




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor: Urban Brands, Inc.		Case Number: 10-13005-KJC
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): WW CONSTRUCTION CORPORATION		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:  25641042012734 WW CONSTRUCTION CORPORATION PO BOX 2549 KINGSHILL, VI 00851		Court Claim Number: _____ (if known) Filed on: _____
Name and address where payment should be sent (if different from above): <div style="text-align: center;">  YOUR CLAIM IS SCHEDULED AS: SCHEDULE ID: §1267 AMOUNT/CLASSIFICATION: \$2,951.00 UNSECURED </div> <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 10px;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold; margin-top: 5px;">DEC 09 2010</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold; margin-top: 10px;">BMC GROUP</div> Telephone No. 340-643-9092		<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 this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>2,951.00</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 the claim. Attach itemized statement of all 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.
2. Basis for Claim: <u>SERVICES PERFORMED</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commission (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever 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"/> Section 503(b)(9) Claim -- check this box if your claim is for the value of goods received by the Debtor within 20 days before the commencement of the case -- 11 U.S.C. § 503(b)(9). <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		Amount entitled to priority: \$ _____ * Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
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. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____ (See instruction #6 on reverse side.)		
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. 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 DOCUMENT MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 12-4-10	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. Walter T. Waniewski Walter T. Waniewski President	FOR COURT USE ONLY Urban Brands  00273

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, District of Delaware), 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. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9) State the value of any goods received by the debtor within 20 days before the date of commencement in which the goods have been sold to the debtor in the ordinary course of the debtor's business.

7. Credits:

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

8. 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

INFORMATION

Debtor

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

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on 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 that was owed by the debtor 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 form 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.

Acknowledgement of Filing a Claim

To receive acknowledgment of your filing, please enclose a stamped self-addressed envelope and a copy of this proof of claim. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <http://www.bmcgroup.com/UrbanBrands>

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.

PLEASE SEND COMPLETED PROOFS OF CLAIM TO:

Via Regular U.S. Mail Via Overnight Courier

BMC Group, Inc.	BMC Group, Inc.
Attn: Urban Brands	Attn: Urban Brands
Claims Processing	Claims Processing
P.O. Box 3020	18750 Lake Drive East
Chanhassen, MN 55317	Chanhassen, MN 55317

WW Construction Corporation
 PO Box 2549
 Kingshill, VI 00851

Statement

Date
4/27/2008

To:
Urban Brands, Inc. 100 Metroway Secaucus, NJ 07094

Amount Due	Amount Enc.
\$2,951.00	

Date	Transaction	Amount	Balance		
11/03/2007	Store #143 Marianne LT- INV #50-13. Due 11/03/2007. Orig. Amount \$2,013.00.	2,013.00	2,013.00		
04/26/2008	INV #50-14. Due 04/26/2008. Orig. Amount \$938.00.	938.00	2,951.00		
Current	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	Over 90 Days Past Due	Amount Due
0.00	938.00	0.00	0.00	2,013.00	\$2,951.00



WW Construction Corporation

PO Box 2549
Kingshill, VI 00851

Invoice

Date	Invoice #
11/3/2007	50-13

Bill To
Urban Brands, Inc. 100 Metroway Secaucus, NJ 07094

Project
Store #143 Ma...

Description	Qty	Rate	Amount
Work Order #16691 for Store #143 - Marianne LTD at Sunshine Mall, St. Croix, VI: Replace 18 ballasts, 130 fluorescent tubes and 1 fixture lens			
Materials		951.00	951.00
Labor		1,062.00	1,062.00
		Total	\$2,013.00
		Payments/Credits	\$0.00
		Balance Due	\$2,013.00

577968

FREDERICK SEXTIUS,
P.O. BOX 3261 HILL
00851

CUSTOMER'S ORDER NO.	DEPT.	DATE: 10/20/07
NAME: WATER CONSTRUCTION		
ADDRESS: MARIAN'S STORE SUNSHINE MALL		
CITY STATE ZIP: FOR ELECTRICAL WORK		

SOLD BY:	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE RTD.	PAID BY:
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	REPLACED ELECTRONIC		
2	BALLASTS		
3			
4	RELAMING FLUORESCENT		
5	FIXTURE		
6			
7	MATERIALS		
18	T12 ELECTRONIC BALLAST	19.50	351.00
130	T12 FLUORESCENT TUBES	3.00	390.00
1	FIXTURE LENS	20.00	20.00
	LABOR	850.00	850.00
	TOTAL		1610.00

RECEIVED BY:

URBAN BRANDS

Work Order - 16691

Issued Date - 7/19/2007

VENDOR:

WW Construction Corporation
P.O. Box 2549
Kingshill
ST CROIX, VI 00851
Attention: Walter Waniewski
Phone: (340) 772-3279
Fax: (340) 772-3279

STORE # 143 - Marianne LTD

Sunshine Mall
#1 Estate Cane
Fredericksted
St. Croix, VI 00840
Phone: (340) 713-0727

MAIL INVOICE TO:

URBAN BRANDS
100 Metroway
Secaucus, NJ 07094
(201) 319-9093
(201) 319-1173 FAX

Expected Completion	NTE Amount	Reported By	Our Contact
7/20/2007	\$200.00	Milarys Rosado	Anganette Seguinot

Problem Description

Please send tech as soon as possible to this site, La tienda M143 necesita electricista para reparar alrededor de 15 lámparas en el área de ventas que actualmente no están funcionando. También necesito reparar el letrero de afuera de la tienda ya que el que dice Marianne esta apagado. (este es de afuera de la tienda, pero dentro del Mall) Thanks, Anganette

Notice to Vendor:

Your invoice must reference our
Work Order Number and Store Number.

