

<b>United States Bankruptcy Court</b>		<b>District of Delaware</b>	<b>PROOF OF CLAIM</b>
Name of Debtor Urban Brands Inc		Case Number 10-13005	This Space For Court Use Only
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) COLLECTOR OF REVENUE		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notices Should be Sent COLLECTOR OF REVENUE 41 S CENTRAL AVENUE CLAYTON, MO. 63105			
Telephone No. 314-615-4208			
Account or other number by which creditor identifies debtor: B0119262A		Check here if this claim <input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated: _____	
<b>1. BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		RECEIVED OCT 07 2010 BMC GROUP	
2. Date Debt Was Incurred 01/01/2010 est		3. If Court Judgment, Date Obtained:	
4. Total Amount of Claim at Time Case Filed: \$1462.26			
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <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.			
<b>5. Secured claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		<b>6. Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ 1462.26 Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000)* earned within 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) <input type="checkbox"/> Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units-11 U.S.C. §507(a)(8) <input type="checkbox"/> Other--Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only FILED 2010 OCT -4 PM 12:00 CLERK U.S. BANKRUPTCY COURT DISTRICT OF DELAWARE	
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>9. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of the proof of claim.			
Date: 9/27/10	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) RICHARD ROBISON, MANAGER REVENUE SERV		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.			



Tax Year: 2009 Jur: 18 ST LOUIS History Deactivated Apply Payment Inquiry 0 of 0

Parcel ID: B0119262A ASHLEY STEWART #193 LAR 10835 OLD HALLS FERRY R. 0

Quick Links

Payments Payment Detail

Payment#	Tax Year	Prior Year	Cycle	Code	Amount	Lien ID	Project	Other	Due Date	Business Date	Effective Date	Flag
10365961	2009	2009	1	LIRF	-5.00					31-DEC-2009	31-DEC-2009	
10365961	2009	2009	1	TAX	1,329.33					31-DEC-2009	31-DEC-2009	

Total: -12,019.27

Selected Total: -1,334.33

2010 Estimate

1462<sup>26</sup>