

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM					
Name of Debtor: URBAN BRANDS, INC., et al	Case Number: 10-13005 / 10-13027 / 10-13036	THIS SPACE IS 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): Cincinnati Bell Telephone	<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 notice 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: Cincinnati Bell Telephone 221 E. 4th Street ML347-200 Cincinnati, Ohio 45202	Telephone Number: 513-397-9900						
Last four digits of account or other number by which creditor identifies debtor: 513-772-6967, 298 / 513-923-1603, 798	Check her if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends	a previously filed claim, dated:					
1. Basis for Claim: <input type="checkbox"/> Goods sold <input type="checkbox"/> Wrongful injury/death <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) From to <input checked="" type="checkbox"/> Telephone Service <input type="checkbox"/> Other							
2. Date debt was incurred:	3. If court judgment, date obtained:						
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$405.97 <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority: Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).							
	Secured Claims: <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 checked="" type="checkbox"/> Other Value of Collateral: Amount of arrearage and other charges at time case filed included in secured claim if any: <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Specify applicable paragraph of 11 U.S.C. § 507(a)(). *Amounts are subject to adjustment on 4/1/10 and every 5 years thereafter with respect to cases commenced on or after the date of adjustment.						
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">5. Total Amount of Claim at Time Case Filed:</td> <td style="width:25%; text-align: center;">\$405.97 (unsecured)</td> <td style="width:25%; text-align: center;">\$0.00 (secured)</td> <td style="width:25%; text-align: center;">\$0.00 (priority)</td> <td style="width:25%; text-align: center;">\$405.97 (total)</td> </tr> </table> <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.		5. Total Amount of Claim at Time Case Filed:	\$405.97 (unsecured)	\$0.00 (secured)	\$0.00 (priority)	\$405.97 (total)
5. Total Amount of Claim at Time Case Filed:	\$405.97 (unsecured)	\$0.00 (secured)	\$0.00 (priority)	\$405.97 (total)			
6. Credits: 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						
7. Supporting Documents: 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 voluminous, attach a summary.							
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.							
Date: 10/11/2010	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): <i>David White</i>						



Cincinnati Bell

URBAN BRANDS

%GLNWD CRSING SC 200306
221 E 4TH ST (346-325)
CINCINNATI OH 45202

Invoice Date: 10/5/2010

Account #: 513-772-6967 298

Page: 1 of 3

Total Amount Due:

\$16.69

Cincinnati Bell

#BWNKCBJ
#KXG 9WSE KX8 G80#

101 005 091
URBAN BRANDS
%GLNWD CRSING SC 200306
221 E 4TH ST (346-325)
CINCINNATI OH 45202

Account #: 513-772-6967 298

Total Amount Due: \$16.69

FINAL BILL - PAY UPON RECEIPT

Your Payment:

\$

Final Bill

DTTAFADDTTFTDTFTFTDIDDADADAFAD

PO BOX 748003
CINCINNATI OH 45274-8003

5137726967298022F*00009999*00000000000000001669

Cincinnati Bell

URBAN BRANDS INC

% MIS DEPT
221 E 4TH ST (346-325)
CINCINNATI OH 45202

Invoice Date: 10/4/2010

Account #: 513-923-1603 798

Page: 1 of 3

Total Amount Due: \$389.28

Cincinnati Bell

#BWNKCBJ
#EKG 9WSE GXES 850#

101 005 091
URBAN BRANDS INC
% MIS DEPT
221 E 4TH ST (346-325)
CINCINNATI OH 45202

Account #: 513-923-1603 798

Total Amount Due : \$389.28

FINAL BILL - PAY UPON RECEIPT

Your Payment:

\$

Final Bill

DTTAFADDTTFTDTFTFTDDADADAFADFE

PO BOX 748003
CINCINNATI OH 45274-8003

5139231603798122F*00009999*000000000000038928