## In re: | SIZMEK INC., et al., 1 | Case No. 19-10971 (SMB) | | Debtors. | Jointly Administered) | | REQUEST FOR PAYMENT OF ADMINISTRATIVE CLAIM 1. Name of Claimant: 2. Name of Debtor(s) claim asserted against: 3. Nature and description of the claim (you may attach a separate summary): 4. Date(s) claim arose:

5. Amount of claim:

evidence of the date or dates on which the administrative expense claim arose.

6. Documentation supporting the claim must be attached hereto. Documentation should include both evidence of the nature of the administrative expense claim asserted as well as

(8106); X Plus Two Solutions, LLC (4914). The location of Debtors' service address for purposes of these chapter 11 cases is: 401 Park Avenue South, 5th Floor, New York, NY 10016.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, include: Sizmek Inc. (4624); Point Roll, Inc. (3173); Sizmek DSP, Inc. (2319); Sizmek Technologies, Inc. (6402); Wireless Artist LLC (0302); Wireless Developer, Inc. (9686); X Plus One Solutions, Inc. and