

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: Urban Brands

Case Number: 10-13005

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
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

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

Court Claim Number: _____
(If known)

Filed on: _____

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

Telephone number:

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.

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

1. Amount of Claim as of Date Case Filed: \$ 16,490.71

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).

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).

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

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).

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

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.

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

3. Last four digits of any number by which creditor identifies debtor: 092200

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

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: \$ 16,490.71

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:

Date: 10/5/10

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.

Gina Heitz, Credit Manager

Gina Heitz

FOR COURT USE ONLY

Urban Brands



00057



INVOICE

Invoice No. 546100
Invoice Date 10/07/09
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: UQ2200
PO Number:
Payment Terms: Net 30
Due Date: 11/6/2009

URBAN BRANDS
KEN DONOVAN
100 METRO WAY
SECAUCUS, NJ 07094

AMOUNT DUE: \$1,825.00

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
(1)	Unemployment Claims Management Services For 10/01/2009 thru 12/31/2009	1.00		1825.000	1,825.00	
(1)	Sales Tax For The State of NJ at 0 for Unemployment Claims Administration	1.00				
		1.00				
		1.00				

YOUR CONTRACT FOR UNEMPLOYMENT COMPENSATION SERVICES, WHICH EXPIRES ON 5/31/2013, WILL BE AUTOMATICALLY RENEWED FOR AN ADDITIONAL 12 MONTHS UNLESS YOU EXERCISE YOUR RIGHT TO CANCEL THIS CONTRACT ON OR BEFORE 5/1/2013.

Ship To:

100 METRO WAY
SECAUCUS, NJ 07094

INVOICE Total 1,825.00



INVOICE

Invoice No. 561214
Invoice Date 10/30/09
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: UQ2200
PO Number:
Payment Terms: Net 30
Due Date: 11/29/2009

URBAN BRANDS
KEN DONOVAN
100 METRO WAY
SECAUCUS, NJ 07094

AMOUNT DUE: \$2,420.00

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
(1)	Excess Claims Sept 09	110.00		22.000	2,420.00	
(1)	Sales Tax For The State of	1.00				
	NJ at 0 for Unemployment	1.00				
	Claims Administration	1.00				

YOUR CONTRACT FOR UNEMPLOYMENT COMPENSATION SERVICES, WHICH EXPIRES ON 5/31/2013, WILL BE AUTOMATICALLY RENEWED FOR AN ADDITIONAL 12 MONTHS UNLESS YOU EXERCISE YOUR RIGHT TO CANCEL THIS CONTRACT ON OR BEFORE 5/1/2013.

Ship To:

100 METRO WAY
SECAUCUS, NJ 07094

INVOICE Total 2,420.00



INVOICE

Invoice No. 573840
Invoice Date 11/30/09
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: UQ2200
PO Number:
Payment Terms: Net 30
Due Date: 12/30/2009

URBAN BRANDS
KEN DONOVAN
100 METRO WAY
SECAUCUS, NJ 07094

AMOUNT DUE: \$2,398.00

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
(1)	Excess Claims October 2009	109.00		22.000	2,398.00	
(1)	Sales Tax For The State of	1.00				
	NJ at 0 for Unemployment	1.00				
	Claims Administration	1.00				

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Ship To:

100 METRO WAY
SECAUCUS, NJ 07094

INVOICE Total 2,398.00



INVOICE

Invoice No. 587341
Invoice Date 12/25/09
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: UQ2200
PO Number:
Payment Terms: Net 30
Due Date: 1/24/2010

URBAN BRANDS
KEN DONOVAN
100 METRO WAY
SECAUCUS, NJ 07094

AMOUNT DUE: \$1,870.00

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
(1)	Excess Claims November 2009	85.00		22.000	1,870.00	
(1)	Sales Tax For The State of	1.00				
	NJ at 0 for Unemployment	1.00				
	Claims Administration	1.00				

YOUR CONTRACT FOR UNEMPLOYMENT COMPENSATION SERVICES, WHICH EXPIRES ON 5/31/2013, WILL BE AUTOMATICALLY RENEWED FOR AN ADDITIONAL 12 MONTHS UNLESS YOU EXERCISE YOUR RIGHT TO CANCEL THIS CONTRACT ON OR BEFORE 5/1/2013.

Ship To:

100 METRO WAY
SECAUCUS, NJ 07094

INVOICE Total 1,870.00



INVOICE

Invoice No. 602042
Invoice Date 01/07/10
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: UQ2200
PO Number:
Payment Terms: Net 30
Due Date: 2/6/2010

URBAN BRANDS
KEN DONOVAN
100 METRO WAY
SECAUCUS, NJ 07094

AMOUNT DUE: \$1,916.25

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
(1)	Unemployment Claims Management Services For 01/01/2010 thru 03/31/2010	1.00		1916.250	1,916.25	
(1)	Sales Tax For The State of NJ at 0 for Unemployment Claims Administration	1.00		1.00		
		1.00		1.00		

YOUR CONTRACT FOR UNEMPLOYMENT COMPENSATION SERVICES, WHICH EXPIRES ON 5/31/2013, WILL BE AUTOMATICALLY RENEWED FOR AN ADDITIONAL 12 MONTHS UNLESS YOU EXERCISE YOUR RIGHT TO CANCEL THIS CONTRACT ON OR BEFORE 5/1/2013.