Store Manager

Please return this Work Order to 100 Metroway as soon as work has been completed by Vendor.

Date Work Completed: ___/___/___

Store Resp. Party: _____

FOR ACCOUNTING PURPOSES ONLY

WW Construction Corporation
Category: Electrical

Authorized By
Anganette Seguinot

Exp. Code: 56015
Cap. Code:



WW Construction Corporation

PO Box 2549
Kingshill, VI 00851

Invoice

Date	Invoice #
4/26/2008	50-14

Bill To
Urban Brands, Inc. 100 Metroway Secaucus, NJ 07094

Project
Store #143 Ma...

Description	Qty	Rate	Amount
Work Order #18593 for Store #143 - Marianne LTD at Sunshine Mall, St. Croix, VI: Please see attached sheet for description of work performed		938.00	938.00

Total		\$938.00
Payments/Credits		\$0.00
Balance Due		\$938.00

WW Construction Corp.

Billing

Week Ending 2/4/08 to 4/26/08

Urban Brands

#143 - Invoice # 18593

St. Croix, VI

Classification	Hours	Rate	Extension
Labor			
Supervisor			
W. Waniewski	2.0	48.00	96.00
Carpenter B			
Linus Serieux	8.0	26.40	211.40
Helper			
Elsworth Joseph	12.0	21.00	252.00
Materials			
Electrical - none	1	0.00	0.00
Wood - Baseboard	1	12.00	12.00
Equipment			
Pickup truck Trips	1	25.00	25.00
Demo Hammer	1	40.00	40.00
Electrical			
Frederik Sextius - Master Electrician	4	65.00	260.00
Dale Richards - Helper	2	21.00	42.00
Work performed			
Trouble shoot CAT5 cable path, Pull CAT5 cable to upper floor ceiling.			
Remove baseboard, remove wood flooring, pull CAT5 cable down			
from upper floor ceiling through wall			
Pull CAT5 cables under counter, vacuum floors, replace baseboard with new wood			
Total Week Endings			\$938.00

URBAN BRANDS

Work Order - 18593

Issued Date - 4/25/2008

VENDOR:

WW Construction Corporation
P.O. Box 2549
Kingshill
ST CROIX, VI 00851
Attention: Walter Waniewski
Phone: (340) 772-3279
Fax: (340) 772-3279

STORE # 143 - Marianne LTD

Sunshine Mall
#1 Estate Cane
Fredericksted
St. Croix, VI 00840
Phone: (340) 713-0727

MAIL INVOICE TO:

URBAN BRANDS
100 Metroway
Secaucus, NJ 07094
(201) 319-9093
(201) 319-1173 FAX

Expected Completion	NTE Amount	Reported By	Our Contact
4/28/2008	\$200.00	Elvio Infante	Anganette Seguinot

Problem Description

AS per Elvio, work order needs to be set up for WWW Construction for work done concerning WAN Project. E-mail from Walter, "We replaced the baseboard at store #143 on Wednesday, so the job is complete. I would like to send an invoice for our work, but we don't have a Purchase Order number." Anganette

Notice to Vendor:

Your invoice must reference our
Work Order Number and Store Number.

Store Manager

Please return this Work Order to 100 Metroway as soon as work has been completed by Vendor.

Date Work Completed: ___/___/___

Store Resp. Party:

WW Construction Corporation
Category: Electrical

FOR ACCOUNTING PURPOSES ONLY

Authorized By
Anganette Seguinot

Exp. Code: 56015
Cap. Code:



WW CONSTRUCTION CORPORATION
P.O. Box 2549
KINGSHILL, VI 00851
OFFICE: (340) 772-3279
MOBILE: (340) 643-9092

December 17, 2008

Urban Brands, Inc.
C/O Facilities Dept.
PO Box 2518
Secaucus, NJ 07096-2518

RE: Unpaid Invoices 50-13 and 50-14

Dear Sir/Madam:

Enclosed please find copies of WW Construction's Invoice 50-13 and Invoice 50-14. I e-mailed these to Anganette Seguinot innumerable times, and have still not received payment for either one. As a matter of fact, I had just decided to declare them as bad debts when I received your Address Change notice. I can only hope that along with a change in address, Urban Brands changes its response time to invoices for work that it requested done.

Very truly yours,

A handwritten signature in cursive script that reads "Walter T. Waniewski".

Walter T. Waniewski
President