
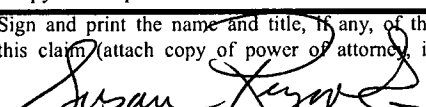


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>DELAWARE</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Urban Brands, Inc.,</b>		Case Number <b>10-13005</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment 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): <b>Memphis Light, Gas &amp; Water Division</b>		<div style="font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">DEC 09 2010</div> <div style="font-size: 1.5em; font-weight: bold;">BMC GROUP</div>
Name and address where notices should be sent: <b>Memphis Light, Gas &amp; Water Division PO Box 430 Memphis, TN 38101-0430 Telephone number: (901) 528-4307</b>		
Account or other number by which creditor identifies debtor: <b>227446/1149584 -700649/1487853</b>		THIS SPACE IS FOR COURT USE ONLY
Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____		
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <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)		
<b>2. Date debt was incurred:</b>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed: \$ 4052.86</b> (unsecured) (secured) (priority) (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.		
<b>5. Secured Claim.</b> <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: \$ _____		<b>7. Unsecured Priority Claim.</b> <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.
<b>6. Unsecured Nonpriority Claim \$ 4052.86</b> <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 if c) none or only part of your claim is entitled to priority.		
<b>8. 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 <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">DEC 6 2010 11:54</div> Urban Brands  00267
<b>9. Supporting Documents:</b> 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.		
<b>10. 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		
Date 12-1-10	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): 	

Bad Debt Query (UABDDQT 2.2.2-01(0485.005)(CISPRIID))

Customer: Premises: Debt No. Pcos: Call Agency: Bkropy: Bkropy Date: BD Amount: Recov Bal: History  
 227446 1149584 334933 BKWD CH11 21SEP2010 3012.32 0.00

Customer: 227446 ASHLEY STEWART  
 Premises: 1149584 5132 PARK AV  
 Pcos Code: BKWD Bankruptcy - WEP13/DIP11 Date: 11-OCT-2010  
 Call Agency: CH11 Date: 21-SEP-2010 Case: 10-1-3005  
 Bankruptcy: BK-Chapt 11-Detor in Possession Date: 21-SEP-2010  
 Lien: 0.00  
 Acct Int: 0.00  
 Litigation Date: 0.00

Bad Debt Detail ... Select Quit

MA ATTN: ACCTS PAYABLE DEPT PO BOX 2518 SECAUCUS 1

Bad Debt Query (UABDDQT 2.2.2-01(0485.005)(CISPRIID))

Customer: Premises: Debt No. Pcos: Call Agency: Bkropy: Bkropy Date: BD Amount: Recov Bal: History  
 700649 1174644 334933 BKWD CH11 21SEP2010 1040.54 0.00

Customer: 700649 LARGE APPAREL OF TN DBA ASHLEY STEW  
 Premises: 1174644 2582 FRAYSER BL  
 Pcos Code: BKWD Bankruptcy - WEP13/DIP11 Date: 11-OCT-2010  
 Call Agency: CH11 Date: 21-SEP-2010 Case: 10-1-3005  
 Bankruptcy: BK-Chapt 11-Detor in Possession Date: 21-SEP-2010  
 Lien: 0.00  
 Acct Int: 0.00  
 Litigation Date: 0.00

Bad Debt Detail ... Select Quit

MA ATTN: ACCOUNTS PAYABLE DEPT PO BOX 2518 SECAU