


UNITED STATES BANKRUPTCY COURT District of DELAWARE		PROOF OF CLAIM
Name of Debtor: Large Apparel of California, Inc		Case Number: 10-13032
<small>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.</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): SACRAMENTO MUNICIPAL UTILITY DISTRICT		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: SMUD P O BOX 15830, MS A253 SACRAMENTO, CA. 95852-1830 Telephone number (916) 732-7388		Court Claim Number: (If known)
Name and address where payment should be sent (if different from above): <div style="text-align: center;">RECEIVED NOV 02 2010 BMC GROUP</div>		Filed on:
		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ 1,821.60 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. <input type="checkbox"/> 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.
2. Basis for Claim: utilities-electric service (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 3394463 (See instruction #3a on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$1 0,950*) 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).
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: \$		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <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"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		Amount entitled to priority: \$
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:		"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: 10/29/10	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. <i>C. Whitten</i>	For Court Use Only Urban Brands  00093
C. Whitten, Customer Service Rep, Credit Dept.		

CUSTOMER BILL

Phone Inquiries 1 (877) 622-7683
Power Outages 1 (888) 456-7683



SACRAMENTO MUNICIPAL UTILITY DISTRICT
The Power To Do More.[®]
www.smud.org

P.O. Box 15830, Sacramento, CA 95852-1830

Account Number: 3394463

Past Due Balance - Due Immediately \$939.85

Current Charges, Due 11/10/10 \$881.75

This date does not extend the date due for the past due balance

Total Amount \$1,821.60

LARGE APPAREL OF CALIFORNIA
Issue Date: 10/14/10

Location:	6075 FLORIN RD UNIT L2 SACRAMENTO 95823	Usage History	Dates	Days	kWh/Day	\$/Day
Rate:	GSS_S: Sm Com Demand Rate <300 KW	Billing Period	08/24/10 - 09/21/10	29	215.2	\$30.41
Cycle:	17 Location Number: 2204650	Last Year	08/25/09 - 09/23/09	30	242.7	\$31.72
		Last Month	07/24/10 - 08/23/10	31	214.2	\$30.32

Meter No.	Current Meter Read	Previous Meter Read	Difference	Multiplier	Usage	Usage Type
618578	1652	1574	78	80	6,240 kWh	
618578	0.356			80	28 kW Maximum	

ELECTRIC SERVICE CHARGES/CREDITS	USAGE	TYPE	RATE	TOTAL
FINAL BILL FOR SERVICE LOCATION				
Tier 1	6,240	Summer kWh @	0.123900	773.14
Facilities Charge	9	Maximum kW @	6.650000	59.85
Monthly Service Charge*				20.05
Solar Surcharge	6,240	kWh @	0.000900	5.62
Hydro Generation Adjustment	6,240	kWh @	0.000040	0.25
Sacramento County Tax*				21.47
State Surcharge*				1.37
A) TOTAL ELECTRIC SERVICE CHARGES/CREDITS				\$881.75

ACCOUNT ACTIVITY SINCE LAST STATEMENT

Beginning balance from last Statement	2,757.99
Payment	-888.57
Payment	-929.57
B) PAST DUE BALANCE	\$939.85

C) TOTAL DUE (A+B) \$1,821.60

*See explanations on the back of the page

Please detach and return with your payment
Make check payable to SMUD

ID: 622



Account Number: 3394463

1/1 1/1 24 00000 P1



PAY THIS AMOUNT

LARGE APPAREL OF CALIFORNIA

STORE #445

PO BOX 2518

SECAUCUS NJ 07096-2518

\$1,821.60

CURRENT CHARGES DUE 11/10/10

where your payment

PO BOX 15555
SACRAMENTO CA 95852



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