐☐☐☐☐.☐☐

Date Incurred: ☐☐/☐☐/☐☐

Job(s) _____

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

☐ Check this box if you continue to provide services to the Debtor.

2. Basis for Administrative Expense Claim

_____

3. Last four digits of any number by which creditor identifies debtor: ☐☐☐☐

4. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

5. Documents: Attach redacted copies of any documents that support this claims, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Date ☐☐/☐☐/☐☐☐☐

Signature _____

Printed Name

Title

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The attorneys for the Debtor and their court-appointed claims agent, Omni, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** FEGS, Inc., c/o Omni, 5955 De Soto Avenue, Suite 100, Woodland Hills, CA 91367. **IF BY COURIER:** FEGS, Inc., c/o Omni, 5955 De Soto Avenue, Suite 100, Woodland Hills, CA 91367. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.