

UNITED STATES BANKRUPTCY COURT District of Delaware PROOF OF CLAIM

Name of Debtor: LARGE APPAREL OF FLORIDA, 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): JEA
Name and address where notices should be sent: 21 W CHURCH ST, Attn: Ch 11 bankruptcy RCS on CC-3 Jacksonville, FL 32202
Telephone number: (904) 665-7033
RECEIVED DEC 20 2010 BMC GROUP
Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number:
Filed on:

Name and address where payment should be sent (if different from above):
Telephone number:
Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 2,052.71
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.
Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: services performed
(See instruction #2 on reverse side.)
3. Last four digits of any number by which creditor identifies debtor: 4200
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: Real Estate Motor Vehicle 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: \$

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.
Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business; whichever is earlier - 11 U.S.C. §507 (a)(4).
Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().
Amount entitled to priority: \$
*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.
7. 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 definition of "redacted" on reverse side.)
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:
Date: 12/09/2010
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.
Laura Akers, Financial Analyst
FOR COURT USE ONLY
Urban Brands
00365



Customer Name: LARGE APPAREL

Account #: 8086144200

Cycle: 03 Bill Date: 12/01/10

OTHER ACTIVITIES

Service Address: 5238 NORWOOD AVE STE 3

Electric Service
 Transfer Balance \$ -315.74

TOTAL OTHER ACTIVITIES \$ -315.74



This is your closing statement. Your prompt payment will help you maintain your current credit rating. It has been our pleasure to serve you. Thank you.

CONSUMPTION HISTORY

Electric
kwh

Oct 2010 3096
 Dec 2009 3187
 Oct 2009 4072

**A LATE PAYMENT FEE WILL BE ASSESSED
 TO ALL UNPAID BALANCES**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$904.88	\$0.00	\$904.88	-\$315.74	\$589.14

**WE APPRECIATE
 YOUR BUSINESS**

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →



Add \$ _____ to my monthly bill: \$ _____ for Neighbor to Neighbor and/or \$ _____ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Acct#: 8086144200	Bill Date: 12/01/10	Please pay \$ 589.14 by 12/23/10			
Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$904.88	\$0.00	\$904.88	-\$315.74	\$589.14	



LARGE APPAREL
 Attn: Ch 11 bankruptcy RCS on CC-3
 21 W Church St
 JACKSONVILLE FL 32202

JEA
 PO BOX 45047
 JACKSONVILLE FL 32232-5047

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Customer Reference Guide

How and where to pay your JEA utility service payment:


- **By Bank Draft:** The easiest way to pay is through EZ-Pay, a convenient and easy-to-use automated payment service. To sign up, go to jea.com or call (904)665-6000.
- **On the Internet:** When you pay your JEA bill on jea.com, there are no long lines, no waiting. Your payment is credited to your account **immediately!*** Choose to pay using your checking or savings account or your major credit card,
- **By Phone:** Call (904)665-6000 to pay your JEA bill using our automated phone system. Your payment will be credited to your account **immediately.*** No confirmation needed. Choose to pay using your checking or savings account or your major credit card.
- **In Person:** Still want to pay in person? Visit one of more than 90 JEA authorized payment-only locations. These neighborhood businesses will take your payment and credit your account **immediately.*** Be sure to take a copy of your JEA bill when you go. **For the most current list of JEA authorized payment-only locations, visit jea.com.**
- **By Mail:** If you choose to pay your bill by mail, please write your account number on the face of your check or money order, enclose the payment stub with your payment, and mail to P.O. Box 45047, Jacksonville, FL 32231-5047. Make checks payable to JEA.

*Payments made after 6 p.m. will be credited to your account at 7 a.m. the next business day. (Payments made on holidays will also be credited to your account the next business day.) Payments made on weekends will be credited to your account at 9 a.m. Monday morning. If your service has been disconnected, a payment must be credited to your account by 6 p.m. to ensure reconnection the same day of payment, Monday – Friday. No reconnections are made on Sundays or holidays.

JEA Downtown Central Business Office is open 8 a.m.-5 p.m. Mon.-Fri. except holidays. 43 W. Church St.

Automated Account Information and Loss of Power, Water/Sewer Emergencies

(24 hours)..... 665-6000

 **Telecommunications Device**

For the hearing impaired 665-6290

Underground Utility Location Service..... 1-800-432-4770

Need more time to pay your bill? Find out if you qualify for a payment extension by calling JEA's automated phone system at 665-6000 or go to jea.com.

Can't pay your utility bill? United Way 2-1-1 maintains a computerized database of programs that may be able to assist you in paying your utility bill. For details, dial 2-1-1. If 2-1-1 is not accessible in your area, please call 632-0600 or 1-866-318-0211.

Credit Reporting: If final bill remains unpaid, your account may be referred to credit reporting and/or collections agencies.

ADDRESS CORRECTION

Account #: _____ Tel: _____

Address: _____

City: _____ State: _____

Zip Code: _____

E-mail: _____

COMMENTS



Customer Name: LARGE APPAREL OF FLA INC

Account #: 9086144200

Cycle: 03

Bill Date: 10/27/10

OTHER ACTIVITIES

Service Address: 5238 NORWOOD AVE STE 4
 Electric Service 08/29/10-09/21/10
 Back Date \$ -716.56

Service Address: 5238 NORWOOD AVE STE 4
 Water Service 08/29/10-09/21/10
 Back Date \$ -24.07

Service Address: 5238 NORWOOD AVE STE 4
 Water Service 08/29/10-09/21/10
 Back Date \$ -21.74

Service Address: 5238 NORWOOD AVE STE 4
 Water Service 08/29/10-09/21/10
 Re-Billed \$ 21.74

Service Address: 5238 NORWOOD AVE STE 4
 Water Service 08/29/10-09/21/10
 Re-Billed \$ 24.07

Service Address: 5238 NORWOOD AVE STE 4
 Electric Service 08/29/10-09/21/10
 Re-Billed \$ 716.56

TOTAL OTHER ACTIVITIES \$ 0.00



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CONSUMPTION HISTORY

	Electric kwh
Oct 2010	5856
Dec 2009	5721
Oct 2009	5372

A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$1,463.57	\$0.00	\$1,463.57	\$0.00	\$1,463.57

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Acct#: 9086144200	Bill Date: 10/27/10	Please pay \$ 1463.57 by 11/18/10			
Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$1,463.57	\$0.00	\$1,463.57	\$0.00	\$1,463.57	



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Address: _____

City: _____ State: _____

Zip Code: _____

E-mail: _____

COMMENTS
