

INSTRUCTIONS FOR ADMINISTRATIVE PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

----DEFINITIONS----

Debtor	Administrative Proof of Claim	Redacted
The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.	An administrative proof of claim is a form used by the creditors to indicate the amount of the administrative claim.	A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.
Administrative Claim An administrative claim is the creditor's right to receive payment on a debt that was owed by the debtor for a debt that arose after the date the bankruptcy case was filed (here, for goods sold or services rendered on or after the date the bankruptcy case commenced on July 2, 2009 and on or before August 14, 2009).	Creditor A creditor is any person, corporation, or other entity owed a debt by the debtor. <i>See 11 U.S.C. §101 (10).</i> Secured Claim A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on that property.	

Items to be completed in Administrative Proof of Claim form

Name of Debtor and Case Number:

Check the box next to the name of the Debtor against which you assert the Administrative Claim. **A separate Administrative Proof of Claim form must be filed against each Debtor to assert a claim against that Debtor.**

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the Debtor owes money or property, and the last four digits of the Debtor's account number, if any. If anyone else has already filed an administrative proof of claim relating to this debt or if this Administrative Proof of Claim replaces or amends an Administrative Proof of Claim that was already filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the Debtor, fill in the last four digits of your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the debt first was owed by the Debtor.

3. Total Amount of Administrative Claim:

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

4. Credits:

By signing this Administrative Proof of Claim, you are stating under oath that in calculating the amount of your claim, you have given the Debtor credit for all payments received from the Debtor, offsets or set-offs of the debt.

5. Supporting Documents:

You must attach to this Administrative Proof of Claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. FRBP 3001(c) and (d). 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. If documents are not available, you must attach an explanation of why they are not available.

Please send the original, completed administrative proof of claim as follows:

By Mail: The Garden City Group, Inc., Attn: Proliance International, Inc. Claims, P.O. Box 9372, Dublin, OH 43017-4272

By Hand or Overnight Courier: The Garden City Group, Inc., Attn: Proliance International, Inc. Claims, 5151 Blazer Pkwy, Suite A, Dublin, OH 43017. Any proof of claim submitted by facsimile or email will not be accepted.

ALL CLAIMS MUST BE RECEIVED BY THE GARDEN CITY GROUP, INC. BY NOVEMBER 2, 2009 AT 5:00 P.M. (PREVAILING EASTERN TIME).