


United States Bankruptcy Court		District of Delaware	PROOF OF CLAIM									
Name of Debtor URBAN BRANDS INC, AKA ASHLEY STEWART		Case Number 10-13005KJC										
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. sec. 503.												
Name of Creditor (The person or other entity to whom the debtor owes money or property): KeySpan Gas East Corp dba National Grid		<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 Suzanne Brienza, Esq. 15 Park Drive Melville, NY 11747		This Space Is For Court Use Only										
Telephone No. 631-844-3823												
Account or other number by which creditor identifies debtor: VARIOUS		Check box <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends										
1. BASIS FOR CLAIM <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:												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 13 2010 BMC GROUP </div>												
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. sec. 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Last four digits of SS#: 0 Unpaid compensation for s from - to -												
2. Date debt was incurred: 09/21/2010												
3. If court judgement, date obtained:												
4. Total Amount of Claim at Time Case Filed: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">\$84.52</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$84.52</td> </tr> <tr> <td style="text-align: center;">(Unsecured)</td> <td style="text-align: center;">(Secured)</td> <td style="text-align: center;">(Priority)</td> <td style="text-align: center;">(Total)</td> </tr> </table>					\$84.52	\$0.00	\$0.00	\$84.52	(Unsecured)	(Secured)	(Priority)	(Total)
\$84.52	\$0.00	\$0.00	\$84.52									
(Unsecured)	(Secured)	(Priority)	(Total)									
If all or part of your claim is secured or entitled to priority, also complete Item 5 and 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 type="checkbox"/> Other Value of Collateral: \$0.00 Amount of arrearage and other charges at the time case filed included in secured claim, if any \$ \$0.00		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority. \$ \$0.00 Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier--11 U.S.C. sec. 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan--11 U.S.C. sec. 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use--11 U.S.C. sec. 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. sec. 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units--11 U.S.C. sec. 507(a)(8) <input type="checkbox"/> Other--Specify applicable paragraph of 11 USC sec 507(a)										
6. Unsecured Nonpriority Claim \$ \$84.52 <input checked="" 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 of c) none or only part of your claim is entitled to priority.		*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.										
8. Credits: 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="text-align: center;">  Urban Brands 00300 </div>										
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. IF the documents are not available, explain. If documents are voluminous, attach a summary.												
10. Date Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.												
Date	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): Suzanne Brienza, Collection Operations Supervisor											

STATEMENT OF ENERGY CHARGES

For additional information contact:

Your Customer Representative

Telephone Number

624M DATE=10/22/10 TIME=11:43 A.M.

ASHLEY STEWART ::COLLECTIONS 10-517-13-7812-38
154 FULTON AV HEMPSTEAD NY 11550
MAIL: 15 PARK DR MELVILLE NY 11747

DEPOSIT	AMT DUE	CURRENT	30 DAY	60 DAY	90 DAY	TOT ARREARS
00	37.70	37.70	.00	.00	.00	.00
			#BUDGETS BILLED	BB/BAL		
CASH-DTE TE	CASH-AMT *	BB/AMT BILL-TOTAL	BILL-DTE	ELEC-AMT-RD	GAS-AMT-RD	
09-16-10 37	5.61- *	2.12	09-21-10		2.12 F	
08-27-10 11	24.10- *	43.06	09-18-10		43.06 V	
08-20-10 36	.73 *	88.52	07-19-10		88.52 S	
07-22-10 11	24.11- *	17.65	08-13-10		17.65 CE	
06-22-10 36	.67 *	24.10	07-19-10		24.10 CE	
06-14-10 11	22.51- *	23.44	06-15-10		23.44 CE	
05-18-10 36	2.27 *	20.24	05-13-10		20.24 CE	
05-17-10 11	26.77- *	23.34	04-15-10		23.34 CE	
04-22-10 36	3.43 *	27.76	03-16-10		27.76 A	
04-20-10 11	10.29- *	30.43	02-12-10		30.43 E	
03-23-10 36	6.26 *	42.15	01-13-10		42.15 S	
03-12-10 11	12.73- *	42.17	01-13-10		42.17 CE	
02-19-10 36	9.27 *	28.64	12-14-09		28.64 CE	
02-17-10 11	63.43- *	23.24	11-14-09		23.24 E	
						MOR SCNS
CSH2 *						

STATEMENT OF ENERGY CHARGES

For additional information contact:

Your Customer Representative

Telephone Number

A24M DATE=10/22/10 TIME=11:43 A.M.

ASHLEY STEWART LTD ::COLLECTIONS 12-115-59-1741-04
70 GREEN ACRES MALL VALLEY STRM NY 11581
MAIL: 15 PARK DR MELVILLE NY 11747

DEPOSIT	AMT DUE	CURRENT	30 DAY	60 DAY	90 DAY	TOT ARREARS
00	46.82	24.46	22.36	.00	.00	22.36

#BUDGETS BILLED BB/BAL

CASH-DTE	TE	CASH-AMT	*	BB/AMT	BILL-TOTAL	BILL-DTE	ELEC-AMT-RD	GAS-AMT-RD
08-16-10	11	19.57-	*		.70	09-21-10		.70 F
07-13-10	11	51.67-	*		23.76	09-20-10		23.76 V
06-30-10	11	20.27-	*		22.36	08-17-10		22.36 V
06-24-10	96	.44	*		19.57	07-16-10		19.57 V
06-22-10	60	10.00	*		22.36	06-18-10		22.36 V
06-22-10	44	20.27	*		18.87	05-17-10		18.87 V
06-08-10	11	20.27-	*		20.27	04-20-10		20.27 S
04-29-10	11	21.64-	*		21.64	03-22-10		21.64 V
03-26-10	11	25.13-	*		25.13	02-19-10		25.13 V
02-20-10	11	15.30-	*		15.30	01-14-10		15.30 V
02-01-10	11	18.79-	*		18.79	12-21-09		18.79 V
12-17-09	11	16.03-	*		16.03	11-17-09		16.03 V
12-04-09	11	17.13-	*		17.13	10-19-09		17.13 V
11-13-09	11	19.34-	*		19.34	09-18-09		19.34 V

MOR SCNS

CSH2 *