

UNITED STATES BANKRUPTCY COURT - DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor: URBAN BRANDS, INC		Case Number: 10-13005
<i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): WILHELMINA INTERNATIONAL LTD.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: WILHELMINA INTERNATIONAL LTD. 300 PARK AVENUE SOUTH 2ND FLOOR NEW YORK, NY 10010 Telephone number: (212) 271-1603		
<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 150px;"> RECEIVED NOV 29 2010 BMC GROUP </div>		
Name and address where payment should be sent (if different from above): Telephone number:		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>14,420.10</u> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) 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). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 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)(). Amount entitled to priority: \$ <u>11,725.00</u> Urban Brands *Amor 4/1/13 respect the date of adjustment
2. Basis for Claim: <u>MODEL/TALENT SRVC0</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>0156</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: <u>11/15/2010</u>	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. <div style="display: flex; align-items: center;"> <div> RICHARD McMULLEN, VP, FINANCE </div> </div>	

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.

BMC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

WILHELMINA INTERNATIONAL LTD.

300 Park Avenue South , New York, NY 10010
tel (212) 473-0700 - fax (212) 473-3223

INVOICE DATE 07/29/2010**INVOICE # 159996****TERMS : Payable upon receipt****ASHLEY STEWART LMT.**

LINDA ROSKOWSKI
100 METRO WAY
SECAUCUS, NJ 07094

JOB 07/07/2010 VOUCHER # 428069

Model Name

MODEL # 23640 CLIENT # 40156**JOANNE BORGELLA**

Batch # 13348

PHOTOGRAPHER

CLIENT RES.

PRODUCT

P. O. #

USAGE

ANNIVERSARY

#	WT	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	EXP / OTHER
1	220	DAY(S)	1.00	3,500.00	3,500.00	
PLEASE MAKE CHECK PAYABLE TO:		WILHELMINA INTERNATIONAL LTD.	SERVICE FEE 20.00 %		3,500.00	
AND MAIL IT TO:		WILHELMINA INTERNATIONAL LTD. 300 PARK AVENUE SOUTH NEW YORK, NY 10010	SUB TOTAL		700.00	
WIRE TRANSFERS SHOULD BE SENT AS SPECIFIED BELOW		FED ID: 132584417	TOTAL INVOICE USD		4,200.00	

PLEASE DIRECT ANY QUESTION REGARDING THIS INVOICE TO:
ACCOUNTS RECEIVABLE (212) 473-0700 ANGEL EXT 306
HILDA X307 / NICHOLAS X303

ALL WIRE TRANSFER IN US FUNDS TO:
SIGNATURE BANK - 261 MADISON AVENUE NEW YORK, NY 10016
ABA: 026013576 ACCOUNT: 1500693602 SWIFT: SIGNUS 33

PLEASE REFERENCE THE INVOICE(S) THAT ARE BEING PAID ON ALL REMITTANCES. THANK YOU.

Job

From 7/7/2010 To 7/7/2010 7:30:00AM To 4:30:00PM

Entered by ameerah on 6/21/2010

Product:**Type:****Area:****Talent:** JOANNE BORGELLA**Client:** ASHLEY STEWART**ALERT****Tel:** 201-319-9093**Contact:** LINDA ROSKOWSKI**Tel:** X 2302**Director:****Photographer:**

Location: 7:30AM
 Union Square Cafe
 21 East 16th Street
 New York, NY 10003
 (212) 243-4020
 16th st. and broaway
 location van will be waiting to drive you to the
 shoot location.

Team: Hair:
 Make Up:
 Stylist:

Job Info: clean hair and face
 Linda R. Cell phone- 201-407-4516

Travel:**Hotel:****Invoice #** **Job #** **Confirmation #****PO #** **Client Ref.:****Ready To Bill** - No **Sent** - No **Paid** - No**Account. ID:****Booker:** Ameerah**Tax ID:**

Invoice To: Ashley Stewart
 100 Metro Way
 SEACAUCUS NJ 07094
 Attn: Linda Roskowski
 Tel: 201 319 9093 x2302 -Fax:

Billing**Suggested Talent Rate:** Day rate: 0 Hour rate: 0 Tarif:

Description of fee(s)	Tarif	Rate(s)	Time	Amount
DAY[S]		3,500.00	1 day	3,500.00
Subtotal:				3,500.00

Talent Net: \$ 2,800.00 (Talent Com.=20.00%)**Agency Fee:** 20.00% \$700.00**Tax:** 0.00 % \$0.00**Cash Advance:** \$0.00**Total Job Invoice:** \$4,200.00**Talent Notes:****Notes:**

WILHELMINA INTERNATIONAL LTD.

