UNITED STATES BANKRUPTCY COURT, DISTRICT OF DELAWARE

ADMINISTRATIVE EXPENSE CLAIM FORM

Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)

☐ G.I. JOE'S HOLDING CORPORATION (CASE NO. 09-10713)

☒ G.I. JOE'S, INC. (CASE NO. 09-10714)

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor (the person or other entity to whom the debtor owes money or property):
SAUSE, LEALICE

Name and address where notices should be sent:
19036903003106
SAUSE, LEALICE
21755 NE SUNNYCREST RD
NEWBERG, OR 97132

RECEIVED
MAR 04 2010
BMC GROUP

Telephone No. 971-506-3528

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number:_____ (*if known*)

Filed on:_____

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

Telephone No.

☐ Check box if you are aware that anyone else has filed an Administrative Expense Claim Form relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim: $ 2111.36

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or charges

2. Basis for Claim: Employee Vacation wages
(See instruction #3a on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____ **Annual Interest Rate:** _____%

Amount of arrearage and other charges included in secured claim,

if any: $_____ **Basis for Perfection:** _____

Amount of Secured Claim: $_____ **Amount Unsecured:** $_____

5. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (*See instruction 7 and definition of "redacted" on reverse side.*)

DO NOT SEND ORIGINAL DOCUMENTS.

ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

The original of this completed Administrative Expense Claim form must be sent by mail, hand delivery, courier or overnight delivery (facsimile, telecopy or other electronic means NOT accepted), so that it is actually received on or before 4:00 p.m. prevailing Eastern Time on March 15, 2010, the Bar Date.

By Regular Mail to:
BMC Group, Inc.
Attn: G.I. Joe's Holding Corp, et al. Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

By Hand, Courier, Or Overnight Delivery to:
BMC Group, Inc.
Attn: G.I. Joe's Holding Corp, et al. Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Date: 2/27/10

LeAlice Sause LeALice SAUSE

Signature: The person filing this Administrative Expense Claim Form must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

GI Joe's Holding Corp.
01840

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 ADMINISTRATIVE EXPENSE CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances there may be exceptions to these general rules.

Items to be completed in Administrative Expense Claim Form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor'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. If this claim was sent by BMC Group, Inc your name and address has been preprinted. Use this space to indicate any change to this information. A separate space is provided for the payment address if it differs from the notice address. The creditor 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 Claim:**
   State the total amount owed to the creditor arising after the Petition Date. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.

2. **Basis for 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.

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.

   3a. **Debtor May Have Scheduled Account As:**
   Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. **Secured Claim.**
   Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate.

5. **Credits:**
   An authorized signature on this Administrative Expense Claim Form serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

6. **Documents:**
   Attach to this 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. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:
The person filing this Administrative Expense Claim Form must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor 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. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement.

DEFINITIONS

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

Creditor
A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Secured Claim Under 11 U.S.C. § 506(a)
A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim
An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Redacted
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.

Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Offers to Purchase a 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 the creditor 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 debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

In re G.I. Joe's, Inc. Case No. 09-10714-KG

Debtor (If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
Vendor No: s1221 SANTILLAN, SPENCER R 4017 JANET RD PASCO, WA 99301			EMPLOYEE PAYABLE		X		$705.12	UNKNOWN
Vendor No: s618 SANTOS-BONGCAYAO, JEFFREY 29840 WILLOW CREEK RD APT 14 EUGENE, OR 97402			EMPLOYEE PAYABLE		X		$2,460.92	UNKNOWN
Vendor No: s619 SAUER, JOHN E 22226 238TH PLACE SE MAPLE VALLEY, WA 98038			EMPLOYEE PAYABLE		X		$7,684.62	UNKNOWN
Vendor No: s1222 SAUSE, LEALICE 21755 NE SUNNYCREST RD NEWBERG, OR 97132			EMPLOYEE PAYABLE		X		$2,111.36	UNKNOWN
Vendor No: s620 SCHATZ, JASON J 514 DEUSEN LN N ENUMCLAW, WA 98022			EMPLOYEE PAYABLE		X		$2,082.46	UNKNOWN
Vendor No: s1223 SCHEEN, PAMELA G 1738 DOVE LANE MEDFORD, OR 97501			EMPLOYEE PAYABLE		X		$295.70	UNKNOWN
Vendor No: s1224 SCHERMERHORN, ARIEL I 25189 JAKE ST VENETA, OR 97487			EMPLOYEE PAYABLE		X		$193.30	UNKNOWN
Vendor No: s621 SCHERMERHORN, KAREN Y 49828 HUCKLEBERRY ROAD OAKRIDGE, OR 97463			EMPLOYEE PAYABLE		X		$3,076.62	UNKNOWN
Vendor No: s1225 SCHMIDT, CAMERON M 6920 179TH PL NW STANWOOD, WA 98292			EMPLOYEE PAYABLE		X		$186.40	UNKNOWN