

United States Bankruptcy Court of DELAWARE

PROOF OF CLAIM

Name of Debtor: LARGE APPAREL OF :: Chapter: 11

Case Number: 10-13023KJC

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): Mississippi Department of Revenue

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

Bankruptcy Section - Mississippi Department of Revenue
P.O. Box 22808
Jackson, MS 39225-2808

Court Claim Number: (If known)

Telephone number: 601-923-7393

Filed on:

Name and address where payment should be sent (if different from above):

RECEIVED
NOV 01 2010
BMC GROUP

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.

Telephone number:

Check this box if you are the debtor Or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 4458.59

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.

2. Basis for Claim: State Taxes

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: 5913

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).

3a. Debtor may have scheduled account as: 1884064

Contributions to an employee benefit Plan - 11 U.S.C. §507 (a) (5).

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

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).

Value of Property: \$ Annual Interest Rate: 12 %

Taxes or penalties owed to governmental Units - 11 U.S.C. §507 (a) (8).

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: \$ Basis for perfection:

Amount of Secured Claim: \$ 4458.59 Amount of Unsecured: \$

Other - Specify applicable paragraph of 11 U.S.C. §507 (a) ().

Amount entitled to priority: \$ 0.00

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.

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with after respect to cases commenced on or a date of adjustment.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 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.

FOR COURT USE ONLY
Urban Brands



00115

10/21/10 /s/Brenda T. Carter

Proof Of Claim Exhibit "A"

Name of Debtor: **LARGE APPAREL OF**

Taxpayer Number **1884064**

Type	Account Number	Liability Number	Period	Tax	Interest	Penalty	Other	Basis
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Secured Claim

Sales Tax	045-14599-2	51707204	01-09-08	3769.70	682.89	0.00	6.00	Miss. Code Ann. §§ 27-65-1, et seq.
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Unsecured Priority Claim

General Unsecured Claim

Administrative expense

SIGNATURE

/s/ Brenda Carter
Brenda T. Carter
Bankruptcy Administrator
Mississippi Department of Revenue
(601)923-7393
MS 06-15-2010



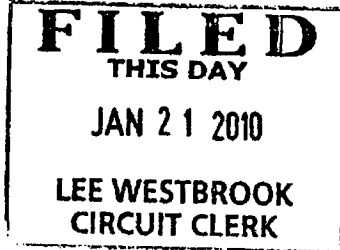
MISSISSIPPI

STATE TAX COMMISSION

NOTICE OF TAX LIEN

State of Mississippi

County of Hinds



Tax Lien Number: 51707204

Tax Liability Number: 51707204

Tax Account Number: 045-14599-2

Taxpayer Number: 1884064

Type of Tax: Sales Tax

To the Circuit Clerk Of MADISON County, State of Mississippi, Greetings:

Default had been made by: **LARGE APPAREL OF
100 METRO WAY
SECAUCUS, NJ 07094-0000**

in the payment of Sales Tax taxes, interest, and damages legally determined to be due to the State of Mississippi for which assessment has been made under the provisions of Miss. Code Ann. Section(s) 27-65-35 or 27-65-37, for the period(s) and amount indicated below:

09/01/2008 thru 09/30/2008

\$4113.00

This tax lien shall bear interest at the rate of one percent (1%) per month until satisfied, and where applicable, additional penalties. See Miss. Code Ann. § 27-7-51 and § 27-7-53 for the continuing accrual of penalties on income tax and Miss. Code Ann. § 27-13-23 and § 27-13-25 for the continuing accrual of penalties on franchise tax.

You are hereby commanded to enroll this Notice of Tax Lien upon the judgment roll of your county as a judgment, pursuant to the provision of Miss. Code Ann. Section(s) 27-65-57 through 27-65-71, which shall be and remain a lien upon all property and rights to property of the judgment debtor until satisfied.

Given under my hand and seal of office on January 12, 2010.



J. Ed Morgan
Commissioner of Revenue