

<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE</b>		<b>PROOF OF ADMINISTRATIVE CLAIM</b>
Name of Debtor:  <b>Saladworks, LLC, Case No. 15-10327 (LSS)</b>		<b>THIS SPACE IS FOR COURT USE ONLY</b>
NOTE: This form should only be used by claimants as specified in the Notice of the Administrative Expense Claims Bar Date. IT SHOULD NOT BE USED FOR CLAIMS EXCLUDED BY SAID NOTICE NOR SHOULD IT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND AND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) AND 507(a)(2)		
Name and address of Creditor (The person or other 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 claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone No. of Creditor:		THIS SPACE IS FOR COURT USE ONLY
Creditor Tax ID #:	Account or other number by which Creditor identifies Debtor:	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____ prior claim number, if known: _____
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensations for services performed from _____ to _____ (date) (date)
<b>2. Date debt was incurred:</b>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Administrative Claim: \$ _____</b> <input type="checkbox"/> Check this box if your claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Brief Description of Claim (attach any additional information):</b>		
<b>6. Offsets, Credits and Setoffs</b> <input type="checkbox"/> All payments made on this claim by the Debtor have been credited and deducted from the amount claimed hereon <input type="checkbox"/> This claim is not subject to any setoff or counterclaim <input type="checkbox"/> This claim is subject to any setoff or counterclaim as follows:		<b>7. Assignment:</b>  <input type="checkbox"/> If the claimant has obtained this claim by assignment, a copy is attached hereto.
<b>8. Supporting Documents:</b> <i>Attach copies of supporting documents. DO NOT SEND ORIGINAL DOCUMENTS.</i> <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		<b>THIS SPACE IS FOR COURT USE ONLY</b>
Check the appropriate box:  <input type="checkbox"/> I am the creditor.  <input type="checkbox"/> I am the creditor's authorized agent. (Attach copy of power of attorney, if any.)  <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)  <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. (See Bankruptcy Rule 3005.)	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):  _____ (Signature) (Date)  Print Name: _____ Title: _____ Company: _____  Address and telephone number (if different from notice address above): _____ _____ Email: _____	

*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 FILING PROOF OF ADMINISTRATIVE EXPENSE CLAIM**

*The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances there may be exceptions to the general rules.*

### ***Debtor:***

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor. In this case the Debtor is:

**Saladworks, LLC**

**Case No. 15-10327 (LSS)**

### ***Administrative Expense Claim:***

A claim for payment of an administrative expense of a kind specified in Section 503(b) of the Bankruptcy Code and entitled to priority pursuant to Section 507(a)(2) of the Bankruptcy Code, and as specified in the Notice of Administrative Expense Claims Bar Date.

### ***Administrative Expense Claims Bar Date:***

By Order of the United States Bankruptcy Court for the District of Delaware, all requests for the allowance of an Administrative Expense Claim must be filed so as to be received at the address set forth below no later than **May 29, 2015 at 4:00 p.m. Eastern Standard Time.**

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1. Please read this Proof of Administrative Expense Claim form carefully and fill it in completely and accurately.
  2. Print legibly. Your claim may be disallowed if it cannot be read and understood.
  3. You must specify which of the Debtors you are asserting a claim against and its appropriate case number.
  4. This Proof of Administrative Expense Claim must be completed in English. The amount of any Administrative Expense Claim must be denominated in United States currency.
  5. Attach additional pages if more space is required to complete this Proof of Administrative Expense Claim.
  6. This form should only be used by a claimant asserting an Administrative Expense Claim. It should not be used for claims excluded by the Notice of Administrative Expense Claims Bar Date, and should not be used for any claims that are not entitled to priority in accordance with 11 U.S.C. §§ 503(b) and 507(a).
  7. Proofs of Administrative Expense Claim must be submitted (i) electronically, on or before the Administrative Claims Bar Date, by completing the applicable claim form that can be accessed at the Claims Agent's website <http://www.upshotservices.com/saladworks> or (ii) by United States mail or other hand delivery system, so as to be **actually received** by the Claims Agent on or before the Administrative Claims Bar Date at the following address:

Saladworks Claims Processing  
c/o UpShot Services LLC  
7808 Cherry Creek South Drive, Suite 112  
Denver, CO 80231

NOTE: The staff of the UpShot Services LLC cannot give legal advice. Please also note that UpShot Services LLC is **not** authorized to accept proofs of claim by facsimile, telecopy or electronic mail. To submit your claim electronically, please visit [www.upshotservices.com/saladworks](http://www.upshotservices.com/saladworks).

8. To receive an acknowledgment of the filing of your claim from UpShot Services LLC, enclose a stamped, self-addressed envelope and copy of this Proof of Administrative Expense Claim.
9. To be considered timely filed, this Proof of Administrative Expense Claim must be actually received by the UpShot Services LLC by **May 29, 2015 at 4:00 p.m.** and must include appropriate documents/materials establishing the claimants entitlement to an allowed Administrative Expense Claim and the amount of your asserted claim.