300 Park Avenue South , New York, NY 10010
tel (212) 473-0700 - fax (212) 473-3223

INVOICE DATE 07/29/2010**INVOICE # 159997****TERMS : Payable upon receipt****ASHLEY STEWART LMT.**

LINDA ROSKOWSKI
100 METRO WAY
SECAUCUS, NJ 07094

JOB 07/07/2010		VOUCHER # 428070	Model Name TOCCARA JONES * Batch # 13348			
MODEL # 23179		CLIENT # 40156				
PHOTOGRAPHER			CLIENT RES.			
PRODUCT			P. O. #			
USAGE			ANNIVERSARY			
#	WT	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	EXP / OTHER
1	220	DAY(S)	1.00	3,500.00	3,500.00	
PLEASE MAKE CHECK PAYABLE TO: WILHELMINA INTERNATIONAL LTD.			SERVICE FEE 20.00 %		3,500.00	
AND MAIL IT TO: WILHELMINA INTERNATIONAL LTD.			SUB TOTAL		700.00	
300 PARK AVENUE SOUTH			TOTAL INVOICE		4,200.00	
NEW YORK, NY 10010			USD		4,200.00	
WIRE TRANSFERS SHOULD BE SENT AS SPECIFIED BELOW						
FED ID: 132584417						

PLEASE DIRECT ANY QUESTION REGARDING THIS INVOICE TO:
ACCOUNTS RECEIVABLE (212) 473-0700 ANGEL EXT 306
HILDA X307 / NICHOLAS X303

ALL WIRE TRANSFER IN US FUNDS TO:
SIGNATURE BANK - 261 MADISON AVENUE NEW YORK, NY 10016
ABA: 026013576 ACCOUNT: 1500693602 SWIFT: SIGNUS 33

PLEASE REFERENCE THE INVOICE(S) THAT ARE BEING PAID ON ALL REMITTANCES. THANK YOU.

Job

From 7/7/2010 To 7/7/2010 7:30:00AM To 4:30:00PM

Entered by ameerah on 5/12/2010

Product: nyc**Type:****Area:****Talent:** TOCCARA JONES**Client:** ASHLEY STEWART**ALERT****Tel:** 201-319-9093**Contact:** LINDA ROSKOWSKI**Tel:** X 2302**Director:****Photographer:**

Location: 7:30AM sharp!!!
 Union Square Coffee
 29 Union Square West
 At 16th Street
 212-243-7969
 location van will be waiting to drive you to the
 shoot location.
 you are shooting in Dumbo Brooklyn.

Team: Hair:
 Make Up:
 Stylist:

Job Info: clean hair and face
 Linda R. Cell phone- 201-407-4516

Travel: FOR: JONES/TOCCARA REF: 8468

12 JUL 10 - MONDAY

AIR AMERICAN AIRLINES FLT:181 ECONOMY FOOD FOR PURCHASE
 LV NEW YORK JFK 500P EQP: BOEING 767 200
 DEPART: TERMINAL 8 06HR 25MIN
 AR LOS ANGELES 825P NON-STOP
 ARRIVE: TERMINAL 4 REF: BXCPMD
 JONES/TOCCARA SEAT-29J

FARE 356.70
 ETKT CONFIRMED/TKT NUMBER 7900956216

Hotel:**Invoice # Job # Confirmation #****PO # Client Ref.:****Ready To Bill - No Sent - No Paid - No****Account. ID:****Booker:** Ameerah**Tax ID:**

Invoice To: Ashley Stewart
 100 Metro Way
 SEACAUCUS NJ 07094
 Attn:
 Tel: 201 319 9093 x2302 -Fax:

Billing**Suggested Talent Rate:** Day rate: 0 Hour rate: 0 Tarif:

Description of fee(s)	Tarif	Rate(s)	Time	Amount
DAY[S]		3,500.00	1 day	3,500.00
Subtotal:				3,500.00
Talent Net: \$ 2,800.00	(Talent Com.=20.00%)		Agency Fee: 20.00%	\$700.00
			Tax: 0.00 %	\$0.00

Description of expense(s)	Due To	Amount
airfare	Agency	356.70
Subtotal:		356.70

Cash Advance: \$0.00

Total Job Invoice: \$4,556.70

Talent Notes:

Notes:

WILHELMINA INTERNATIONAL LTD.

