

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: Urban Brands

Case Number: 10-13006

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):  
TALX

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

Name and address where notices should be sent:  
TALX Corporation  
11432 Lackland Rd  
St Louis MO 63146  
Telephone number:  
314-214-7000

RECEIVED  
OCT 21 2010  
BMC GROUP

Court Claim Number: \_\_\_\_\_  
(If known)

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: \$ 2333.17

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.

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.

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.

Specify the priority of the claim.

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

2. Basis for Claim: services performed  
(See instruction #2 on reverse side.)

Wages, salaries, or commissions (up to \$10,950\*) 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: 6675301

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: \$ 2333.17

Up to \$2,425\* 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).

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

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

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:

Amount entitled to priority:

\$ \_\_\_\_\_

\*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 10/15/10

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.

FOR COURT USE ONLY

Urban Brands



00048

Gina Heitz, Credit Manager

Gina Heitz



Return top 1/3 with Payment To:  
 4076 Paysphere Circle  
 Chicago, IL 60674  
 Federal ID# 64-0958101

I N V O I C E  
 S U M M A R Y

Invoice Date: 04/11/2010  
 Invoice No: 638364  
 Customer No: 6675301  
 Page: 1

NOTE: NEW REMIT TO ADDRESS EFFECTIVE IMMEDIATELY. PLEASE UPDATE YOUR RECORDS.

Total Invoice Amt: \$449.49

Bill To:  
 Urban Brands  
 c/o Human Resources Dept  
 PO Box 2518  
 Secaucus, NJ 07096-2518

Ship To:  
 Urban Brands  
 100 Metro Way  
 Secaucus, NJ 07094

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Detach Here

Terms: Net 30

Due: 05/11/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Employer			
Social Services from 3/1/2010 thru 3/31/2010			
(1) VERIFICATION SERVICE FEES	1	\$420.08	\$420.08
(1) SOCIAL SERVICES - AUTOMATED	331	\$0.00	\$0.00
(1) SOCIAL SERVICES - AUTOMATED	53	\$0.00	\$0.00
(1) SOCIAL SERVICES - MANUAL	19	\$0.00	\$0.00
Employer Total			===== \$420.08



I N V O I C E  
S U M M A R Y

Invoice Date: 04/11/2010

Invoice No: 638364

Customer No: 6675301

Page: 2

NOTE: NEW REMIT TO ADDRESS EFFECTIVE IMMEDIATELY. PLEASE UPDATE YOUR RECORDS.

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Secaucus, NJ 07094

Terms: Net 30

Due: 05/11/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Wage Audit			
Social Services from 3/1/2010 thru 3/31/2010 (2) SOCIAL SERVICES - WAGE AUDITS	15	\$0.00	\$0.00
Wage Audit Total			=====
			\$0.00
Sales Tax			
(1) Sales Tax For The State of NJ at 0.07 for The Work Number - Employer			\$29.41
(2) Sales Tax For The State of NJ at 0 for The Work Number - Wage Audits			\$0.00
Tax Total			=====
			\$29.41

TALX Corporation \* Attn: Verifier Billing  
1845 Borman Court St Louis MO 63146  
Call Processing Voicemail 314.214.7444  
eMail verifierbilling@talx.com eFax 314.983.3160

Invoice Amount ==>

\$449.49



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I N V O I C E  
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Invoice Date: 05/11/2010  
 Invoice No: 650508  
 Customer No: 6675301  
 Page: 1

NOTE: NEW REMIT TO ADDRESS EFFECTIVE IMMEDIATELY. PLEASE UPDATE YOUR RECORDS.

Total Invoice Amt: \$449.49

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Terms: Net 30

Due: 06/10/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Employer			
Social Services from 4/1/2010 thru 4/30/2010			
(1) VERIFICATION SERVICE FEES	1	\$420.08	\$420.08
(1) SOCIAL SERVICES - AUTOMATED	192	\$0.00	\$0.00
(1) SOCIAL SERVICES - AUTOMATED	11	\$0.00	\$0.00
(1) SOCIAL SERVICES - MANUAL	11	\$0.00	\$0.00
Employer Total			===== \$420.08



I N V O I C E  
S U M M A R Y

Invoice Date: 05/11/2010

Invoice No: 650508

Customer No: 6675301

Page: 2

NOTE: NEW REMIT TO ADDRESS EFFECTIVE IMMEDIATELY. PLEASE UPDATE YOUR RECORDS.

