

77959

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 00-30-1990

No.	Idaho Corporation Annual Report Form		2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990		C T CORPORATION SYSTEM 300 N. 6TH STREET BOISE ID 83701
	1. Mailing Address — Please Correct		
	FOXMOOR SPECIALTY STORES CO ATTN: TAX DEPARTMENT BOX 855 BROCKTON MA 02403		3. Incorporated Under The Laws of NY NO: 077959

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Edmond Thomas	1256 Park St	Stoughton	MA	02072
Secretary:	Edmond Thomas	" "	"	"	"
Directors:	Wilfred Posluns	637 Lakeshore Blvd West	Toronto, Ontario	Canada	M5V 2A8
	Irving Levine	" " "	" "	"	"

5. Nature of Business

Retail Sales - Ladies Wear

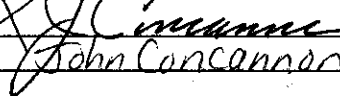
6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

Date

Title



 John Concannon

7/9/90

Exec. Vice President

STATEMENT ATTACHED TO IDAHO CORPORATION ANNUAL REPORT FORM

On January 17, 1990 Foxmoor Specialty Stores Corp. and it's affiliates filed voluntary petition for reorganization under Chapter 11 of the United States Bankruptcy Code. The pertinent information in regard to this filing is as follows:

Date of Filing: January 17, 1990

Place of Filing: U.S. Bankruptcy Court

Southern District of New York

1 Bowling Green

New York, New York 10004

Case #'s: 90-b-10113 (C.B.) through
90-b-10119 (C.B.)

Court Telephone #: 1-212-791-2247

At the same time as the bankruptcy filing all of Foxmoors locations in Idaho were closed and Foxmoor Specialty Stores Corp. will not be doing any future business in the State of Idaho. Because of this, the attached return will be the final Idaho Corporation Annual Report Form that Foxmoor Specialty Stores Corp. will be filing.

Please be advised that the Bankruptcy Court has fixed August 31, 1990 as the last day for filing proofs of claim with respect to such matters. We have attached a blank claim form for filing said claim. Claims should be filed at the following address:

FOXMOOR SPECIALTY STORES INC et al
CHURCH STREET STATION
P. O. BOX 3430
NEW YORK, NY 10008

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

FOXMOOR SPECIALTY STORES INC et al.
CHURCH STREET STATION
PO BOX 3430
NEW YORK, NY 10008

PLEASE READ THE ATTACHED NOTICE
CAREFULLY BEFORE FILLING OUT THIS
PROOF OF CLAIM. IF YOU HAVE ANY
QUESTIONS, YOU SHOULD CONSULT
YOUR ATTORNEY.

Chapter 11
Case No.
10113-10119(CB)
IN RE:

FOXMOOR SPECIALT
STORES CORP et al.

A. CREDITOR INFORMATION

(The creditor is the person or other entity to whom the debtor owes money or property)

Name and Address of Creditor

☐ If name or address,
as printed is not correct,
please indicate correct
name and address to
which checks and notices
should be delivered.

☐ Check box and attach
copy of assignment if
claim has been assigned
to you.

Your claim is scheduled by the Debtor
as:

If there is an amount shown, you have a
claim scheduled as shown.
If you agree with the amount scheduled
by the debtor and have no other claims
against the debtor or you have already
filed your claim, you do not need to file
this proof of claim.

Check here if this claim ☐ replaces
☐ amends a previously filed claim dated:
☐ supplements

B. CLAIM INFORMATION

The amount of claim you previously filed (if any):

1. BASIS FOR CLAIM:

- ☐ GOODS PURCHASED
☐ SERVICES PERFORMED
☐ MONIES LOANED

- ☐ OTHER FORMS OF CONTRACT (IDENTIFY)
☐ PERSONAL INJURY/WRONGFUL DEATH/PROPERTY DAMAGE
☐ OTHER (DESCRIBE BRIEFLY)

☐ WAGES, SALARIES AND COMMISSIONS (Fill out below)
Your social security number _____

Unpaid services performed from _____ to _____
Nature of services (Describe briefly) _____

2. DATE DEBT WAS INCURRED:

3. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Priority, (2) Secured, (3) All Other Claims.
Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim.
STATE THE AMOUNT OF THE CLAIM.

A1 ☐ PRIORITY CLAIM \$

You may have a priority claim if any of the following apply:

- ☐ Wages, salaries or commissions (up to \$2,000, earned not more than 90 days before
filing of the bankruptcy petition or cessation of the debtor's business, whichever
is earlier)-11 U.S.C. § 507 (a)(3)
☐ Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4)
☐ Up to \$900 of deposits toward purchase, lease or rental of property or services
for personal, family or household use-11 U.S.C. § 507(a)(6)
☐ Taxes or penalties of governmental units-11 U.S.C. § 507(a)(7)
☐ Other (specify basis for Priority treatment):

A2 ☐ SECURED CLAIM \$

Attach evidence of perfection of security
Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle ☐ Other

A3 ☐ ALL OTHER CLAIMS \$

For the purposes of this form, a claim is ALL OTHER if there is no
collateral, or to the extent the value of collateral is less than the amount
of the debt.

4. TOTAL AMOUNT OF CLAIM: \$ _____ (All Other) + \$ _____ (Secured) + \$ _____ (Priority) = \$ _____ (Total)

5. Attach copies of documents in support of this claim, such as purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or
evidence of security interest. If the documents are not available, explain. If the documents are voluminous, attach a summary.

6. This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition. Such expense may be paid only upon proper
application and notice pursuant to 11 U.S.C. § 503.

7. CREDITS AND SETOFFS: Attach an itemization of all amounts and dates of payments which have been credited against the debt. Set forth any setoff or counter-
claim which the debtor may have against your claim.

8. To receive an acknowledgment of the receipt of your claim, enclose a stamped, self-addressed envelope and a copy of your claim.

C. CERTIFICATION

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown, that there is no security for
the debt other than that stated above or in an attachment to this form, that no unmatured interest is included, and that the undersigned is authorized to make
this claim.

Date, Sign and Print the Name and Title, if any, of the Creditor or Other Person Authorized to File this Claim (attach copy of attorney, if any).

Penalty for Presenting Fraudulent Claim: Fine or up to \$500,000 or imprisonment for up to 5 years, or both. Title 18, U.S.C. §152 & §3623.