Ship To:

100 METRO WAY
SECAUCUS, NJ 07094

INVOICE Total 1,916.25



INVOICE

Invoice No. 605197
Invoice Date 01/31/10
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: UQ2200
PO Number:
Payment Terms: Net 30
Due Date: 3/2/2010

URBAN BRANDS
KEN DONOVAN
100 METRO WAY
SECAUCUS, NJ 07094

AMOUNT DUE: \$1,892.00

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
(1)	Excess Claims December 2009	86.00		22.000	1,892.00	
(1)	Sales Tax For The State of	1.00				
	NJ at 0 for Unemployment	1.00				
	Claims Administration	1.00				

YOUR CONTRACT FOR UNEMPLOYMENT COMPENSATION SERVICES, WHICH EXPIRES ON 5/31/2013, WILL BE AUTOMATICALLY RENEWED FOR AN ADDITIONAL 12 MONTHS UNLESS YOU EXERCISE YOUR RIGHT TO CANCEL THIS CONTRACT ON OR BEFORE 5/1/2013.

Ship To:

100 METRO WAY
SECAUCUS, NJ 07094

INVOICE Total 1,892.00



INVOICE

Invoice No. 637169
Invoice Date 04/07/10
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: UQ2200
PO Number:
Payment Terms: Net 30
Due Date: 5/7/2010

URBAN BRANDS
KEN DONOVAN
100 METRO WAY
SECAUCUS, NJ 07094

AMOUNT DUE: \$1,916.25

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
(1)	Unemployment Claims Management Services For 04/01/2010 thru 06/30/2010	7,665.00		0.250	1,916.25	
(1)	Sales Tax For The State of NJ at 0 for Unemployment Claims Administration	1.00		1.00		
		1.00		1.00		
		1.00		1.00		

YOUR CONTRACT FOR UNEMPLOYMENT COMPENSATION SERVICES, WHICH EXPIRES ON 5/31/2013, WILL BE AUTOMATICALLY RENEWED FOR AN ADDITIONAL 12 MONTHS UNLESS YOU EXERCISE YOUR RIGHT TO CANCEL THIS CONTRACT ON OR BEFORE 5/1/2013.

Ship To:

100 METRO WAY
SECAUCUS, NJ 07094

INVOICE Total 1,916.25



INVOICE

Invoice No. 678930
Invoice Date 07/07/10
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: UQ2200
PO Number:
Payment Terms: Net 30
Due Date: 8/6/2010

URBAN BRANDS
KEN DONOVAN
100 METRO WAY
SECAUCUS, NJ 07094

AMOUNT DUE: \$1,916.25

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
(1)	Unemployment Claims Management Services For 07/01/2010 thru 09/30/2010	7,665.00		0.250	1,916.25	
(1)	Sales Tax For The State of NJ at 0 for Unemployment Claims Administration	1.00		1.00		
					1.00	

**YOUR CONTRACT FOR UNEMPLO
EXPIRES ON 5/31/2013, WILL BE AU
ADDITIONAL 12 MONTHS UNLESS
THIS CONTRACT ON OR BEFORE :**

**SERVICES, WHICH
ED FOR AN
IGHT TO CANCEL**

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0.*
1,916.25 ÷
92. =
20.83*
20.83x
83. =
1,728.89*

Ship To:

100 METRO WAY
SECAUCUS, NJ 07094

3 Total 1,916.25



INVOICE

Invoice No. 711408
Invoice Date 08/15/10
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: UQ2200
PO Number:
Payment Terms: Net 30
Due Date: 9/14/2010

URBAN BRANDS
KEN DONOVAN
100 METRO WAY
SECAUCUS, NJ 07094

AMOUNT DUE: \$565.00

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
(1)	Unemployment Claims Management Services For 6/1/10 - 9/30/10 Additional billing due to fee increase effective 6/1/10	1.00		565.000	565.00	
(1)	Sales Tax For The State of NJ at 0 for Unemployment Claims Administration	1.00		1.00		
				1.00		

**YOUR CONTRACT FOR UNEMPL
EXPIRES ON 5/31/2013, WILL BE A
ADDITIONAL 12 MONTHS UNLES
THIS CONTRACT ON OR BEFORE**

0.*
565.0 ÷
122.0 =
4.64*
4.64 x
113.0 =
524.32*

**ON SERVICES, WHICH
WED FOR AN
RIGHT TO CANCEL**

Ship To:

100 METRO WAY
SECAUCUS, NJ 07094

ICE Total 565.00