

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		ADMINISTRATIVE EXPENSE PROOF OF CLAIM FORM
Debtor against which claim is asserted: <input type="checkbox"/> ATech (Parent) Resolution Corp. (Case No. 24-12796) <input type="checkbox"/> ATech Resolution Corp. (Case No. 24-12797) <input type="checkbox"/> GD Chips Resolution Corp. (Case No. 24-12798) <input type="checkbox"/> RF Chips Resolution Corp., et al. (Case No. 24-12799)	Administrative Expense Claim Request THIS SPACE IS FOR COURT USE ONLY.	
NOTE: This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of these cases through December 31, 2025 pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Name and address where notices should be sent: Telephone number: _____	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____	
Name and address where payment should be sent (if different from above): Telephone number: _____	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your administrative claim. Attach copy of statement giving particulars.	
IMPORTANT: Please list the name and address of any property related to your claim (if applicable). Property Name: _____ Property Address: _____		
1. Basis for Claim: _____ (See instruction #1 on reverse side.)		
2. Last four digits of any number by which creditor identifies Debtor: _____		
3. TOTAL AMOUNT OF ADMINISTRATIVE EXPENSE CLAIM: <input type="checkbox"/> 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 additional charges.	\$ _____ (Total)	
4. BRIEF DESCRIPTION OF CLAIM (attach any additional information):		
5. Credits: The amount of all payments on this claim has been credited for the purpose of making this administrative expense proof of claim. 6. Supporting Documents: Attached are redacted copies of any documents that support the administrative expense claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: DATE-STAMPED COPY: To receive an acknowledgment of the filing of your administrative expense proof of claim, enclose a stamped, self-addressed envelope and copy of this administrative expense proof of claim, or you may view your claim information by visiting the website of the Claims Agent (https://cases.stretto.com/ATech).		THIS SPACE IS FOR COURT USE ONLY.
IF SENT BY MAIL, HAND DELIVERY, OR OVERNIGHT COURIER, SEND TO: ATech (Parent) Resolution Corp., et al. Claims Processing Center c/o Stretto 410 Exchange, Suite 100 Irvine, CA 92602 Please see instructions on back of Administrative Expense Proof of Claim		
Date: _____	Signature: the person filing this administrative expense claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this administrative expense claim and state address and telephone number if different from the notice address above.	

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.