



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): COPESAN SERVICES		<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:  25641042012781 COPESAN SERVICES PO BOX 1170 MILWAUKEE, WI 53201-1170		
Name and address where payment should be sent (if different from above): Telephone No. _____		<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>359.88</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. <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)(____).
2. Basis for Claim: <u>pest control services performed.</u> (See instruction #2 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.
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.)		
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: <u>12/08/2010</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. <u>REBECCA TUCKER</u> CREDIT & COLLECTIONS COORDINATOR	FOR COURT USE ONLY Urban Brands  00285

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

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.

INFORMATION

Acknowledgement of Filing a Claim

To receive acknowledgement 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



INVOICE

W175 N5711 Technology Drive • Menomonee Falls, Wisconsin 53051
 Phone: 262-783-6261 • Fax: 262-783-6267
 1-800-267-3726 • 1-800-COPESAN
 www.copesan.com • Email: info@opesan.com

REMIT TO
 Copesan
 P.O. Box 1170
 Milwaukee, WI
 53201-1170

INVOICE NUMBER
1662873

INVOICE DATE
09/30/10


To: ASHLEY STEWART LTD
 ATTN: ACCT PAYABLE
 101 METRO WAY
 SECAUCUS NJ 07094-1905

**TERMS: NET 30 DAYS AFTER
 DATE OF INVOICE**

YOUR ACCOUNT NO.
0010100

Service Report Number	Service Location Number	Description	Amount Due
5298231	0010187	FAIRLANE MEADOWS DEARBORN, MI Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - Sep 2010 STORE NUMBER: 0000187	29.99 .00 ----- 29.99
5289492	0010100	53 RIVER OAKS CTR CALUMET CITY, IL Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - Sep 2010 STORE NUMBER: 117	29.99 .00 ----- 29.99
TOTAL SERVICE:			59.98
TOTAL TAX:			.00
TOTAL PAID:			.00
A FINANCE CHARGE IS COMPUTED BY A PERIODIC RATE OF 1% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 12% FOR ALL UNPAID INVOICES OLDER THAN 30 DAYS			TOTAL AMOUNT DUE 59.98

TKT#: 5298231 -



W175 N5711 Technology Drive
Menomonee Falls, WI 53051
262-783-6261

Integrated Pest Management
Service Summary
Order Number: 5298231

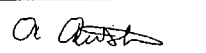
Service Charge: \$29.24 **Tax: \$0.00** **Total: \$29.99**

Client: 10100 ASHLEY STEWART LTD
101 METRO WAY
SECAUCUS, NJ 07094

Service Location: 10187 ASHLEY STEWART
FAIRLANE MEADOWS
DEARBORN, MI 48126


Servicing Partner: 790 Rose Pest Solutions
4862 GREENFIELD
DEARBORN, MI 48126

Customer Signature



alicia austin

Technician Signature



Joseph M. Kirby

Time In: 9/2/2010 4:24:25 PM
Time Out: 9/2/2010 4:44:32 PM
Status: Complete


Services Completed During Same Visit

Order Number:	Service Description


General Comments:

Material Application Summary

EPA/Registration #	Material Applied	Quantity	UOM
Pest Summary			
Pest Activity	Quantity	Device Summary	With Without Total Device Exceptions
		Activity Activity Inspected Replaced Removed Skipped	
		Rodent Bait Station	0 1 1 0 0 0



TKT#: 5289492 -



W175 N5711 Technology Drive
Menomonee Falls, WI 53051
262-783-6261

Integrated Pest Management
Service Summary
Order Number: 5289492

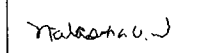
Service Charge: \$29.24 **Tax: \$0.00** **Total: \$29.99**

Client: 10100 ASHLEY STEWART LTD
101 METRO WAY
SECAUCUS, NJ 07094

Service Location: 10100 ASHLEY STEWART LTD
53 RIVER OAKS CTR
CALUMET CITY, IL 60409

