

United States Bankruptcy Court Delaware District of Delaware **PROOF OF CLAIM**

Name of Debtor: **URBAN BRANDS INC, AKA ASHLEY STEWART** Case Number: **10-13005KJC**

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. sec. 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property): **KeySpan Gas East Corp dba National Grid**

Name and Address Where Notices Should Be Sent: **Suzanne Brienza, Esq. 15 Park Drive Melville, NY 11747**

Telephone No. **631-844-3823**

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

Check box if you have never received any notices 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.

This Space Is For Court Use Only

Account or other number by which creditor identifies debtor: **VARIOUS**

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

1. BASIS FOR CLAIM

Goods sold Retiree benefits as defined in 11 U.S.C. sec. 1114(a)

Services performed Wages, salaries, and compensation (Fill out below)

Money loaned Last four digits of SS#: **0**

Personal injury/wrongful death Unpaid compensation for \$ **-**

Taxes from **-** to **-**

Other: **BMC GROUP**

RECEIVED NOV 11 2010 BMC GROUP

2. Date debt was incurred: **09/21/2010**

3. If court judgement, date obtained:

4. Total Amount of Claim at Time Case Filed:	<u>\$84.52</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$84.52</u>
	(Unsecured)	(Secured)	(Priority)	(Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 and 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: **\$0.00**

Amount of arrearage and other charges at the time case filed included in secured claim, if any \$ **\$0.00**

6. Unsecured Nonpriority Claim \$ **\$84.52**

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim.

Amount entitled to priority. \$ **\$0.00**

Specify the priority of the claim.

Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier--11 U.S.C. sec. 507(a)(3)

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

Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use--11 U.S.C. sec. 507(a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. sec. 507(a)(7)

Taxes or penalties of governmental units--11 U.S.C. sec. 507(a)(8)

Other--Specify applicable paragraph of 11 USC sec 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.

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

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. IF the documents are not available, explain. If documents are voluminous, attach a summary.

10. Date 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: **11-3-10**

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):

Suzanne Brienza, Collection Operations Supervisor

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CLEM
CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

FILED
NOV 9 9:03 AM '10
Urban Brands

00137

STATEMENT OF ENERGY CHARGES

For additional information contact:

Your Customer Representative

Telephone Number

A24M DATE=10/22/10 TIME=11:43 A.M.

ASHLEY STEWART ::COLLECTIONS 10-517-13-7812-38
154 FULTON AV HEMPSTEAD NY 11550
MAIL: 15 PARK DR MELVILLE NY 11747

DEPOSIT	AMT DUE	CURRENT	30 DAY	60 DAY	90 DAY	TOT ARREARS
00	37.70	37.70	.00	.00	.00	.00
		#BUDGETS BILLED		BB/BAL		
CASH-DTE TE	CASH-AMT *	BB/AMT BILL-TOTAL	BILL-DTE	ELEC-AMT-RD	GAS-AMT-RD	
09-16-10 37	5.61- *	2.12	09-21-10		2.12	F
08-27-10 11	24.10- *	43.06	09-18-10		43.06	V
08-20-10 36	.73 *	88.52	07-19-10		88.52	S
07-22-10 11	24.11- *	17.65	08-13-10		17.65	CE
06-22-10 36	.67 *	24.10	07-19-10		24.10	CE
06-14-10 11	22.51- *	23.44	06-15-10		23.44	CE
05-18-10 36	2.27 *	20.24	05-13-10		20.24	CE
05-17-10 11	26.77- *	23.34	04-15-10		23.34	CE
04-22-10 36	3.43 *	27.76	03-16-10		27.76	A
04-20-10 11	10.29- *	30.43	02-12-10		30.43	E
03-23-10 36	6.26 *	42.15	01-13-10		42.15	S
03-12-10 11	12.73- *	42.17	01-13-10		42.17	CE
02-19-10 36	9.27 *	28.64	12-14-09		28.64	CE
02-17-10 11	63.43- *	23.24	11-14-09		23.24	E
						MOR SCNS
CSH2 *						

STATEMENT OF ENERGY CHARGES

For additional information contact:

Your Customer Representative

Telephone Number

A24M DATE=10/22/10 .TIME=11:43 A.M.

ASHLEY STEWART LTD ::COLLECTIONS 12-115-59-1741-04
70 GREEN ACRES MALL VALLEY STRM NY 11581
MAIL: 15 PARK DR MELVILLE NY 11747

DEPOSIT	AMT DUE	CURRENT	30 DAY	60 DAY	90 DAY	TOT ARREARS		
00	46.82	24.46	22.36	.00	.00	22.36		
			#BUDGETS BILLED		BB/BAL			
CASH-DTE	TE	CASH-AMT	*	BB/AMT	BILL-TOTAL	BILL-DTE	ELEC-AMT-RD	GAS-AMT-RD
08-16-10	11	19.57-	*		.70	09-21-10		.70 F
07-13-10	11	51.67-	*		23.76	09-20-10		23.76 V
06-30-10	11	20.27-	*		22.36	08-17-10		22.36 V
06-24-10	96	.44	*		19.57	07-16-10		19.57 V
06-22-10	60	10.00	*		22.36	06-18-10		22.36 V
06-22-10	44	20.27	*		18.87	05-17-10		18.87 V
06-08-10	11	20.27-	*		20.27	04-20-10		20.27 S
04-29-10	11	21.64-	*		21.64	03-22-10		21.64 V
03-26-10	11	25.13-	*		25.13	02-19-10		25.13 V
02-20-10	11	15.30-	*		15.30	01-14-10		15.30 V
02-01-10	11	18.79-	*		18.79	12-21-09		18.79 V
12-17-09	11	16.03-	*		16.03	11-17-09		16.03 V
12-04-09	11	17.13-	*		17.13	10-19-09		17.13 V
11-13-09	11	19.34-	*		19.34	09-18-09		19.34 V
MOR SCNS								
CSH2 *								