
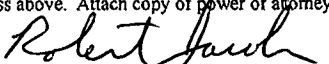



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor: <b>Urban Brands, Inc.</b>		Case Number: <b>10-13005-KJC</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of 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>COMPSYCH CORPORATION</b>		<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:  25641042026527 COMPSYCH CORPORATION NBC TOWER 13TH FLOOR CHICAGO, IL 60611-5322		
Name and address where payment should be sent (if different from above): <b>COMPSYCH CORPORATION</b> <b>NBC TOWER, 13TH FLOOR</b> <b>455 N. CITYFRONT</b> <b>CHICAGO, IL 60611</b>		<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.
YOUR CLAIM IS SCHEDULED AS: <b>RECEIVED</b> SCHEDULE ID: s1710 AMOUNT/CLASSIFICATION: \$1,687.50 UNSECURED  <b>DEC 14 2010</b>  <b>BMC GROUP</b>		
Telephone No. <b>312-595-4003</b>		
1. Amount of Claim as of Date Case Filed: \$ <u>1,687.50</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)(____).  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>12/3/10</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.   <b>ROBERT JACOB</b> CHIEF FINANCIAL OFFICER	
		FOR COURT USE ONLY Urban Brands  00327

# COMPSYCH®

THE GUIDANCE RESOURCE COMPANY®

Rahana Gittens  
Urban Brands  
14 S. Hamson St.  
East Orange, NJ 07017

Invoice Number: 05109711

Invoice Date: 5/26/2010

# Of Hours	Services Rendered	Price	Net Amount
4	Critical Incident Debriefing	\$225.0000	\$900.00
	GRA #1046125 May 12, 2010		

**Total Due This Invoice** \$900.00

Payment Due Upon Receipt

NBC Tower \* 13th Floor  
455 N. Cityfront Plaza Drive \* Chicago, Illinois 60611-5322  
Telephone 312-595-4020 \* Fax 312-595-4036  
Website [www.compsych.com](http://www.compsych.com)

FEIN # 36-3739783

**PLEASE CONTACT OLIVER FUENTES AT 312-595-4020 WITH ANY QUESTIONS.**

**COMPSYCH<sup>®</sup>**  
THE GUIDANCE RESOURCE COMPANY<sup>®</sup>

Ms. Rahana Gittens  
Urban Brands  
7001 Martin Luther King Jr. HW  
Landover, MD 20785

Invoice Number: **06101563**

Invoice Date: 6/30/2010

# Of Hours	Services Rendered	Price	Net Amount
3.5	Critical Incident Debriefing	\$225.0000	\$787.50

GRA #1046562

June 8, 2010

**Total Due This Invoice** \$787.50

Payment Due Upon Receipt

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455 N. Cityfront Plaza Drive \* Chicago, Illinois 60611-5322  
Telephone 312-595-4020 \* Fax 312-595-4036  
Website [www.compsych.com](http://www.compsych.com)

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