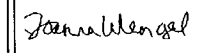
Servicing Partner: 601 McCloud Services
3036 W 119TH ST
ALSIP, IL 60803

Customer Signature



natasha vivint

Technician Signature



Joanna Wengel

Time In: 9/23/2010 11:10:07 AM
Time Out: 9/23/2010 11:32:57 AM
Status: Complete


Services Completed During Same Visit

Order Number:	Service Description

General Comments:

Material Application Summary

EPA/Registration #	Material Applied	Quantity	UOM
Pest Summary			
Pest Activity	Quantity	Device Summary	With Without Total Device Exceptions
		Activity Activity Inspected Replaced Removed Skipped	





W175 N5711 Technology Drive • Menomonee Falls, Wisconsin 53051
 Phone: 262-783-6261 • Fax: 262-783-6267
 1-800-267-3726 • 1-800-COPESAN
 www.copesan.com • Email: info@opesan.com

INVOICE

INVOICE NUMBER

1648190

INVOICE DATE

08/31/10

REMIT TO Copesan P.O. Box 1170 Milwaukee, WI 53201-1170

TERMS: NET 30 DAYS AFTER
DATE OF INVOICE

YOUR ACCOUNT NO.

0010100

To: []
 ASHLEY STEWART LTD
 ATTN: ACCT PAYABLE
 101 METRO WAY
 SECAUCUS NJ 07094-1905
 []

Service Report Number	Service Location Number	Description	Amount Due
5256691	0010187	FAIRLANE MEADOWS DEARBORN, MI Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - Aug 2010 STORE NUMBER: 0000187	29.99 .00 ----- 29.99
5248922	0010100	53 RIVER OAKS CTR CALUMET CITY, IL Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - Aug 2010 STORE NUMBER: 117	29.99 .00 ----- 29.99
TOTAL SERVICE:			59.98
TOTAL TAX:			.00
TOTAL PAID:			.00
A FINANCE CHARGE IS COMPUTED BY A PERIODIC RATE OF 1% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 12% FOR ALL UNPAID INVOICES OLDER THAN 30 DAYS			TOTAL AMOUNT DUE 59.98

TKT#: 5256691 -



W175 N5711 Technology Drive
Menomonee Falls, WI 53051
262-783-6261

**Integrated Pest Management
Service Summary**
Order Number: 5256691

Service Charge: \$29.24 Tax: \$0.00 Total: \$29.99

Client: 10100 ASHLEY STEWART LTD 101 METRO WAY SECAUCUS, NJ 07094	Service Location: 10187 ASHLEY STEWART FAIRLANE MEADOWS DEARBORN, MI 48126	Servicing Partner: 790 Rose Pest Solutions 4862 GREENFIELD DEARBORN, MI 48126
--	---	--

Customer Signature

Technician Signature

Time In: 8/10/2010 2:07:53 PM
Time Out: 8/10/2010 2:27:36 PM
Status: Complete

alice austin

Joseph M. Kirby

Services Completed During Same Visit

Order Number:	Service Description
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General Comments:

Material Application Summary

EPA/Registration #	Material Applied	Quantity	UOM
499-470	Cy-Kick CS Pressurized C&C Residual	0.25	Ounces

Pest Summary	Device Summary	With			Without			Total			Device Exceptions			
		Quantity	Device Type	Activity	Quantity	Device Type	Activity	Quantity	Device Type	Activity	Inspected	Replaced	Removed	Skipped
Pest Activity	Rodent Bait Station	0		1	1		0		0	0	0	0	0	0

RapidTrax

TKT#: 5248922 -



W175 N5711 Technology Drive
Menomonee Falls, WI 53051
262-783-6261

**Integrated Pest Management
Service Summary**
Order Number: 5248922

Service Charge: \$29.24 Tax: \$0.00 Total: \$29.99

Client: 10100 ASHLEY STEWART LTD 101 METRO WAY SECAUCUS, NJ 07094	Service Location: 10100 ASHLEY STEWART LTD 53 RIVER OAKS CTR CALUMET CITY, IL 60409	Servicing Partner: 601 McCloud Services 3036 W 119TH ST ALSIP, IL 60803
--	--	--