300 Park Avenue South , New York, NY 10010
tel (212) 473-0700 - fax (212) 473-3223

INVOICE DATE 05/26/2010**INVOICE # 157203****TERMS : Payable upon receipt****ASHLEY STEWART LMT.**

LINDA ROSKOWSKI
100 METRO WAY
SECAUCUS, NJ 07094

JOB 05/07/2010 VOUCHER # 425603**MODEL # 24507 CLIENT # 40156**

Model Name

SHERIDAN WATSON

Batch # 13187

PHOTOGRAPHER

PRODUCT

USAGE

CLIENT RES.

P. O. #

ANNIVERSARY

#	WT	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	EXP / OTHER
1	220	DAY(S) (ONE TRIAL FEE)	1.00	1,200.00	1,200.00	
2	221	TRAVEL DAY(S)	1.00	100.00	100.00	
PLEASE MAKE CHECK PAYABLE TO:		WILHELMINA INTERNATIONAL LTD.	SERVICE FEE 20.00 %		1,300.00	
AND MAIL IT TO:		WILHELMINA INTERNATIONAL LTD. 300 PARK AVENUE SOUTH NEW YORK, NY 10010	SUB TOTAL		260.00	
WIRE TRANSFERS SHOULD BE SENT AS SPECIFIED BELOW		FED ID: 132584417	TOTAL INVOICE USD		1,560.00	

ONE TIME TRIAL FEE

PLEASE DIRECT ANY QUESTION REGARDING THIS INVOICE TO:
ACCOUNTS RECEIVABLE (212) 473-0700 ANGEL EXT 306
HILDA X307 / NICHOLAS X303

ALL WIRE TRANSFER IN US FUNDS TO:
SIGNATURE BANK - 261 MADISON AVENUE NEW YORK, NY 10016
ABA: 026013576 ACCOUNT: 1500693602 SWIFT: SIGNUS 33

PLEASE REFERENCE THE INVOICE(S) THAT ARE BEING PAID ON ALL REMITTANCES. THANK YOU.

Job

From 5/7/2010 To 5/7/2010 7:00:00AM To 5:00:00PM

Entered by ameerah on 4/8/2010

Product: trial shoot- 1200 + 20%**Type:****Area:****Talent:** SHERIDAN WATSON**Client:** ASHLEY STEWART**ALERT****Tel:** 201-319-9093**Contact:** LINDA ROSKOWSKI**Tel:** X 2302**Director:****Photographer:**

Location: Meet at offices at 7:00a.m.
 A van will pick her up and also people from our team that will be attending the photoshoot.
 contact: Greg Farrell cell number is 917 673 5594.
 ASHLEY STEWART
 100 METRO WAY
 SEACAUCUS NJ 07094
 Tel: 201-319-9093 -Fax: 201-319-1392

Team: Hair:
 Make Up:
 Stylist:

Job Info: Ask for: LINDA ROSKOWSKI
 cell number is 201-407-4516

clean hair and clean face

Travel:**Hotel:****Invoice # Job # Confirmation #****PO # Client Ref.:****Ready To Bill - No Sent - No Paid - No****Account. ID:****Booker:** Ameerah**Tax ID:**

Invoice To: Ashley Stewart
 100 Metro Way
 SEACAUCUS NJ 07094
 Attn:
 Tel: 201 319 9093 x2302 -Fax:

Billing one time trial fee 1200+ 20%**Suggested Talent Rate:** Day rate: 0 Hour rate: 0 Tarif:

Description of fee(s)	Tarif	Rate(s)	Time	Amount
DAY[S]		1,200.00	1 day	1,200.00
travel		100.00	1 day	100.00
Subtotal:				1,300.00

Talent Net: \$ 1,300.00 (Talent Com.=0.00%)**Agency Fee:** 20.00% \$260.00**Tax:** 0.00 % \$0.00**Cash Advance:** \$0.00**Total Job Invoice:** \$1,560.00**Talent Notes:****Notes:**

WILHELMINA INTERNATIONAL LTD.

300 Park Avenue South , New York, NY 10010
tel (212) 473-0700 - fax (212) 473-3223

INVOICE DATE 06/30/2010**INVOICE # 159247****TERMS : Payable upon receipt****ASHLEY STEWART LMT.**

LINDA ROSKOSKI
100 METRO WAY
SECAUCUS, NJ 07094

JOB 06/23/2010 VOUCHER # 427670

Model Name

MODEL # 23179 CLIENT # 40156**TOCCARA JONES ***

Batch # 13268

PHOTOGRAPHER

CLIENT RES.

