

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CHAPTER 11 ADMINISTRATIVE CLAIM						
Name of Debtor (check one only): <input type="checkbox"/> FILENE'S BASEMENT, LLC <input checked="" type="checkbox"/> SYMS CORP. <input type="checkbox"/> SYMS CLOTHING, INC. <input type="checkbox"/> SYMS ADVERTISING INC.	Case Number: 11-13511 (KJC) 11-13512 (KJC) ✓ 11-13513 (KJC) 11-13514 (KJC)						
NOTE: This form should not be used for a claim arising before the commencement of the case, but may be used for purposes of asserting an administrative expense claim under 11 U.S.C. § 503(b)(9) (see Item #4).							
Name of Creditor: (The person or entity to whom the debtor owes money or property) <u>Nancy Acevedo</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of administrative claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you.						
Name and Address Where Notices Should be Sent: <u>Nancy Acevedo</u> <u>137-41st Street #2</u> <u>Union City NJ 07097</u> Telephone No.: <u>201-392-9492</u> Email Address: _____							
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	Check here if this claim <input type="checkbox"/> replaces <input checked="" type="checkbox"/> amends a previously filed chapter 11 administrative claim, dated: _____						
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Unpaid Post-Petition Rent <input type="checkbox"/> Other (Describe briefly in Item #5)							
2. DATE DEBT WAS INCURRED: <u>1/24/2011</u> * * Other than claims under 11 U.S.C. § 503(b)(9) described below, claim must have arisen on or after November 2, 2011 to be considered a chapter 11 administrative claim.	3. IF CHAPTER 11 CLAIM WAS ALLOWED BY THE COURT, DATE ALLOWED: _____ * * Attach a copy of the Bankruptcy Court Order.						
4. TOTAL AMOUNT OF CHAPTER 11 ADMINISTRATIVE CLAIM: \$ <u>1496.00</u> If your administrative claim arose under 11 U.S.C. § 503(b)(9), indicate the total amount of your claim for the value of any goods received by the Debtor within 20 days before November 2, 2011, in which the goods have been sold to a Debtor in the ordinary course of such Debtor's business. If all or part of your claim is secured or entitled to priority, complete Item 5 or 6 below. <input type="checkbox"/> Check this box if your claim includes interest or other charges. Attach itemized statement of such interest or additional charges.							
5. BRIEF DESCRIPTION OF CLAIM (attach any additional information): <u>Severance Pay</u>							
6. CREDITS AND SETOFFS: The amount of all payments on this claim that has been credited and deducted for the purpose of making this proof of administrative claim.							
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, bills of lading, itemized statements of running accounts, contracts, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.							
8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of administrative claim.							
9. SIGNATURE (check appropriate box):							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> I am the creditor.</td> <td style="width: 33%;"><input type="checkbox"/> I am the creditor's authorized agent. (Attach copy of power of attorney, if any)</td> <td style="width: 33%;"><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004).</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005).</td> </tr> </table>		<input checked="" 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, indorser, or other codebtor. (See Bankruptcy Rule 3005).		
<input checked="" 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, indorser, or other codebtor. (See Bankruptcy Rule 3005).							
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.							
Print Name: <u>Nancy Acevedo</u> <u>Nancy Acevedo</u> <u>2/4/12</u> Title: <u>Detail Check-Ticketing</u> (Signature) (Date) Company: <u>Syms Corp.</u> Address: <u>One Syms Way Secaucus NJ 07094</u> Telephone No.: <u>201-902-9600</u> Email: _____							

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