Customer Signature

Technician Signature

Time In: 8/26/2010 10:36:44 AM
Time Out: 8/26/2010 11:04:08 AM
Status: Complete

patti dixon

Joanna Wengel

Services Completed During Same Visit

Order Number:	Service Description
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General Comments:

Material Application Summary

EPA/Registration #	Material Applied	Quantity	UOM

Pest Summary	Device Summary	With			Without			Total			Device Exceptions			
		Quantity	Device Type	Activity	Quantity	Device Type	Activity	Quantity	Device Type	Activity	Inspected	Replaced	Removed	Skipped
Pest Activity														

RapidTrax



W175 N5711 Technology Drive • Menomonee Falls, Wisconsin 53051
 Phone: 262-783-6261 • Fax: 262-783-6267
 1-800-267-3726 • 1-800-COPESAN
 www.copesan.com • Email: info@copesan.com

INVOICE

INVOICE NUMBER

1633254

INVOICE DATE

07/31/10

YOUR ACCOUNT NO.

0010100

REMIT TO
 Copesan
 P.O. Box 1170
 Milwaukee, WI
 53201-1170

TERMS: NET 30 DAYS AFTER
 DATE OF INVOICE

To: ASHLEY STEWART LTD
 ATTN: ACCT PAYABLE
 101 METRO WAY
 SECAUCUS NJ 07094-1905

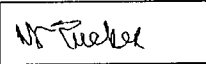
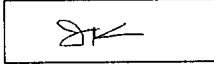
Service Report Number	Service Location Number	Description	Amount Due
5215327	0010187	FAIRLANE MEADOWS DEARBORN, MI Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - July 2010 STORE NUMBER: 0000187	29.99 .00 ----- 29.99
5207533	0010100	53 RIVER OAKS CTR CALUMET CITY, IL Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - July 2010 STORE NUMBER: 117	29.99 .00 ----- 29.99
TOTAL SERVICE:			59.98
TOTAL TAX:			.00
TOTAL PAID:			.00
A FINANCE CHARGE IS COMPUTED BY A PERIODIC RATE OF 1% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 12% FOR ALL UNPAID INVOICES OLDER THAN 30 DAYS			TOTAL AMOUNT DUE 59.98

TKT#: 5215327 -

Capesan SPECIALISTS IN PEST SOLUTIONS
 W175 N5711 Technology Drive
 Menomonee Falls, WI 53051
 262-783-6261
Integrated Pest Management Service Summary
 Order Number: 5215327

Service Charge: \$29.24 Tax: \$0.00 Total: \$29.99

Client: 10100 ASHLEY STEWART LTD
 Service Location: 10187 ASHLEY STEWART
 Servicing Partner: 790 Rose Pest Solutions
 101 METRO WAY FAIRLANE MEADOWS 4862 GREENFIELD
 SECAUCUS, NJ 07094 DEARBORN, MI 48126 DEARBORN, MI 48126

Customer Signature:  Technician Signature: 
 Time In: 7/1/2010 2:46:11 PM
 Time Out: 7/1/2010 3:07:52 PM
 Status: Complete

yolanda tucker Joseph M. Kirby

Services Completed During Same Visit
 Order Number: Service Description

General Comments:

Material Application Summary
 EPA/Registration # Material Applied Quantity UOM

Pest Summary	Quantity	Device Summary			Device Exceptions		
		With Activity	Without Activity	Total Inspected	Replaced	Removed	Skipped
Post Activity		0	1	1	0	0	0
		Rodent Bait Station					

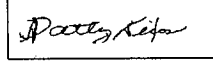
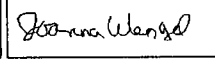
RapidTrax

TKT#: 5207533 -

Capesan SPECIALISTS IN PEST SOLUTIONS
 W175 N5711 Technology Drive
 Menomonee Falls, WI 53051
 262-783-6261
Integrated Pest Management Service Summary
 Order Number: 5207533

