

**Section 503(b)(9) Proof of Claim Form**

<b>UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF NEW YORK</b>	<b>SECTION 503(b)(9) PROOF OF CLAIM FORM</b>	<b>503(b)(9) Claims Bar Date: December 28, 2018 at 5:00 p.m. (Eastern Time)</b>
<b>Herb Philipson's Army and Navy Stores Inc., Case No. 18-61376</b>		
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): _____ 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		
2. DATE GOODS WERE RECEIVED BY THE DEBTOR (IF KNOWN):		
4. TOTAL AMOUNT OF CLAIM:                    \$ _____ (Total)		
5. CERTIFICATION: In filing this claim, claimant certifies that the goods for which this claim is being asserted were sold to the Debtor in the ordinary course of the Debtor's business and (to the extent known) received by the Debtor within the 20 day period prior to the October 8, 2018 bankruptcy petition date.  6. 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.  7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as invoices, receipts, purchase orders, bills of lading, and the like, identifying the particular goods for which the claim is being asserted, to which Debtor the goods were shipped, to the extent you have knowledge, the date the goods were received by such Debtor, and the value of such Goods.  8. 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)	