PRODUCT **STYLE OUT FOR SHOOT 7/7**

P. O. #

USAGE

ANNIVERSARY

#	WT	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	EXP / OTHER
1	210	HOUR(S) 1-5	4.00	200.00	800.00	
PLEASE MAKE CHECK PAYABLE TO:		WILHELMINA INTERNATIONAL LTD.	SERVICE FEE 20.00 %		800.00	
AND MAIL IT TO:		WILHELMINA INTERNATIONAL LTD. 300 PARK AVENUE SOUTH NEW YORK, NY 10010	SUB TOTAL		160.00	
WIRE TRANSFERS SHOULD BE SENT AS SPECIFIED BELOW		FED ID: 132584417	TOTAL INVOICE USD		960.00	

PLEASE DIRECT ANY QUESTION REGARDING THIS INVOICE TO:
ACCOUNTS RECEIVABLE (212) 473-0700 ANGEL EXT 306
HILDA X307 / NICHOLAS X303

ALL WIRE TRANSFER IN US FUNDS TO:
SIGNATURE BANK - 261 MADISON AVENUE NEW YORK, NY 10016
ABA: 026013576 ACCOUNT: 1500693602 SWIFT: SIGNUS 33

PLEASE REFERENCE THE INVOICE(S) THAT ARE BEING PAID ON ALL REMITTANCES. THANK YOU.

Job

From 6/23/2010 To 6/23/2010 1:00:00PM To 5:00:00PM

Entered by ameerah on 6/21/2010

Product: style out for shoot on 7/7**Type:****Area:****Talent:** TOCCARA JONES**Client:** ASHLEY STEWART**ALERT****Tel:** 201-319-9093**Contact:** LINDA ROSKOWSKI**Tel:** X 2302**Director:****Photographer:****Location:** ASHLEY STEWART
100 METRO WAY
SEACAUCUS NJ 07094**Team:** Hair:
Make Up:
Stylist:**Job Info:****Travel:** FOR: JONES/TOCARRA

22 JUN 10 - TUESDAY

AIR DELTA AIR LINES INC FLT:2862 COACH REFRSHMNT/PUR
LV LOS ANGELES 1130P EQP: BOEING 757-200
DEPART: TERMINAL 5 05HR 37MIN

23 JUN 10 - WEDNESDAY

AR NEW YORK JFK 807A NON-STOP
ARRIVE: TERMINAL 3 REF: QE09DF
JONES/TOCARRA SEAT-32E

24 JUN 10 - THURSDAY

AIR DELTA AIR LINES INC FLT:2263 COACH REFRSHMNT/PUR
LV NEW YORK JFK 900P EQP: BOEING 757-200
DEPART: TERMINAL 2 06HR 27MIN

25 JUN 10 - FRIDAY

AR LOS ANGELES 1227A NON-STOP
ARRIVE: TERMINAL 5 REF: QE09DF
JONES/TOCARRA SEAT-29E

FARE 863.40

ETKT CONFIRMED/TKT NUMBER 7898752404

Hotel:**Invoice # Job # Confirmation #****PO # Client Ref.:****Ready To Bill - No Sent - No Paid - No****Account. ID:****Booker:** Ameerah**Tax ID:****Invoice To:** Ashley Stewart
100 Metro Way
SEACAUCUS NJ 07094
Attn:
Tel: 201 319 9093 x2302 -Fax:**Billing****Suggested Talent Rate:** Day rate: 0 Hour rate: 0 Tarif:

Description of fee(s)	Tarif	Rate(s)	Time	Amount
HOUR[S]		200.00	4 Hours	800.00
Subtotal:				800.00
Talent Net: \$ 640.00	(Talent Com.=20.00%)		Agency Fee: 20.00%	\$160.00

Tax: 0.00 % \$0.00

Description of expense(s)	Due To	Amount
airfare	Agency	863.40
Subtotal:		863.40

Cash Advance: \$0.00

Total Job Invoice: \$1,823.40

Talent Notes:

Notes:

WILHELMINA INTERNATIONAL LTD.

300 Park Avenue South , New York, NY 10010
tel (212) 473-0700 - fax (212) 473-3223

INVOICE DATE **05/31/2010**INVOICE # **157357**

TERMS : Payable upon receipt

ASHLEY STEWART LMT.

LINDA ROWSKOWSKI
100 METRO WAY
SECAUCUS, NJ 07094

JOB **05/12/2010** VOUCHER # **425764**MODEL # **24507** CLIENT # **40156**

Model Name

SHERIDAN WATSON

Batch # 13188

PHOTOGRAPHER

CLIENT RES.