Service Charge: \$29.24 Tax: \$0.00 Total: \$29.99

Client: 10100 ASHLEY STEWART LTD
 Service Location: 10100 ASHLEY STEWART LTD
 Servicing Partner: 601 McCloud Services
 101 METRO WAY 53 RIVER OAKS CTR 3036 W 119TH ST
 SECAUCUS, NJ 07094 CALUMET CITY, IL 60409 ALSIP, IL 60803

Customer Signature:  Technician Signature: 
 Time In: 7/2/2010 11:10:07 AM
 Time Out: 7/2/2010 1:55:07 PM
 Status: Complete

patty dixon Joanna Wengel

Services Completed During Same Visit
 Order Number: Service Description

General Comments:
 08/03/10 1321

Material Application Summary
 EPA/Registration # Material Applied Quantity UOM

Pest Summary	Quantity	Device Summary			Device Exceptions		
		With Activity	Without Activity	Total Inspected	Replaced	Removed	Skipped
Post Activity							

RapidTrax



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 1-800-267-3726 • 1-800-COPESAN
 www.copesan.com • Email: info@opesan.com

INVOICE

INVOICE NUMBER
1618743

INVOICE DATE
06/30/10

REMIT TO
 Copesan
 P.O. Box 1170
 Milwaukee, WI
 53201-1170

YOUR ACCOUNT NO.
0010100

To: ASHLEY STEWART LTD
 ATTN: ACCT PAYABLE
 101 METRO WAY
 SECAUCUS NJ 07094-1905

TERMS: NET 30 DAYS AFTER
 DATE OF INVOICE

Service Report Number	Service Location Number	Description	Amount Due
5176097	0010187	FAIRLANE MEADOWS DEARBORN, MI Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - June 2010 STORE NUMBER: 0000187	29.99 .00 ----- 29.99
5168478	0010100	53 RIVER OAKS CTR CALUMET CITY, IL Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - June 2010 STORE NUMBER: 117,	29.99 .00 ----- 29.99
		TOTAL SERVICE:	59.98
		TOTAL TAX:	.00
		TOTAL PAID:	.00
A FINANCE CHARGE IS COMPUTED BY A PERIODIC RATE OF 1% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 12% FOR ALL UNPAID INVOICES OLDER THAN 30 DAYS			TOTAL AMOUNT DUE
			59.98

TKT#: 5176097 -

Capesan
SPECIALISTS IN PEST SOLUTIONS

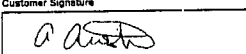
Service Report Number: 5176097

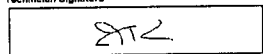
W175 N5711 Technology Drive * Menomonee Falls, WI 53051 * Phone: 800-287-3728 * www.capesan.com * service@capesan.com

Servicing Office: Rose Pest Solutions - 4882 GREENFIELD, DEARBORN, MI 48126 Phone: 313-552-1300
790

Client: 10100
ASHLEY STEWART LTD
101 METRO WAY
SECAUCUS, NJ 07064
Work Started: 6/9/2010 10:35:08 AM

Service Location: 10167
ASHLEY STEWART
FAIRLANE MEADOWS
19201 FORD ROAD
DEARBORN, MI 48126
Work Finished: 6/9/2010 10:55:36 AM

Customer Signature: 
Customer Name: alessa austin

Technician Signature: 
Technician Name: Joseph M Kirby
Lic #: C007920074, C007920074

Services Completed During Same Visit

Service Order #	Service Type	Service Charge	Tax	Total
5170097	Pest Management	\$29.99	\$0.00	\$29.99

Device Summary for Visit

Device Type	Devices with Activity	Devices without Activity	Number of Devices Inspected
Rodent Bait Station	0	1	1
- Totals	0	1	1

Pest Summary

Pest:	Pest Count:

