

UNITED STATES BANKRUPTCY COURT FOR SOUTHERN DISTRICT OF NEW YORK

Hostess Brands Claims Processing Center
c/o Kurtzman Carson Consultants LLC
2335 Alaska Avenue
El Segundo, CA 90245

**REQUEST FOR PAYMENT
OF ADMINISTRATIVE
EXPENSE CLAIM**

Indicate Debtor against which you assert a claim. Indicate only one Debtor per claim form.

Name of Debtor: _____ **Case Number:** _____

This form should only be used to assert an administrative expense claim against Hostess Brands, Inc. and its debtor subsidiaries (collectively, the "Debtors") for obligations incurred on or after January 11, 2012 and prior to January 31, 2013.

Name of claimant (the person or other entity to whom the debtor owes money or property):

Check this box if this claim amends a previously filed claim.

Name and address where notices should be sent:

Check this box if the address differs from the address on the envelope sent to you.

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

Filed on: _____

Check this box if you are aware that anyone else has filed an administrative claim relating to this claim. Attach copy of statement giving particulars.

Telephone number: _____ email: _____

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

Telephone number: _____ email: _____

1. Amount of Administrative Claim: \$ _____

Check this box if the claim includes interest or other charges in addition to the principal amount of the administrative claim. Attach a statement that itemizes interest or charges.

2. Basis for Administrative Claim: _____
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: ____ _
(See instruction #3)

4. Date Claim Arose: _____
(See instruction #4)

5. Credits. The amount of all payments on this claim has been credited for the purpose of making this Administrative Claim Request Form. (See instruction #5)

6. Documents: Attach **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. (See instruction #6, and the definition of "redacted".) **DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**
If the documents are not available, please explain:

7. Signature: (See instruction #7)

Check the appropriate box.

I am the claimant. I am the claimant's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor.
(Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this administrative claim form is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: _____

Title: _____

Company: _____ (Signature) _____ (Date)

Address and telephone number (if different from notice address above):

Telephone number: _____ Email: _____

COURT USE ONLY

INSTRUCTIONS FOR ADMINISTRATIVE CLAIM REQUEST FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Administrative Claim Request Form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (Bankruptcy Court for the Southern District of New York), the debtor's full name, and the case number.

Claimant's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The claimant has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Administrative Claim:

Fill in the total amount of the entire Administrative Claim. If interest or other charges in addition to the principal amount of request are included, check the appropriate place on the form and attach an itemization of interest and charges.

2. Basis for Administrative Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

4. Date Claim Arose:

All requests for Administrative Claims should be for claims that arose on or after January 11, 2012 and before January 31, 2013.

5. Credits:

An authorized signature on this Administrative Claim Request Form serves as an acknowledgment that when calculating the amount of the claim, the claimant gave the debtor credit for any payments received toward the debt.

6. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

7. Date and Signature:

The individual completing this Administrative Claim Request Form must sign and date it. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Print the name and title, if any, of the claimant or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a fraudulent claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Administrative Claim

An administrative claim is a claim of the type described in sections 503 and/or 507 of title 11 of the United States Code. Among other things, these sections provide that certain types of claims are entitled to administrative expense priority, including, without limitation: (i) the actual, necessary costs and expenses of preserving the estate, including wages, salaries, or commissions for services rendered after the commencement of the bankruptcy case; (ii) certain taxes and penalties related thereto; (iii) compensation and reimbursement of certain officers; (iv) the actual, necessary expenses incurred by (a) certain creditors, (b) a creditor, an indenture trustee, an equity security holder, or a committee representing any such entities, in making a substantial contribution to a debtor's chapter 11 case, (c) a custodian, (d) members of certain committees if incurred in the performance of the duties of such committees; and (v) compensation for services rendered by an indenture trustee.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A claimant must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Administrative Claim Request Form

An Administrative Claim Request Form is a form used by a claimant to indicate the amount of the Administrative Claim allegedly owed by the debtor after the date of the bankruptcy filing. The claimant must file the form with the Hostess Brands Claims Processing Center at the following address:

Hostess Brands Claims Processing Center
c/o Kurtzman Carson Consultants LLC
2335 Alaska Avenue
El Segundo, CA 90245

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, please enclose a stamped self-addressed envelope and a copy of this Administrative Claim Request Form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <http://www.kccllc.net/hostess>.

Offers to Purchase an Administrative Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact you and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the Debtors. A claimant has no obligation to sell its claim.

If you questions related to this Administrative Request Form, please call (855) 239-1428.

**PLEASE SEND COMPLETED
ADMINISTRATIVE CLAIM REQUEST
FORMS TO:
Hostess Brands Claims Processing Center
c/o Kurtzman Carson Consultants LLC
2335 Alaska Avenue
El Segundo, CA 90245**