


UNITED STATES BANKRUPTCY COURT		DISTRICT OF DELAWARE	PROOF OF CLAIM
Name of Debtor: URBAN BRANDS, INC, ET AL		Case Number: 10-13005 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): Columbia Gas of OHIO		<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.	
Name and address where notices should be sent: 200 Civic Center Dr., 11th floor Columbus, OH 43215 Telephone number: 614-460-4882			
Account or other number by which creditor identifies debtor: 16852158-001-3 15483575-001-8		Check here if this claim <input type="checkbox"/> A replaces <input type="checkbox"/> amends a previously filed claim, dated:	
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 type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other: Utility Service		<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 SS #: Unpaid compensation for services performed From _____ to _____ (date) (date)	
		RECEIVED NOV 22 2010 BMC GROUP	
2. Date debt was incurred: See Attached		3. If court judgement, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 89.23 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <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.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of Setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral: \$ Amount of arrearage and other charges at time case filed included in Secured claim, if any: \$		6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ Specify the priority of the claim: <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). <input type="checkbox"/> Contributions to an employee benefit plan- 11 U.S.C. §507(a)(4). <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). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to 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.	
7. Credits: 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 <div style="text-align: center;"> Urban Brands  00159 </div>	
8. 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 the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: 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 11-19-10 BANKRUPTCY SPECIALIST		power of attorney, if any): <i>Sandra Crew</i>	
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 34 0822 300047789 01/01
 CUST NAME LARGE APPAREL OF OHIO PCID 16852158 CUST 001 3
 SERV ADDR 3872 E BROAD ST CHECKFREE-ZIPCHECK
 CITY COLUMBUS ST OH ZIP 432131128 NON PARTICIPANT

SEE REMARKS

CURRENT		BUDGET		HOME PHONE 201-319-9093
BILL AMT	30.67	AMOUNT	0	NXT READ 00-00-0000
ARRS AMT	10.45 1	ARREARS	0	SHUT OFF 12-22-2010
TOTL BAL	41.12	TOTAL	0	BILL DUE 12-07-2010
	BUDGET MO\AMT	STATUS		PENDING ORDERS APPT MORE
	AUG AMOUNT 62			NONE ORDERS
	NOV AMOUNT 70	PROJECTED		N

REVENUE CLASS COMMERCIAL HEAT
 REVENUE EXTSN HEAT ONLY
 CREDIT SYMBOL 2005 GOOD-CR D/REF DTA-CN REGIST MULTIPLIER
 COL HST 02211111123 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
NOV	10	INA	ADJ	37			0	NOV	09	ACT	READ	29			1
OCT	10	ACT	CALA	25			0	OCT	09	ACT	CALC	32			0
SEP	10	ACT	READ	29			0	SEP	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

OPER ACTION ==> GENERAL ACCOUNT PAGE 2 34 0822 300047789 01/01
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CITY COLUMBUS ST OH ZIP 432131128 NON PARTICIPANT

CURR\INIT READ DATE
0007837 11-04-2010
PREVIOUS READING DATE
0007837 10-27-2010
METER LOCATION KEY SEQ NBR
OUTSIDE - REAR
READING INSTRUCTIONS

BEHIND FENCE N
DUMPSTERS
METER NUMBER B746055
K-S 616 AMERICAN AL-425
INSTALL-SET DATE DUE FOR TEST
08-2000 0000

CONNECT DATE DISCONNECT DATE
09-29-2005 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

DELAYED CREDIT ACTION 2 MON ALL
MEDICAL CERTIFICATION N
LAST PAYMENT DATE 08-20-2010
PETTY CASH REFUND NONE
PCR AMOUNT \$.00
SADC 4B ELIGIBILITY N
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

ENERGY ASSISTANCE
FED N STATE N EMER N OTHER N

OPER ACTION ==> GENERAL ACCOUNT PAGE 1 34 1121 500662785 09/76
 CUST NAME ASHLEY STEWART PCID 15483575 CUST 001 8
 SERV ADDR 517 DORR ST CHECKFREE-ZIPCHECK
 CITY TOLEDO ST OH ZIP 436020000 NON PARTICIPANT

SEE REMARKS

CURRENT		BUDGET		HOME PHONE 280-131-9909
BILL AMT	93.63	AMOUNT	0	NXT READ 12-09-2010
ARRS AMT	45.52-	ARREARS	0	SHUT OFF 12-28-2010
TOTL BAL	48.11	TOTAL	0	BILL DUE 12-07-2010
BUDGET MO\AMT		STATUS		PENDING ORDERS APPT MORE
AUG	AMOUNT 173			NONE ORDERS
NOV	AMOUNT 149	PROJECTED		N

REVENUE CLASS COMMERCIAL HEAT

REVENUE EXTSN NOT USED

CREDIT SYMBOL 2000 GOOD-CR D/REF DTA-CN REGIST MULTIPLIER

COL HST 221221111112 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		12	1	OCT	09	ACT		READ		29	11
SEP	10	ACT		CALC		30	0	SEP	09	ACT		CALC		30	1
AUG	10	ACT		READ		29	0	AUG	09	ACT		READ		31	1

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

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CURR\INIT READ	DATE	DELAYED CREDIT ACTION	NONE
0002107	09-21-2010	MEDICAL CERTIFICATION	N
PREVIOUS READING	DATE	LAST PAYMENT DATE	09-01-2010
0002106	09-09-2010	PETTY CASH REFUND	NONE
METER LOCATION	KEY SEQ NBR	PCR AMOUNT	\$.00
OUTSIDE - REAR		SADC	2C ELIGIBILITY N
READING INSTRUCTIONS		ACCOUNT IDENTs	Y MAILING ADDR Y
MANIFOLD METERS		MRA ACCOUNTS	N
ERT# 62773810		UTIL COMPLAINT	N
		CUSTOMER REMARKS	Y
METER NUMBER 99448128		DISPUTE PENDING	N
K-S 619 AMERICAN AC-630		HEATSHARE PLEDGE	N
INSTALL-SET DATE	DUE FOR TEST	WEATHERIZATION	N
11-1999	0000	UNIVERSAL BILL	N
CONNECT DATE	DISCONNECT DATE	ENERGY ASSISTANCE	
05-23-2000	09-21-2010	FED N	STATE N EMER N OTHER N
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			