Pesticide Summary

Pesticide:	Unit of Measure	Quantity

Notes

RapidTrax

TKT#: 5168478 -

Capesan
SPECIALISTS IN PEST SOLUTIONS

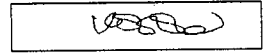
Service Report Number: 5168478

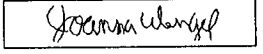
W175 N5711 Technology Drive * Menomonee Falls, WI 53051 * Phone: 800-287-3728 * www.capesan.com * service@capesan.com

Servicing Office: McCloud Services - 3036 W 119TH ST., ALSIP, IL 60803 Phone: 708-371-8789
601

Client: 10100
ASHLEY STEWART LTD
101 METRO WAY
SECAUCUS, NJ 07064
Work Started: 6/24/2010 11:25:27 AM

Service Location: 10100
ASHLEY STEWART LTD
53 RIVER OAKS CTR
CALLUMET CITY, IL 60409
Work Finished: 6/24/2010 11:51:06 AM

Customer Signature: 
Customer Name: kimberly blake

Technician Signature: 
Technician Name: Joanna Wengel
Lic #: 0802-043, IL 052-059090

Services Completed During Same Visit

Service Order #	Service Type	Service Charge	Tax	Total
5108478	Pest Management	\$29.99	\$0.00	\$29.99

Device Summary for Visit

Device Type	Devices with Activity	Devices without Activity	Number of Devices Inspected
- Totals	0	0	0

Pest Summary

Pest:	Pest Count:

Pesticide Summary

Pesticide:	Unit of Measure	Quantity

Notes

RapidTrax

TKT#: 5168478 -

Capesan
SPECIALISTS IN PEST SOLUTIONS

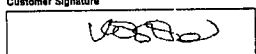
Service Report Number: 5168478

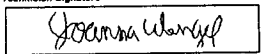
W175 N5711 Technology Drive * Menomonee Falls, WI 53051 * Phone: 800-287-3728 * www.capesan.com * service@capesan.com

Servicing Office: McCloud Services - 3036 W 119TH ST., ALSIP, IL 60803 Phone: 708-371-8789
601

Client: 10100
ASHLEY STEWART LTD
101 METRO WAY
SECAUCUS, NJ 07064
Work Started: 6/24/2010 11:25:27 AM

Service Location: 10100
ASHLEY STEWART LTD
53 RIVER OAKS CTR
CALLUMET CITY, IL 60409
Work Finished: 6/24/2010 11:51:06 AM

Customer Signature: 
Customer Name: kimberly blake

Technician Signature: 
Technician Name: Joanna Wengel
Lic #: 0802-043, IL 052-059090

Services Completed During Same Visit

Service Order #	Service Type	Service Charge	Tax	Total
5168478	Pest Management	\$29.99	\$0.00	\$29.99

Device Summary for Visit

Device Type	Devices with Activity	Devices without Activity	Number of Devices Inspected
- Totals	0	0	0

Pest Summary

Pest:	Pest Count:

Pesticide Summary

Pesticide:	Unit of Measure	Quantity

Notes

RapidTrax



W175 N5711 Technology Drive • Menomonee Falls, Wisconsin 53051
 Phone: 262-783-6261 • Fax: 262-783-6267
 1-800-267-3726 • 1-800-COPEBAN
 www.copesan.com • Email: info@opesan.com

INVOICE

INVOICE NUMBER

1605079

INVOICE DATE

05/31/10

YOUR ACCOUNT NO.

0010100

REMIT TO

Copesan

P.O. Box 1170

Milwaukee, WI

53201-1170

TERMS: NET 30 DAYS AFTER
DATE OF INVOICE

To:

ASHLEY STEWART LTD
 ATTN: ACCT PAYABLE
 101 METRO WAY
 SECAUCUS NJ 07094-1905

Service Report Number	Service Location Number	Description	Amount Due
5136383	0010187	FAIRLANE MEADOWS DEARBORN, MI Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - May 2010 STORE NUMBER: 0000187	29.99 .00 ----- 29.99
5128582	0010100	53 RIVER OAKS CTR CALUMET CITY, IL Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - May 2010 STORE NUMBER: 117	29.99 .00 ----- 29.99
TOTAL SERVICE:			59.98
TOTAL TAX:			.00
TOTAL PAID:			.00
A FINANCE CHARGE IS COMPUTED BY A PERIODIC RATE OF 1% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 12% FOR ALL UNPAID INVOICES OLDER THAN 30 DAYS			TOTAL AMOUNT DUE 59.98

