


UNITED STATES BANKRUPTCY COURT <u>Chapter 11</u> DISTRICT OF <u>DELAWARE</u>		PROOF OF CLAIM
Name of Debtor LARGE APPAREL OF SOUTH CAROLINA INC		Case Number 10-13037
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): RICHLAND COUNTY TREASURY		<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: POST OFFICE BOX 11947, COLUMBIA SC 29211		
Telephone number: 576-2261 BARBARA WHITE		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor: M-2010-032760		Check here <input type="checkbox"/> replaces if this claim <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 checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>RECEIVED</p> <p>DEC 06 2010</p> <p>BMC GROUP</p> </div> <div style="text-align: center;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div> </div>		
2. Date debt was incurred: 1/2010		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ _____ (unsecured) _____ (secured) 755.18 (priority) 755.18 (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 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 checked="" type="checkbox"/> Other: <u>BUSINESS PERSONAL PROPERTY</u> Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. 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 \$4,925),* 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 \$2,225* 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 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
6. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> 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.		
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 judgments, 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. 10. 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		THIS SPACE IS FOR COURT USE ONLY
Date 12/01/2010	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): 	





RICHLAND COUNTY
POST OFFICE BOX 11947
COLUMBIA, SC 29211

David A. Adams
 Treasurer
 803-576-2250
 treasurer@rcgov.us

PRINTED: 12/01/2010

***** MERCHANT TAXES *****

LEVY-YEAR 2010

CLERK:

TY YEAR RECEIPT

M-2010-032760

391.20 CNTY-TAX 668.95

CNTY-SALES 17.25-

LOC: SQ CTR BUSH RIVER ROAD 540-61139

RESID-CR .00

PEN/COST .00

DIGEST 1,710

CNTY-TOT 651.70

CHANGE 0 2135321000P00001 98.10

CITY-TAX 141.33

NET-ASSM 1,710

CITY-PEN .00

GARB .00

M-2010-032760

PYMTS-TO-DATE .00

LARGE APPAREL OF SOUTH CAROLIN

ADJ-TO-DATE .00

DIST-NO: ASHLEY STEWART 329

***** SEE AMOUNT TO PAY & DATE *****

10C LARGE APPAREL OF SOUTH CAROLIN

PAY NO PEN THRU 1/15/2011 793.03

100 METRO WAY

PAY 3% PEN THRU 2/02/2011 816.82

SECAUCUS

NJ 07094

PAY 10% PEN THRU 3/16/2011 872.33

PAY 15% PEN AFTE 3/16/2011 911.98