
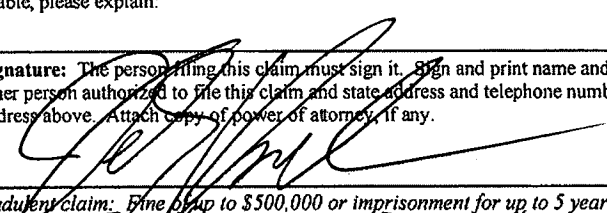


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor: UBI Liquidating Corp., et al.		Case Number: 10-13005(KJC)
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an 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): HILLDUN CORPORATION		<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:  25641046008815 HILLDUN CORPORATION 225 WEST 35TH ST. 10TH FL NEW YORK, NY 10001		
Name and address where payment should be sent (if different from above):		<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.
Telephone No. _____		
1. Amount of Claim as of Date Case Filed: \$ 50,718.50 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)(____). 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.
2. Basis for Claim: Goods sold and delivered by Perfect Image, LLC and invoices assigned to Hilldun Corp. (See instruction #2 on reverse side.)		
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: 12/9/10	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.  Jeffrey D. Kapelman	

FOR COURT USE ONLY
Urban Brands



00329

HILLDUN CORPORATION

Financing & Factoring

225 WEST 35th STREET 10th FL.

NEW YORK, N.Y. 10001

FAX (212) 594-8162

<http://vendor.hilldun.com>

STATEMENT

URBAN BRANDS INC
100 METRO WAY
SECACUS, NJ 07094-

December 9, 2010

Re: PERFECT IMAGE LLC
10 WEST 33RD STREET
NEW YORK, NY 10001

Invoice	Date	Date Due	Terms	Disp	Current	1-30 Days Past Due	31-60 Days Past Due	Over 60 Past Due	
12256	05/12/10	06/11/10	NET30					6,787.50	
12349	05/27/10	06/26/10	NET30					630.00	
12570	07/19/10	08/18/10	NET30					8,173.75	
12596	07/19/10	08/18/10	NET30					5,005.00	
12597	07/19/10	08/18/10	NET30					168.00	
12695	08/02/10	09/01/10	NET30					255.00	
12696	08/03/10	09/02/10	NET30					5,822.50	
12697	08/03/10	09/02/10	NET30					15,215.00	
12820	08/23/10	09/22/10	NET30					3,493.75	
12870	08/25/10	09/24/10	NET30					5,168.00	
Total Outstanding Balance \$					50,718.50	0.00	0.00	0.00	50,718.50

Disputed invoices are indicated by 'YES' in the DISP column. All other invoices are assumed due and payable to Hilldun Corporation. Please contact us immediately to report any errors in this statement.

Please indicate vendor and invoice number to avoid delays with the processing of your Payment.

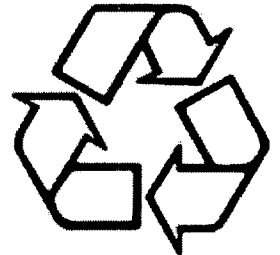
View your account online at <http://vendor.hilldun.com>.

Your access code is URBA9300

Your Access code may contain spaces.

Your account manager is Katherine Johnson
and can be reached at KJ@hilldun.com

Printed on environmentally friendly recycled paper



proofs of claim for some kinds of Excluded Claims and setting related deadlines. If the Court does enter such an order, you will receive notice of it. Excluded Claims include:

- Claimants who already filed a Proof of Claim against any of the Debtors with the Clerk of the Bankruptcy Court for the District of Delaware in a form substantially similar to Official Bankruptcy Form No. 10;
- Any Claim that is listed on the Debtors' respective schedules of assets and liabilities (the "Schedules"); provided, however, that: (i) the Claim is not scheduled as "disputed," "contingent" or "unliquidated;" (ii) the Claimant does not disagree with the amount, nature and priority of the Claim as set forth in the Schedules; and (iii) the Claimant does not dispute that the Claim is an obligation of the specific Debtor against which the claim is listed in the Schedules;
- Any Claim that this Court allowed before the Bar Date Order;
- Any Claim against any of the Debtors that has been paid in full by any Debtor or any other party;
- Any Claim that is subject to specific deadlines fixed by this Court;
- Any Claimant whose Claim is based on an interest in an equity security of the Debtors; provided, however, that any Claimant who wishes to assert a Claim against any of the Debtors based on, without limitation, Claims for damages or rescission based on the purchase or sale of an equity security, must file a Proof of Claim on or before the General Bar Date. The Debtors reserve all rights with respect to any such Claims including, *inter alia*, to assert that such Claims are subject to subordination pursuant to section 510(b) of the Bankruptcy Code; and
- Any Claims allowable under sections 503(b) and 507(a)(1) of the Bankruptcy Code as administrative expenses of the Debtors' Chapter 11 Cases, with the exception of Claims allowable under section 503(b)(9) of the Bankruptcy Code (with respect to the value of the goods received by the Debtors within 20 days of the Petition Date), which are subject to General Bar Date as provided above.

5. **THE FACT THAT YOU HAVE RECEIVED THIS NOTICE DOES NOT MEAN THAT YOU HAVE A CLAIM OR THAT THE DEBTORS BELIEVE YOU HAVE A CLAIM.**
6. If the Debtors amend the Schedules after you receive this notice, the Debtors will give notice of that amendment to the holders of the Claims that are affected by it, and those holders will be given an opportunity to file proofs of claim before a new deadline that will be specified in that future notice.
7. The Bankruptcy Code provides that Debtors may, at any time before a plan of reorganization or liquidation is confirmed by the Court, choose to reject certain executory contracts or unexpired leases. If your contract or lease is rejected, you may have a claim resulting from that rejection. The deadline to file a proof of claim for damages relating to the rejection of the contract or lease is the later of (a) the General Bar Date or (b) the date provided in the order authorizing the Debtors to reject or, if no such date is provided, then thirty (30) days after the date the order is entered.

INSTRUCTIONS FOR FILING PROOFS OF CLAIM:

8. If you file a proof of claim, your filed proof of claim must (i) be signed by the Claimant or if the Claimant is not an individual, by an authorized agent of the Claimant, (ii) be written in English, (iii) include a Claim amount denominated in United States dollars, (iv) conform substantially with the Proof of Claim Form provided by the Debtors or Official Bankruptcy Form No. 10, and (v) state a Claim against the Debtors. If a proof of claim form is not enclosed with this notice, you may obtain a proof of claim form from any bankruptcy court clerk's office, from your lawyer, from certain business supply stores, from www.uscourts.gov/bankform, or by contacting BMC Group, Inc. at BMC Group, Inc., Attn: Urban Brands Claims Processing, 18750 Lake Drive East, Chanhassen, MN 55317, Telephone: (888) 909-0100.