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Secaucus, NJ 07094

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Due: 06/10/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Wage Audit			
Social Services from 4/1/2010 thru 4/30/2010 (2) SOCIAL SERVICES - WAGE AUDITS	6	\$0.00	\$0.00
Wage Audit Total			=====
			\$0.00
Sales Tax			
(1) Sales Tax For The State of NJ at 0.07 for The Work Number - Employer			\$29.41
(2) Sales Tax For The State of NJ at 0 for The Work Number - Wage Audits			\$0.00
Tax Total			=====
			\$29.41

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Invoice Amount ==>

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I N V O I C E  
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Invoice Date: 06/11/2010  
 Invoice No: 664077  
 Customer No: 6675301  
 Page: 1

NOTE: NEW REMIT TO ADDRESS EFFECTIVE IMMEDIATELY. PLEASE UPDATE YOUR RECORDS.

Total Invoice Amt: \$449.49

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Terms: Net 30

Due: 07/11/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Employer			
Social Services from 5/1/2010 thru 5/31/2010			
(1) VERIFICATION SERVICE FEES	1	\$420.08	\$420.08
(1) SOCIAL SERVICES - AUTOMATED	172	\$0.00	\$0.00
(1) SOCIAL SERVICES - AUTOMATED	15	\$0.00	\$0.00
(1) SOCIAL SERVICES - MANUAL	7	\$0.00	\$0.00
Employer Total			===== \$420.08



I N V O I C E  
S U M M A R Y

Invoice Date: 06/11/2010  
Invoice No: 664077  
Customer No: 6675301  
Page: 2

NOTE: NEW REMIT TO ADDRESS EFFECTIVE IMMEDIATELY. PLEASE UPDATE YOUR RECORDS.

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Ship To:  
Urban Brands  
100 Metro Way  
Secaucus, NJ 07094

Terms: Net 30

Due: 07/11/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Wage Audit			
Social Services from 5/1/2010 thru 5/31/2010 (2) SOCIAL SERVICES - WAGE AUDITS	6	\$0.00	\$0.00
Wage Audit Total			=====
			\$0.00
Sales Tax			
(1) Sales Tax For The State of NJ at 0.07 for The Work Number - Employer			\$29.41
(2) Sales Tax For The State of NJ at 0 for The Work Number - Wage Audits			\$0.00
Tax Total			=====
			\$29.41

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Invoice Amount ==>

\$449.49



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I N V O I C E  
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Invoice Date: 07/11/2010

Invoice No: 675140

Customer No: 6675301

Page: 1

NOTE: NEW REMIT TO ADDRESS EFFECTIVE  
IMMEDIATELY. PLEASE UPDATE YOUR RECORDS.

Total Invoice Amt: \$449.49

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Terms: Net 30

Due: 08/10/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Employer			
Social Services from 6/1/2010 thru 6/30/2010			
(1) SOCIAL SERVICES - AUTOMATED	180	\$0.00	\$0.00
(1) SOCIAL SERVICES - AUTOMATED	15	\$0.00	\$0.00
(1) SOCIAL SERVICES - MANUAL	8	\$0.00	\$0.00
Employer Total			=====
			\$420.08





I N V O I C E  
S U M M A R Y

Invoice Date: 07/11/2010

Invoice No: 675140

Customer No: 6675301

Page: 2

NOTE: NEW REMIT TO ADDRESS EFFECTIVE IMMEDIATELY. PLEASE UPDATE YOUR RECORDS.

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Terms: Net 30

Due: 08/10/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Wage Audit			
Social Services from 6/1/2010 thru 6/30/2010			
(2) SOCIAL SERVICES - WAGE AUDITS	14	\$0.00	\$0.00
Wage Audit Total			=====
			\$0.00
Sales Tax			
(1) Sales Tax For The State of NJ at 0.07 for The Work Number - Employer			\$29.41
(2) Sales Tax For The State of NJ at 0 for The Work Number - Wage Audits			\$0.00
Tax Total			=====
			\$29.41

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Invoice Amount ==>

\$449.49



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I N V O I C E  
 S U M M A R Y

Invoice Date: 08/11/2010  
 Invoice No: 692617  
 Customer No: 6675301  
 Page: 1

NOTE: NEW REMIT TO ADDRESS EFFECTIVE IMMEDIATELY. PLEASE UPDATE YOUR RECORDS.