PRODUCT **E-COMMERCE - WEB SHOOT ONLY**

P. O. #

USAGE

ANNIVERSARY

#	WT	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	EXP / OTHER
1	120	DAY(S) 8:30-5:30	1.00	750.00	750.00	
PLEASE MAKE CHECK PAYABLE TO:		WILHELMINA INTERNATIONAL LTD.	SERVICE FEE 20.00 %		750.00	
AND MAIL IT TO:		WILHELMINA INTERNATIONAL LTD. 300 PARK AVENUE SOUTH NEW YORK, NY 10010	SUB TOTAL		150.00	
WIRE TRANSFERS SHOULD BE SENT AS SPECIFIED BELOW		FED ID: 132584417	TOTAL INVOICE USD		900.00	

PLEASE DIRECT ANY QUESTION REGARDING THIS INVOICE TO:
ACCOUNTS RECEIVABLE (212) 473-0700 ANGEL EXT 306
HILDA X307 / NICHOLAS X303

ALL WIRE TRANSFER IN US FUNDS TO:
SIGNATURE BANK - 261 MADISON AVENUE NEW YORK, NY 10016
ABA: 026013576 ACCOUNT: 1500693602 SWIFT: SIGNUS 33

PLEASE REFERENCE THE INVOICE(S) THAT ARE BEING PAID ON ALL REMITTANCES. THANK YOU.

W	WILHELMINA
	MODELS

0425764

AGENCY COPY
(AS ATTORNEY IN FACT FOR)

10/20
WILHELMINA MODELS INC.
(212) 473-0700
300 Park Avenue South
New York, NY 10010
Fax (212) 473-3223

CST/5

SEND
INVOICE
TO:

ASHLEY STEWART

ADDRESS:

100 MCDONALD WAY

CITY

STATE

SEACAWASNE

ZIP CODE

07094

ATTENTION:

LINDA ROWSKOWSKI

SPECIAL BILLING/P.O. #:

Web Shoot only

MODEL NAME: Sheridan Watson	
DATE OF JOB: 05/12/10	USAGE
PRODUCT: ECommerce	STUDIO
RATE: 750/dy	TIME: FROM: 8:30 TO: 5:30 \$ 750
FITTING FEE	FITTING DATE
TRAVEL	
TIME:	
MISC.	
EXPENSES	
AGENCY FEE TO BE ADDED TO THE TOTAL AMOUNT.	AGENCY FEE \$ + agency
CHARTER MEMBER OF IMMA	TOTAL \$ 750 -

UNIFORM MODEL RELEASE (VALID UPON PAYMENT)

In consideration of receipt of the model fee (inclusive of service fee) as well as any additional usage fees negotiated with my manager, I hereby sell, assign and grant to and

Advertising Agency or Publication

Client/Advertiser

the right and permission to copyright and use or publish one (1) photograph or likeness of me in which I may be included in whole or part of composite or reproductions thereof in color or otherwise in the United States for Web usage: i.e. Print, POS, Pkg, OOH, etc. for months to

begin no later than four (4) months later than this date, except that these photos may not be used on TV in any manner. Accordingly, I release and discharge the company and persons named above and persons acting for or on behalf of them from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form that may occur or be produced in the taking of said pictures or in any processing thereof through completion of the finished product. Note: Products, packaging usage, billboards, point-of-sale, hang tags, exclusivity, endorsements, use of name, TV and any other special usage require separate negotiations. All other releases not valid unless countersigned by model manager. Client's workman's compensation carrier is

CLIENT'S SIGNATURE

MODEL'S SIGNATURE

WILHELMINA INTERNATIONAL LTD.

300 Park Avenue South , New York, NY 10010
tel (212) 473-0700 - fax (212) 473-3223

INVOICE DATE 06/28/2010**INVOICE # 159143****TERMS :** Payable upon receipt**ASHLEY STEWART LMT.**

LINDA ROSKOWSKI
100 METRO WAY
SECAUCUS, NJ 07094

JOB 06/18/2010		VOUCHER # 427392	Model Name SHERIDAN WATSON Batch # 13265			
MODEL # 24507		CLIENT # 40156				
PHOTOGRAPHER			CLIENT RES.			
PRODUCT E-COMMERCE SHOOT			P. O. #			
USAGE			ANNIVERSARY			
#	WT	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	EXP / OTHER
1	220	DAY(S)	1.00	750.00	750.00	
PLEASE MAKE CHECK PAYABLE TO: WILHELMINA INTERNATIONAL LTD.			SERVICE FEE 20.00 %		750.00	
AND MAIL IT TO: WILHELMINA INTERNATIONAL LTD.					150.00	
300 PARK AVENUE SOUTH			SUB TOTAL		900.00	
NEW YORK, NY 10010			TOTAL INVOICE USD		900.00	
WIRE TRANSFERS SHOULD BE SENT AS SPECIFIED BELOW			FED ID: 132584417			

