

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: Urban Brands, Inc.

Case Number: 10-13005-KJC

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): Forem Packaging, Inc.

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

Name and address where notices should be sent: c/o Joshua D. Novin, Esq., P.A. 96 Park Street Montclair, New Jersey 07042

RECEIVED OCT 04 2010 BMC GROUP

Court Claim Number: (If known)

Telephone number: (973) 509-0050

Filed on:

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

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

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

1. Amount of Claim as of Date Case Filed: \$ 21,770.10

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

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.

If all or part of your claim is entitled to priority, complete item 5.

Specify the priority of the claim.

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

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

2. Basis for Claim: Goods sold/services (See instruction #2 on reverse side.)

Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

3. Last four digits of any number by which creditor identifies debtor: N/A

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

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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 as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

\$

*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

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

7. 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:

FOR COURT USE ONLY

Date: 09/29/2010

Signature: The person filing this claim 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.

Urban Brands



JOSHUA D. NOVIN, ESQ.



ForemPACKAGING, inc.

41 Joseph Street
Newark, New Jersey 07105
Phone (973) 589-0402 Fax (973) 589-0453

Invoice

Date	Invoice #
3/8/2010	19252

Bill To
Urban Brands, Inc c/o Purchasing Department PO Box 2518 Secaucus, NJ 07094

Ship To
DDS Maryland 7970 Taryay Drive Jesup, MD 20794

P.O. Number	Terms	Rep	Ship	Via	Bill Of Lading
663801	Nct 45	HS	3/8/2010	T.P Brokerage	11231

Item	Description	Quantity	Rate	Amount
165M/3	Ashley Stewart Medium Patch Handle 16.00 15' x 20' + 4' Bottom Gusset .0016 White Opaque 2 Colors 887ctns @1000	887,000	0.0635	56,324.50

Remit payment to the above address thank you.	Total	\$56,324.50
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Balance Due	\$21,770.10
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JOSHUA D. NOVIN, ESQ., P.A.

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

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MONTCLAIR, NEW JERSEY 07042

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PLEASE REPLY TO MONTCLAIR

NEW YORK OFFICE

116 WEST 23RD STREET

5TH FLOOR

NEW YORK, NEW YORK 10011

JOSHUA D. NOVIN*

OF COUNSEL

ROBERT G. LIITT*

FRANK MAGALETTA*

*MEMBER NJ & NY BAR

September 30, 2010

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Clerk, United States Bankruptcy Court
824 Market Street, 3rd Floor
Wilmington, Delaware 19801

In re: Urban Brands, Inc.
Docket No. 10-13005-KJC

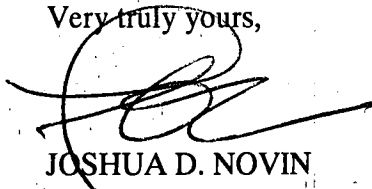
Dear Sir or Madam:

Please be advised that this law firm serves as counsel to Forem Packaging, Inc. a creditor of the above-referenced debtor.

Enclosed herein please find an original Proof of Claim on behalf of Forem Packaging, Inc. in connection with the above-captioned matter.

If you have any questions related to this matter please contact the undersigned.

Very truly yours,



JOSHUA D. NOVIN

JDN:jn

Enclosure

Cc: BMC Group, Inc.
P.O. Box 3020
Chanhassen, MN 55317-3020
Attn: Urban Brands Claims Processing