



| UNITED STATES BANKRUPTCY COURT  |  | DISTRICT OF   | DELAWARE | PROOF OF CLAIM  |
|---|--|---|----------|---|
| Name of Debtor:<br><b>URBAN BRANDS, INC,<br/>ET AL</b>  |  | Case Number: <b>10-13005</b><br>Chapter 7 <input type="checkbox"/> , 11 <input checked="" type="checkbox"/> , 12 <input type="checkbox"/> , 13 <input type="checkbox"/>   |          | This Space is For Court Use Only                                  |
|   |  | Creditor ID Number:   |          |   |
| 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):<br><b>Columbia Gas of VIRGINIA</b>   |  | <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<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> 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:<br><b>200 Civic Center Dr., 11<sup>th</sup> floor<br/>Columbus, OH 43215</b><br>Telephone number: 614-460-4882   |  |   |          |   |
| Account or other number by which creditor identifies debtor:<br><b>16847389-001-1</b>   |  | Check here if this claim<br><input type="checkbox"/> replaces<br><input type="checkbox"/> amends a previously filed claim, dated:   |          |   |
| <b>1. Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other: <b>Utility Service</b>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C §1114(a)<br><input type="checkbox"/> Wages, salaries and compensation (fill out below)<br>Your SS #:<br>Unpaid compensation for services performed<br>From _____ to _____<br>(date) (date)   |          | <b>RECEIVED</b><br><br><b>NOV 22 2010</b><br><br><b>BMC GROUP</b> |
| <b>2. Date debt was incurred: See Attached</b>  |  | <b>3. If court judgement, date obtained:</b>  |          |   |
| <b>4. Total Amount of Claim at Time Case Filed: \$ 81.34</b>  |  |   |          |   |
| If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.<br><input type="checkbox"/> 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.   |  |   |          |   |
| <b>5. Secured Claim.</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of Setoff).<br>Brief Description of Collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other<br><br>Value of Collateral: \$<br><br>Amount of arrearage and other charges at time case filed included in Secured claim, if any:<br><br>\$ |  | <b>6. Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured priority claim.<br>Amount entitled to priority \$<br>Specify the priority of the claim:<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), * earned within 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).<br><input type="checkbox"/> Contributions to an employee benefit plan- 11 U.S.C. §507(a)(4).<br><br><input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. §507(a)(6).<br><input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U.S.C. §507(a)(7).<br><input type="checkbox"/> Taxes or penalties owed to governmental units -11 U.S.C. §507(a)(8).<br><input type="checkbox"/> Other - specify applicable paragraph of 11 U.S.C. §507(a)(____).<br>*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. |          |   |
| <b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of Making this proof of claim.   |  | THIS SPACE IS FOR COURT USE ONLY<br><br><br><div style="text-align: center;">                     Urban Brands<br/> <br/>                     00158                 </div>   |          |   |
| <b>8. Supporting Documents:</b> 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 the documents are voluminous, attach a summary.                                   |  |   |          |   |
| <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-Addressed envelope and copy of this proof of claim.  |  |   |          |   |
| /S/S.CREW 614-460-4882<br>11-19-10<br>BANKRUPTCY SPECIALIST   |  | power of attorney, if any):<br>  |          |   |
| 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.   |  |   |          |   |

OPER ACTION ==> GENERAL ACCOUNT PAGE 1 38 3910 500954792 11/52  
 CUST NAME LARGE APPAREL VIRGINA, INC PCID 16847389 CUST 001 1  
 SERV ADDR 4012 VICTORY BV A CHECKFREE-ZIPCHECK  
 CITY PORTSMOUTH ST VA ZIP 237012820 NON PARTICIPANT

SEE REMARKS

|                |                      |               |   |                                 |
|----------------|----------------------|---------------|---|---------------------------------|
| <b>CURRENT</b> |                      | <b>BUDGET</b> |   | HOME PHONE 201-319-9093         |
| BILL AMT       | 89.27                | AMOUNT        | 0 | NXT READ 12-13-2010             |
| ARRS AMT       | 7.93-                | ARREARS       | 0 | SHUT OFF 12-28-2010             |
| TOTL BAL       | 81.34                | TOTAL         | 0 | BILL DUE 12-03-2010             |
|                | <b>BUDGET MO\AMT</b> | <b>STATUS</b> |   | <b>PENDING ORDERS APPT MORE</b> |
|                | MAY AMOUNT 46        |               |   | NONE ORDERS                     |
|                | NOV AMOUNT 90        |               |   | N                               |

