

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM

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NOV 06 2010

MARK D. COLLINS

In re (Name of Debtor):
ASHLEY STEWART #169
LARGE APPAREL OF GA INC

Case Number:
10-13005
Cred. Id. #

NOTE: This form should 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 the Creditor:
COBB COUNTY TAX COMMISSIONER

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.

Name and Address where Notices Should be Sent:
J M BECKER - TAX ADMINISTRATOR
P.O. BOX 649
MARIETTA, GA 30061-0649

Telephone Number: (770) 528-8618

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

 Check box if this address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:
P844759

Check here if this claim replaces a previously filed claim dated: _____
 amends

1. BASIS FOR CLAIM:
 Goods Sold
 Services Performed
 Money Loaned
 Personal Injury/wrongful death
 Taxes AD VALOREM
 Other
2010 taxes BMC GROUP

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BMC GROUP

Retiree benefits as defined in 11 U.S.C. 1114(a)
 Wages, salaries, and compensation (Fill out below)
Your SS#: _____
Unpaid compensation for services performed from _____ (Date) 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.

SECURED CLAIM \$688.65
Attach evidence of perfection of security interest
Brief description of Collateral:
 Real Estate Motor Vehicle Other: STATUTORY TAX LIEN
Value of Collateral: \$
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$688.65

UNSECURED PRIORITY CLAIM \$0.00
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4650* 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).
 Contributions to an employee benefit plan - 11 U.S.C. 507(A) (4).
 Up to \$2100* 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 of governmental units - 11 U.S.C. 507(a) .
 Other - Specify applicable paragraph of 11 U.S.C. 507(a) _____

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:
\$0.00 (Unsecured) \$688.65 (Secured) \$0.00 (est.) (Priority) \$688.65 (Total)

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 judgements, 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.

THIS SPACE IS FOR COURT USE ONLY

Date:
NOV 02, 2010

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)

Jm Becker
J M BECKER - TAX ADMINISTRATOR



Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. 152 AND 3571.

COBB COUNTY DUPLICATE TAX STATEMENT
FOR TAX YEAR 2010

BILL NUMBER

PLEASE WRITE PARCEL
NUMBER BELOW
ON YOUR CHECK

MAKE CHECK PAYABLE TO: "Cobb County Tax Commissioner"
MAIL REMITTANCE TO: P.O. Box 649
Marietta, GA 30061-0649

PROPERTY DESCRIPTION BUSINESS ASSETS 1228 CUMBERLAND MALL							
Parcel				Homestead	Dist	Gross Value	Gross Assessment
P844759					9	56465	22586
TOTAL TAX							649.36

ASHLEY STEWART #169
LARGE APPAREL OF GA INC
100 METRO WAY
SECAUCUS NJ 07094

PAY TOTAL 11/15/2010
DUE BY

DETACH AND RETURN WITH CHECK

REMITTANCE COPY

BILL NUMBER COBB COUNTY DUPLICATE TAX STATEMENT TAXPAYER COPY
FOR TAX YEAR 2010

PROPERTY DESCRIPTION BUSINESS ASSETS 1228 CUMBERLAND MALL							
Parcel				Homestead	Dist	Gross Value	Gross Assessment
P844759					9	56465	22586

ASHLEY STEWART #169
LARGE APPAREL OF GA INC
100 METRO WAY
SECAUCUS NJ 07094

	GROSS ASSESSMENT -	EXEMPTION	= NET ASSESSMENT	X MILLAGE	= CALCULATED TAX	= TOTAL TAX
STATE	22586		22586	0.000250	5.65	5.65
COUNTY GENERAL	22586		22586	0.006820	154.04	154.04
COUNTY BOND	22586		22586	0.000220	4.97	4.97
COUNTY FIRE	22586		22586	0.002560	57.82	57.82
SCHOOL GENERAL	22586		22586	0.018900	426.88	426.88
SCHOOL BOND	22586		22586	0.000000		
10% PENALTY FOR NOT FILING A TAX RETURN						
TOTAL					649.36	649.36

TO AVOID ADDITIONAL CHARGES PAY TOTAL 11/15/2010
DUE BY

This is the duplicate tax bill for the above said property, calculated from information supplied by the Cobb County Board of Tax Assessors.

If ownership has changed, please forward to new owner.

GAIL DOWNING, Tax Commissioner
TORI STEELE, Deputy Tax Commissioner

Phone 770-528-8600
Fax 770-528-8679
E-mail: tax@cobbtax.org
tags@cobbtax.org
Web: www.cobbtax.org