TKT#: 5136383 -

Copesan
SPECIALISTS IN PEST SOLUTIONS

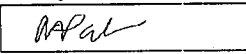
Service Report Number: 5136383

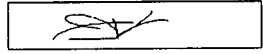
W175 N5711 Technology Drive * Menomonie Falls, WI 53051 * Phone: 800-287-3726 * www.copesan.com * service@opesan.com

Servicing Office: Ross Pest Solutions - 4582 GREENFIELD, DEARBORN, MI 48126 Phone: 313-592-1300
790

Client: 10100 ASHLEY STEWART LTD
101 METRO WAY
SECAUCUS, NJ 07064
Work Started: 5/7/2010 2:53:44 PM

Service Location: 10157 ASHLEY STEWART
FAIRLANE MEADOWS
16201 FORD ROAD
DEARBORN, MI 48126
Work Finished: 5/7/2010 3:13:52 PM

Customer Signature: 
Customer Name: michelle parker

Technician Signature: 
Technician Name: Joseph M Kirby
Lic.#: C007920074, C007920074

Services Completed During Same Visit

Service Order #	Service Type	Service Charge	Tax	Total
5136383	Pest Management	\$29.99	\$0.00	\$29.99

Device Summary for Visit

Device Type	Devices with Activity	Devices without Activity	Number of Devices Inspected
Rodent Bait Station	0	1	1
- Totals	0	1	1

Pest Summary

Pest	Pest Count

Pesticide Summary

Pesticide	Unit of Measure	Quantity

Notes

RapidTrax

TKT#: 5128582 -

Copesan
SPECIALISTS IN PEST SOLUTIONS

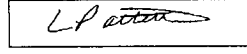
Service Report Number: 5128582

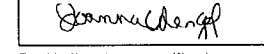
W175 N5711 Technology Drive * Menomonie Falls, WI 53051 * Phone: 800-287-3726 * www.copesan.com * service@opesan.com

Servicing Office: McCloud Services - 3036 W 119TH ST, ALSIP, IL 60803 Phone: 708-371-8789
601

Client: 10100 ASHLEY STEWART LTD
101 METRO WAY
SECAUCUS, NJ 07064
Work Started: 5/20/2010 11:25:48 AM

Service Location: 10100 ASHLEY STEWART LTD
53 RIVER OAKS CTR
CALUMET CITY, IL 60409
Work Finished: 5/20/2010 12:00:12 PM

Customer Signature: 
Customer Name: Idonna patterson

Technician Signature: 
Technician Name: Joanna Wengel
Lic.#: 0602-043, IL 052-059000

Services Completed During Same Visit

Service Order #	Service Type	Service Charge	Tax	Total
5128582	Pest Management	\$29.99	\$0.00	\$29.99

Device Summary for Visit

Device Type	Devices with Activity	Devices without Activity	Number of Devices Inspected
- Totals	0	0	0

Pest Summary

Pest	Pest Count

Pesticide Summary

Pesticide	Unit of Measure	Quantity
advance ant stations 350a	Calls	4.00

Notes

RapidTrax



INVOICE

W175 N5711 Technology Drive • Menomonee Falls, Wisconsin 53051
 Phone: 262-783-6261 • Fax: 262-783-6267
 1-800-267-3726 • 1-800-COPESAN
 www.copesan.com • Email: info@opesan.com