PLEASE DIRECT ANY QUESTION REGARDING THIS INVOICE TO:

ACCOUNTS RECEIVABLE (212) 473-0700 ANGEL EXT 306

HILDA X307 / NICHOLAS X303

ALL WIRE TRANSFER IN US FUNDS TO:

SIGNATURE BANK - 261 MADISON AVENUE NEW YORK, NY 10016

ABA: 026013576 ACCOUNT: 1500693602 SWIFT: SIGNUS 33

PLEASE REFERENCE THE INVOICE(S) THAT ARE BEING PAID ON ALL REMITTANCES. THANK YOU.

Job

From 6/18/2010 To 6/18/2010 8:00:00AM To 4:00:00PM

Entered by ameerah on 6/14/2010

Product: E COMMERCE SHOOT**Type:****Area:****Talent:** SHERIDAN WATSON**Client:** ASHLEY STEWART**ALERT****Tel:** 201-319-9093**Contact:** LINDA ROSKOWSKI**Tel:** X 2302**Director:****Photographer:****Location:** ASHLEY STEWART
100 METRO WAY
SEACAUCUS NJ 07094**Team:** Hair:
Make Up:
Stylist:**Job Info:** Ask for: LINDA ROSKOWSKI**Travel:****Hotel:****Invoice #** **Job #** **Confirmation #****PO #** **Client Ref.:****Ready To Bill - No** **Sent - No** **Paid - No****Account. ID:****Booker:** Ameerah**Tax ID:****Invoice To:** Ashley Stewart
100 Metro Way
SEACAUCUS NJ 07094
Attn:
Tel: 201 319 9093 x2302 -Fax:**Billing****Suggested Talent Rate:** Day rate: 0 Hour rate: 0 Tarif:

Description of fee(s)	Tarif	Rate(s)	Time	Amount
DAY[S]		750.00	1 day	750.00
Subtotal:				750.00

Talent Net: \$ 750.00 (Talent Com.=0.00%) **Agency Fee:** 20.00% \$150.00
Tax: 0.00 % \$0.00

Cash Advance: \$0.00**Total Job Invoice:** \$900.00**Talent Notes:****Notes:**

WILHELMINA INTERNATIONAL LTD.

300 Park Avenue South , New York, NY 10010
tel (212) 473-0700 - fax (212) 473-3223

INVOICE DATE 04/30/2010**INVOICE # 156392****TERMS : Payable upon receipt****ASHLEY STEWART LMT.**

LINDA ROSKOWSKI
100 METRO WAY
SECAUCUS, NJ 07094

JOB 04/22/2010 VOUCHER # 424788

Model Name

MODEL # 24507 CLIENT # 40156**SHERIDAN WATSON**

Batch # 13134

PHOTOGRAPHER
PRODUCT
USAGE

CLIENT RES.
P. O. #
ANNIVERSARY

#	WT	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	EXP / OTHER
1	220	DAY(S)	1.00	400.00	400.00	
PLEASE MAKE CHECK PAYABLE TO: WILHELMINA INTERNATIONAL LTD.					400.00	
AND MAIL IT TO: WILHELMINA INTERNATIONAL LTD. 300 PARK AVENUE SOUTH NEW YORK, NY 10010			SERVICE FEE 20.00 %		80.00	
			SUB TOTAL		480.00	
WIRE TRANSFERS SHOULD BE SENT AS SPECIFIED BELOW			TOTAL INVOICE		USD 480.00	
FED ID: 132584417						

PLEASE DIRECT ANY QUESTION REGARDING THIS INVOICE TO:
ACCOUNTS RECEIVABLE (212) 473-0700 ANGEL EXT 306
HILDA X307 / NICHOLAS X303

ALL WIRE TRANSFER IN US FUNDS TO:
SIGNATURE BANK - 261 MADISON AVENUE NEW YORK, NY 10016
ABA: 026013576 ACCOUNT: 1500693602 SWIFT: SIGNUS 33

PLEASE REFERENCE THE INVOICE(S) THAT ARE BEING PAID ON ALL REMITTANCES. THANK YOU.