REVENUE CLASS COMMERCIAL HEAT  
 REVENUE EXTSN HEAT ONLY  
 CREDIT SYMBOL 2005 LMTD-CR-RK D/REF DTA-CN REGIST MULTIPLIER  
 COL HST 232122222321 PAYMENT PLAN NO ACCT STAT FNB NO.OF DWELLINGS 1  
 INVESTIGATION REASON NONE NON-ACTIVE

| MON YR | PREM | ST   | READ | CD | DAYS | CONSUMPT | MON YR | PREM | ST   | READ | CD | DAYS | CONSUMPT |
|--------|------|------|------|----|------|----------|--------|------|------|------|----|------|----------|
| OCT 10 | ACT  | ADJ  | 8    |    | 15   |          | OCT 09 | ACT  | READ | 31   |    | 3    |          |
| SEP 10 | ACT  | READ | 32   |    | 0    |          | SEP 09 | ACT  | READ | 30   |    | 3    |          |
| AUG 10 | ACT  | READ | 29   |    | 0    |          | AUG 09 | ACT  | READ | 29   |    | 0    |          |

F1=HELP F2=WRK-FUN F3=QUIT F4=ORD-TAK F5=INQ F6=ORD-EX F8=FWD F9=INQ-CTL  
 F10=EX-CTL F11=TAK-CTL F12=INFO F14=CONTACT F21=LP F22=HP F23=XP F24=CASH  
 NEW CUSTOMER, SKELETON ACCOUNT PENDING - PCID 18752160-001

OPER ACTION ==> GENERAL ACCOUNT PAGE 2 38 3910 500954792 11/52  
CUST NAME LARGE APPAREL VIRGINA, INC PCID 16847389 CUST 001 1  
SERV ADDR 4012 VICTORY BV A CHECKFREE-ZIPCHECK  
CITY PORTSMOUTH ST VA ZIP 237012820 NON PARTICIPANT

|                      |             |                       |                  |
|----------------------|-------------|-----------------------|------------------|
| CURR\INIT READ       | DATE        | DELAYED CREDIT ACTION | NONE             |
| 0000828              | 09-21-2010  | MEDICAL CERTIFICATION | N                |
| PREVIOUS READING     | DATE        | LAST PAYMENT DATE     | 08-16-2010       |
| 0000813              | 09-13-2010  | PETTY CASH REFUND     | COMPLETE         |
| METER LOCATION       | KEY SEQ NBR | PCR AMOUNT            | \$.00            |
| OUTSIDE - REAR       |             | SADC                  | D1 ELIGIBILITY N |
| READING INSTRUCTIONS |             | ACCOUNT IDENTS        | Y MAILING ADDR Y |
|                      |             | MRA ACCOUNTS          | N                |
|                      |             | UTIL COMPLAINT        | N                |
|                      |             | CUSTOMER REMARKS      | Y                |
|                      |             | DISPUTE PENDING       | N                |
|                      |             | HEATSHARE PLEDGE      | N                |
|                      |             | WEATHERIZATION        | N                |
|                      |             | UNIVERSAL BILL        | N                |

|  |                        |                   |                        |
|--|------------------------|-------------------|------------------------|
| METER NUMBER   | M5301736               | ENERGY ASSISTANCE |                        |
| K-S  | 608 AMERICAN AC/AL-250 | FED N             | STATE N EMER N OTHER N |
| INSTALL-SET DATE   | DUE FOR TEST           |                   |                        |
| 08-2005  | 0000                   |                   |                        |
| CONNECT DATE   | DISCONNECT DATE        |                   |                        |
| 10-13-2005   | 09-21-2010             |                   |                        |
| F1=HELP F2=WRK-FUN F3=QUIT F4=ORD-TAK F5=INQ F6=ORD-EX F7=BWD F9=INQ-CTL     |                        |                   |                        |
| F10=EX-CTL F11=TAK-CTL F12=INFO F14=CONTACT F21=N/A F22=N/A F23=N/A F24=CASH |                        |                   |                        |