

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF DELAWARE **PROOF OF CLAIM**

Name of Debtor: **URBAN BRANDS, INC., ET AL.** 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 § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property): **TSZRO LLC. D/B/A ROBYN G ACCESSORIES**

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

Check box if you have never received any notice from the bankruptcy court in this case.

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:
**389 5TH AVE -SUITE 1012
NEW YORK, NY 10016**

Telephone number: **212-684-8777**

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: _____ Check here if this claim replaces amends a previously filed claim, dated: / /

1. Basis for Claim

Goods sold **RECEIVED**
 Services Performed **NOV 04 2010**
 Money Loaned **BMC GROUP**
 Personal injury / wrongful death
 Taxes
 Other _____

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wage, salaries, and compensation (fill out below)

Your SS#: - -
Unpaid compensation for services performed from: / / to : / /
(date) (date)

2. Date debt was incurred: / / **3. If court judgment, date obtained:** / /

4. Total Amount of Claim at Time Case Files: **\$ 69,015.22**
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 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. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:
 Real Estate Motor Vehicle Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____

Specify the priority of the claim:

Wages, salaries, or commissions (up to \$4000), *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier 11 U.S.C. § 507(a)(3)

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)

Up to \$1800* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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 _____

*Amounts are subject to adjustments on 4/1/98 and ev after the date of adjustment.

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

8. 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 not available, explain. If the documents are voluminous, attach summary

9. 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: **10-25-10** Sign and print name and title, if any, of the creditor or other person authorized to file this claim (attach a copy of power of attorney, if any): **Jeff Gaffin - owner**

Urban Brands
00102
NOV 27 PM 12:19

4:43 PM
10/25/10
Accrual Basis

Robyn G Accessories
Invoices for Ashley Stewart
January through December 2010

<u>INV. Num</u>	<u>Date</u>	<u>P.O. Num</u>	<u>Due Date</u>	<u>Amount</u>
Jan - Dec 10				
13654	9/7/2010	15273	11/10/2010	8,788.50
13556	8/16/2010	14736	10/10/2010	2,445.50
13528	8/9/2010	15274	10/10/2010	13,858.89
13526	8/9/2010	15270	10/10/2010	3,666.70
13149	8/2/2010	15271	10/10/2010	8,446.46
12928	6/1/2010	13979	8/10/2010	8,349.31
12311	5/4/2010	12716	7/10/2010	14,900.88
12310	5/4/2010	12715	7/10/2010	8,558.98
Jan - Dec 10				69,015.22