W	WILHELMINA
	MODELS

AGENCY COPY
(AS ATTORNEY IN FACT FOR)

15639

MODEL NAME: SHERIDAN WATSON

WILHELMINA MODELS INC.
(212) 473-0700
300 Park Avenue South
New York, NY 10010
Fax (212) 473-3223

DATE OF JOB: 04/22/10
USAGE
PRODUCT: STUDIO:

SEND INVOICE TO: ASHLEY STEWART

RATE	TIME: FROM: 1:30 TO: 4:00	\$ 400
FITTING FEE	FITTING DATE	\$

ADDRESS: 100 METRO WAY
CITY
STATE: SEACACUS NJ ZIP CODE 07094

TRAVEL TIME:	\$
MISC. EXPENSES	\$

ATTENTION: Linda ROSKOWSKI

AGENCY FEE TO BE ADDED TO THE TOTAL AMOUNT.	AGENCY FEE \$ tagenu
CHARTER MEMBER OF IMMA	TOTAL \$

SPECIAL BILLING/P.O. #:

UNIFORM MODEL RELEASE (VALID UPON PAYMENT)

In consideration of receipt of the model fee (inclusive of service fee) as well as any additional usage fees negotiated with my manager, I hereby sell, assign and grant to _____ and _____

Advertising Agency or Publication

Client/Advertiser

the right and permission to copyright and use or publish one (1) photograph or likeness of me in which I may be included in whole or part of composite or reproductions thereof in color or otherwise in the United States for PRINTING usage: i.e. Print, POS, Pkg, OOH, etc. for _____ months to begin no later than four (4) months later than this date, except that these photos may not be used on TV in any manner. Accordingly, I release and discharge the company and persons named above and persons acting for or on behalf of them from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form that may occur or be produced in the taking of said pictures or in any processing thereof through completion of the finished product. Note: Products, packaging usage, billboards, point-of-sale, hang tags, exclusivity, endorsements, use of name, TV and any other special usage require separate negotiations. All other releases not valid unless countersigned by model manager. Client's workman's compensation carrier is _____

CLIENT'S SIGNATURE

MODEL'S SIGNATURE

[Signatures]

WILHELMINA INTERNATIONAL LTD.

300 Park Avenue South , New York, NY 10010
tel (212) 473-0700 - fax (212) 473-3223

INVOICE DATE 08/10/2010**INVOICE # 160853****TERMS :** Payable upon receipt**ASHLEY STEWART LMT.**

LINDA ROSKOWSKI
100 METRO WAY
SECAUCUS, NJ 07094

JOB 06/23/2010 VOUCHER # 429079**MODEL # 23179 CLIENT # 40156**

Model Name

TOCCARA JONES *

Batch # 13383

PHOTOGRAPHER

PRODUCT

USAGE

STYLE OUT FOR SHOOT 7/7

CLIENT RES.

P. O. #

ANNIVERSARY

#	WT	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	EXP / OTHER
1	510	FLIGHT TICKET #8630	1.00	863.40		863.40
PLEASE MAKE CHECK PAYABLE TO:		WILHELMINA INTERNATIONAL LTD.			0.00	
AND MAIL IT TO:		WILHELMINA INTERNATIONAL LTD. 300 PARK AVENUE SOUTH NEW YORK, NY 10010	SUB TOTAL		0.00	863.40
WIRE TRANSFERS SHOULD BE SENT AS SPECIFIED BELOW		FED ID: 132584417	TOTAL INVOICE USD		863.40	

PLEASE DIRECT ANY QUESTION REGARDING THIS INVOICE TO:

ACCOUNTS RECEIVABLE (212) 473-0700 ANGEL EXT 306

HILDA X307 / NICHOLAS X303

ALL WIRE TRANSFER IN US FUNDS TO:

SIGNATURE BANK - 261 MADISON AVENUE NEW YORK, NY 10016

ABA: 026013576 ACCOUNT: 1500693602 SWIFT: SIGNUS 33

PLEASE REFERENCE THE INVOICE(S) THAT ARE BEING PAID ON ALL REMITTANCES. THANK YOU.

Entertainment Travel Company, etc...

15260 Ventura Boulevard, Ste. 1030
Sherman Oaks, California 91403
(818) 343-2000 • (818) 784-2600 fax
email: EntertainmentTravel@Earthlink.net

