

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. § 303.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

ROBERT J. BAUGHMAN DBA R.J.B. CONSTRUCTION

RECEIVED

OCT 25 2010

BMC GROUP

Name and address where notices should be sent:

R.J.B. CONSTRUCTION
6688 MERSE RD.
ALLIANCE, OHIO 44601

Telephone number:
330-248-3745

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):

Same

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: \$ 5,100.00

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: 45 130

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 date case filed included in secured claim,

If any: \$ _____ Basis for perfection: _____

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

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: 10/19/10

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.

Robert J. Baughman ROBERT J. BAUGHMAN (OWNER)

FOR COURT USE ONLY

Urban Brands



00071



AIA Document G702™ - 1992

7/5/10
Due 8/20/10

Application and Certificate for Payment

TO OWNER: **URBAN BRANDS, INC.**
100 METRO WAY
SECAUCUS, N.J. 07094

PROJECT: **PG PLAZA # 130**
HYATTSVILLE, MD.

FROM CONTRACTOR: **R. J. B. CONSTRUCTION**
6688 Meese Rd.
Alliance, Ohio 44601

VIA ARCHITECT: **N/A**

APPLICATION NO: **0018**

PERIOD TO: **OWNER**
ARCHITECT
CONTRACTOR
FIELD
OTHER

CONTRACT FOR: **New Office**

CONTRACT DATE: **6/25/10**

PROJECT NOS: **1**

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$ **5,100.00**
2. Net change by Change Orders \$ **0**
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ **5,100.00**
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ **5,100.00**

5. RETAINAGE:
- a. % of Completed Work (Column D + E on G703) \$ **0**
 - b. % of Stored Material (Column F on G703) \$ **0**

Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$ **0**

6. TOTAL EARNED LESS RETAINAGE \$ **5,100.00**
 (Line 4 Less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$ **0**
 (Line 6 from prior Certificate)

8. CURRENT PAYMENT DUE \$ **5,100.00**
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ **0**

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$	\$
Total approved this Month	\$	\$
TOTALS	\$	\$
NET CHANGES by Change Order	\$	\$

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: _____ Date: _____
 By: _____ State of: _____
 County of: _____
 Subscribed and sworn to before me this _____ day of _____
 Notary Public: _____
 My Commission expires: _____

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____
 (Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT: _____ Date: _____
 By: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

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