Total Invoice Amt: \$321.00

Bill To:  
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 c/o Human Resources Dept  
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Ship To:  
 Urban Brands  
 100 Metro Way  
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Terms: Net 30

Due: 09/10/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Employer			
Storage from 7/1/2010 thru 7/31/2010			
(1) VERIFICATION SERVICE FEES	1	\$300.00	\$300.00
Social Services from 7/1/2010 thru 7/31/2010			
(1) SOCIAL SERVICES - AUTOMATED	173	\$0.00	\$0.00
(1) SOCIAL SERVICES - AUTOMATED	13	\$0.00	\$0.00
(1) SOCIAL SERVICES - MANUAL	11	\$0.00	\$0.00
Employer Total			=====
			\$300.00



I N V O I C E  
S U M M A R Y

Invoice Date: 08/11/2010  
Invoice No: 692617  
Customer No: 6675301  
Page: 2

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Terms: Net 30

Due: 09/10/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Wage Audit			
Social Services from 7/1/2010 thru 7/31/2010 (2) SOCIAL SERVICES - WAGE AUDITS	19	\$0.00	\$0.00
Wage Audit Total			=====
			\$0.00
Sales Tax			
(1) Sales Tax For The State of NJ at 0.07 for The Work Number - Employer			\$21.00
(2) Sales Tax For The State of NJ at 0 for The Work Number - Wage Audits			\$0.00
Tax Total			=====
			\$21.00

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Invoice Amount ==>

\$321.00

cardnbr	cardexpdat	amt	custid	zip
4715 2900	#####	694.58	2.6E+09	10036
4715 1500	#####	237	7534899	98004



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 Federal ID# 64-0958101

I N V O I C E  
 S U M M A R Y

Invoice Date: 10/11/2010  
 Invoice No: 729577  
 Customer No: 6675301  
 Page: 1

NOTE: NEW REMIT TO ADDRESS EFFECTIVE IMMEDIATELY. PLEASE UPDATE YOUR RECORDS.

Total Invoice Amt: \$321.00

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Terms: Net 30

Due: 11/10/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Employer			
Storage from 9/1/2010 thru 9/30/2010			
(1) VERIFICATION SERVICE FEES	1	\$300.00	\$300.00
Social Services from 9/1/2010 thru 9/30/2010			
(1) SOCIAL SERVICES - AUTOMATED	195	\$0.00	\$0.00
(1) SOCIAL SERVICES - AUTOMATED	26	\$0.00	\$0.00
(1) SOCIAL SERVICES - MANUAL	9	\$0.00	\$0.00
Employer Total			=====
			\$300.00



I N V O I C E  
S U M M A R Y

Invoice Date: 10/11/2010  
 Invoice No: 729577  
 Customer No: 6675301  
 Page: 2

NOTE: NEW REMIT TO ADDRESS EFFECTIVE IMMEDIATELY. PLEASE UPDATE YOUR RECORDS.

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 Urban Brands  
 100 Metro Way  
 Secaucus, NJ 07094

Terms: Net 30

Due: 11/10/2010

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Wage Audit			
Social Services from 9/1/2010 thru 9/30/2010			
(2) SOCIAL SERVICES - WAGE AUDITS	16	\$0.00	\$0.00
			=====
Wage Audit Total			\$0.00
Sales Tax			
(1) Sales Tax For The State of NJ at 0.07 for The Work Number - Employer			\$21.00
(2) Sales Tax For The State of NJ at 0 for The Work Number - Wage Audits			\$0.00
			=====
Tax Total			\$21.00

0.\*  
 321.÷  
 30.=  
 10.70\*  
 10.70x  
 21.=  
 224.70\*

TALX Corporation \* Attn: Verifier Billing  
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Invoice Amount ==>

\$321.00