

10-13005

United States Bankruptcy Court		PROOF OF CLAIM	
District of <u>DELAWARE</u>			
In re (Name of Debtor) LARGE APPARELL OF TENNESSEE		Case Number 10-13039 CH 11	
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.			
In re (Name of Creditor) <i>(The person or other entity to whom the debtor owes money or property)</i> Name and Address Where Notices Should be Sent Tennessee Department of Revenue RECEIVED c/o Attorney General P.O. Box 20207 Nashville, TN 37202-0207 Telephone No. BMC GROUP		<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 notices 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.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 22-3523895		Check box if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends _____	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date)			
2. DATE DEBT WAS INCURRED		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), *earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties of governmental units — 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other — Specify applicable paragraph of 11 U.S.C. § 507(a) _____ *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>20.34</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ <u>15,716.88</u> Specify the priority of the claim: _____	
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$ <u>20.34</u> (Unsecured) \$ _____ (Secured) \$ <u>15,716.88</u> (Priority) \$ <u>15,737.22</u> (Total)		<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.	
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
DATE <u>10/25/2010</u> <u>23600 Dm</u>	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) <u>Wilbur E. Hooks Wilbur E. Hooks</u>		

Urban Brands
00109
2010 NOV - 1 AM 10:44
FILED
CLERK
BANKRUPTCY COURT
DISTRICT OF DELAWARE

Penalty for presenting fraudulent 10-27-10

years, of both. 18 U.S.C. §§ 152 and 3571.

ALL INQUIRIES CONTACT:
Debbie McAlister
(615) 532-6332

Handwritten signature/initials

Debtor: **LARGE APPARELL OF TENNESSEE**

D/B/A: LARGE APPARELL OF TENNESSEE
100 METRO WAY
SECAUCUS, NJ 07094
ACCOUNT #: 317786582
ACCT TYPE FRAN/EXCS 2
ENTITY ID 22-3523895

Debtor: **LARGE APPARELL OF TENNESSEE**

D/B/A: ASHLEY STEART # 391
2582 FRAYSER BLVD # 2584
MEMPHIS, TN 38127-5829
ACCOUNT #: 104740667
ACCT TYPE SALES & USE
ENTITY ID 22-3523895



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

LARGE APPARELL OF TENNESSEE

BANKRUPTCY

ASHLEY STEWART #391
2582 FRAYSER BLVD # 2584
MEMPHIS TN 38127-5829

824 MARKET STREET
WILMINGTON DE 19801

Docket No.: 10-13039

Chapter: 11

Date Petition Filed: September 21, 2010

22-3523895/000
104740667
SALES&USE

First Creditors Meeting:

Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	ORIG	08-01-10	\$406.80	\$20.34	\$0.00	\$0.08	\$427.22
TOTALS			\$406.80	\$20.34	\$0.00	\$0.08	\$427.22

RECAP

Audit Balance: \$0.00
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$0.00
 Estimated Assessments: \$0.00
 Underpaid Balance: \$427.22
 Returned Checks: \$0.00

Penalty and interest calculated through 09-21-10

GRAND TOTAL: \$427.22

Debbie McAlester
Preparer's Signature

October 18, 2010
Date

LEGAL CLAIMS SUMMARY SHEET

LARGE APPARELL OF TENNESSEE, INC.
TAXPAYER'S NAME

LARGE APPARELL OF TENNESSEE, INC.
BUSINESS NAME

100 METRO WAY
BUSINESS ADDRESS

SECAUCUS, NJ 07094
CITY STATE ZIP

317786582 FRAN/EXCS 2 / 22-3523895
ACCOUNT NUMBER

Bankruptcy - DELAWARE
TYPE & LOCATION OF COURT

10-13039 11
CASE NUMBER CHAPTER #

9/21/10
DATE PETITION FILED

1ST CREDITORS MEETING

BUSINESS CLOSURE DATE

TYPE	PERIOD BEGIN	PERIOD END	TAX	PENALTY		INTEREST	TOTAL
				Late Charge	Ret. Ck		
E	02/01/09	01/31/10	15,310.00	00.00	00.00	00.00	15,310.00
TOTALS			15,310.00	00.00	00.00	00.00	15,310.00

Non-claimable Liability

TOTAL LIABILITY* 15,310.00

P & I Figured to: **09/21/10**

RECAP:

(AB) Audit Balance _____

(PP) Partial Pay Balance _____

(NR) No Remit Returns _____

(E) Estimated Assessments 15,310.00

(DM) Debit Memos _____

(RC) Return Checks _____

GRAND TOTAL \$15,310.00

Debbie McAlister
Signature

10/18/2010
Date