REMIT TO
 Copesan
 P.O. Box 1170
 Milwaukee, WI
 53201-1170

INVOICE NUMBER
 1591368

INVOICE DATE
 04/30/10

**TERMS: NET 30 DAYS AFTER
 DATE OF INVOICE**

YOUR ACCOUNT NO.
 0010100

To: **ASHLEY STEWART LTD**
ATTN: ACCT PAYABLE
101 METRO WAY
SECAUCUS NJ 07094-1905

Service Report Number	Service Location Number	Description	Amount Due
5094924	0010187	FAIRLANE MEADOWS DEARBORN, MI Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - Apr 2010 STORE NUMBER: 0000187	29.99 .00 ----- 29.99
5088536	0010100	53 RIVER OAKS CTR CALUMET CITY, IL Tax Amt. SERVICE TYPE - Pest Management SERVICE MONTH - Apr 2010 STORE NUMBER: 117	29.99 .00 ----- 29.99
<p style="text-align: right;">TOTAL SERVICE: 59.98 TOTAL TAX: .00 TOTAL PAID: .00</p>			
<p>A FINANCE CHARGE IS COMPUTED BY A PERIODIC RATE OF 1% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 12% FOR ALL UNPAID INVOICES OLDER THAN 30 DAYS</p>			<p>TOTAL AMOUNT DUE 59.98</p>

TKT#: 5094924 -

TKT#: 5088536 -

Copesan
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Service Report Number: 5094924

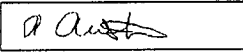
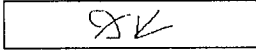
W175 N5711 Technology Drive • Menomonee Falls, WI 53051 • Phone: 800-267-3726 • www.copesan.com • service@opesan.com

Servicing Office: Rose Pest Solutions - 4802 GREENFIELD, DEARBORN, MI 48126 Phone: 313-552-1300
790

Client: 10100 ASHLEY STEWART LTD
101 METRO WAY
SECAUCUS, NJ 07094

Service Location: 10187 ASHLEY STEWART
FAIRLANE MEADOWS
10201 FORD ROAD
DEARBORN, MI 48126

Work Started: 4/2/2010 12:58:11 PM Work Finished: 4/2/2010 1:16:58 PM

Customer Signature:  Technician Signature: 

Customer Name: alicia austin Technician Name: Joseph M Kirby
Lic #: CD07920074, CD07920074

Services Completed During Same Visit

Service Order #	Service Type	Service Charge	Tax	Total
5064924	Pest Management	\$29.99	\$0.00	\$29.99

Device Summary for Visit

Device Type	Devices with Activity	Devices without Activity	Number of Devices Inspected
Rodent Bait Station	0	1	1
Totals	0	1	1

Pest Summary

Pest:	Pest Count:

Pesticide Summary

Pesticide:	Unit of Measure	Quantity

Notes

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Service Report Number: 5088536

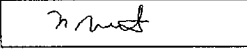
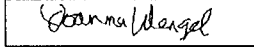
W175 N5711 Technology Drive • Menomonee Falls, WI 53051 • Phone: 800-267-3726 • www.copesan.com • service@opesan.com

Servicing Office: McCloud Services - 3036 W 119TH ST, ALSIP, IL 60803 Phone: 708-371-8769
601

Client: 10100 ASHLEY STEWART LTD
101 METRO WAY
SECAUCUS, NJ 07094

Service Location: 10100 ASHLEY STEWART LTD
53 RIVER OAKS CTR
CALUMET CITY, IL 60409

Work Started: 4/22/2010 10:58:42 AM Work Finished: 4/22/2010 11:27:33 AM

Customer Signature:  Technician Signature: 

Customer Name: natassa vivitt Technician Name: Joanna Wengel
Lic #: 0602-043, IL 052-058060

Services Completed During Same Visit

Service Order #	Service Type	Service Charge	Tax	Total
5088536	Pest Management	\$29.99	\$0.00	\$29.99

Device Summary for Visit

Device Type	Devices with Activity	Devices without Activity	Number of Devices Inspected
Totals	0	0	0

Pest Summary

Pest:	Pest Count:

Pesticide Summary

Pesticide:	Unit of Measure	Quantity

Notes

replaced glueboards as needed, some ants up by front desk

RapidTrax™