SALES PERSON: 41
CUSTOMER NBR: 011307

ITINERARY/INVOICE NO. 0251113
MMYVKS

DATE: 18 JUN 10
PAGE: 01

TO: WILHELMINA
300 PARK AVE SOUTH
NEW YORK, NY 10010

FOR: JONES/TOCARRA

8630

5

22 JUN 10 - TUESDAY			
AIR DELTA AIR LINES INC	FLT:2862	COACH	REFRSHMNT/PUR
LV LOS ANGELES		1130P	EQP: BOEING 757-200
DEPART: TERMINAL 5			05HR 37MIN
23 JUN 10 - WEDNESDAY			
AR NEW YORK JFK	807A	NON-STOP	
ARRIVE: TERMINAL 3		REF: QE09DF	
24 JUN 10 - THURSDAY			
AIR DELTA AIR LINES INC	FLT:2263	COACH	REFRSHMNT/PUR
LV NEW YORK JFK		900P	EQP: BOEING 757-200
DEPART: TERMINAL 2			06HR 27MIN
25 JUN 10 - FRIDAY			
AR LOS ANGELES	1227A	NON-STOP	
ARRIVE: TERMINAL 5		REF: QE09DF	
OTHER LOS ANGELES			
AGENCY FEE			
SERVICE FEE XD0524965869			
	BILLED TO AXXXXXXXXXXXXX1018		40.00*
AIR TICKET DL7898752404	JONES TOCARRA		
LEG TKT	BILLED TO AXXXXXXXXXXXXX1018		823.40*
	SUB TOTAL		863.40
	NET CC BILLING		863.40*
	TOTAL AMOUNT DUE		0.00

FARE 863.40

ETKT CONFIRMED/TKT NUMBER 7898752404

Read Important Information On Reverse
CITE# 2070090-10

WILHELMINA INTERNATIONAL LTD.

300 Park Avenue South , New York, NY 10010
tel (212) 473-0700 - fax (212) 473-3223

INVOICE DATE 08/18/2010**INVOICE # 161114****TERMS : Payable upon receipt****ASHLEY STEWART LMT.**

LINDA ROSKOWSKI
100 METRO WAY
SECAUCUS, NJ 07094

JOB 07/07/2010 VOUCHER # 429332**MODEL # 23179 CLIENT # 40156**

Model Name

TOCCARA JONES *

Batch # 13404

PHOTOGRAPHER

PRODUCT

USAGE

CLIENT RES.

P. O. #

ANNIVERSARY

#	WT	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	EXP / OTHER
1	510	FLIGHT TICKET #8668	1.00	356.70		356.70
PLEASE MAKE CHECK PAYABLE TO:		WILHELMINA INTERNATIONAL LTD.			0.00	
AND MAIL IT TO:		WILHELMINA INTERNATIONAL LTD. 300 PARK AVENUE SOUTH NEW YORK, NY 10010	SUB TOTAL		0.00	356.70
WIRE TRANSFERS SHOULD BE SENT AS SPECIFIED BELOW		FED ID: 132584417	TOTAL INVOICE USD		356.70	

PLEASE DIRECT ANY QUESTION REGARDING THIS INVOICE TO:

ACCOUNTS RECEIVABLE (212) 473-0700 ANGEL EXT 306

HILDA X307 / NICHOLAS X303

ALL WIRE TRANSFER IN US FUNDS TO:

SIGNATURE BANK - 261 MADISON AVENUE NEW YORK, NY 10016

ABA: 026013576 ACCOUNT: 1500693602 SWIFT: SIGNUS 33

PLEASE REFERENCE THE INVOICE(S) THAT ARE BEING PAID ON ALL REMITTANCES. THANK YOU.

Entertainment Travel Company, etc...

15260 Ventura Boulevard, Ste. 1030
Sherman Oaks, California 91403
(818) 343-2000 • (818) 784-2600 fax
email: EntertainmentTravel@Earthlink.net

SALES PERSON: 41
CUSTOMER NBR: 011307

ITINERARY/INVOICE NO. 0251732
BXCPRD

DATE: 01 JUL 10
PAGE: 01

TO: WILHELMINA
300 PARK AVE SOUTH
NEW YORK, NY 10010

8668

FOR: JONES/TOCCARA

REF: 8468

12 JUL 10 - MONDAY

AIR AMERICAN AIRLINES FLT:181
LV NEW YORK JFK
DEPART: TERMINAL 8
AR LOS ANGELES
ARRIVE: TERMINAL 4
JONES/TOCCARA SEAT-29J

ECONOMY
500P
825P

FOOD FOR PURCHASE
EQP: BOEING 767 200
06HR 25MIN
NON-STOP
REF: BXCPRD

OTHER LOS ANGELES
AGENCY FEE

SERVICE FEE XD0525287640

BILLED TO AXXXXXXXXXXXXX1018 40.00*

AIR TICKET AA7900956216
ELEC TKT

JONES TOCCARA
BILLED TO AXXXXXXXXXXXXX1018 316.70*

SUB TOTAL 356.70
NET CC BILLING 356.70*

TOTAL AMOUNT DUE 0.00

FARE 356.70

ETKT CONFIRMED/TKT NUMBER 7900956216

Read Important Information On Reverse
CR# 207009040