




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): LACLEDE GAS COMPANY		<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:  25641042025519 LACLEDE GAS COMPANY 720 Olive St. St. Louis, MO 63101		
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. 314-342-0612		
1. Amount of Claim as of Date Case Filed: \$ <u>236.21</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)(____). 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: <u>Natural Gas Service</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>See attached</u> 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: 12/14/10	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.  J. Hellickson, Asst. Manager-Credit & Collection	
		FOR COURT USE ONLY Urban Brands  00366

ACCT NO 572554-004-6 RATE 2CL STAT FINALED ON DATE 02/06 PAGE 1
NAME ASHLEY STEWART *** TOWN 001 ROUTE 2798 RMKI BKRP
SERV ADD 4163 LINDELL BLV 12/14/10
CITY/ST ST LOUIS,MO BALANCE 51.43 CIS ACTIVITY IRMK
ZIP CODE 63108 GRID 12584B CYCLE 21 MAIL ADDRESS
BD 10/15/10 *RD 10/10 ** PHYSICAL BILL *** ADJT-MAIL *****

BILL DETAIL	AMOUNT
PRIOR GAS BALANCE	70.23
BILL ADJUSTMENT	42.98-
CHARGE FOR GAS SVC 09-01-2010 TO 09-21-2010	20.21
ST LOUIS CITY TAX	2.25
SALES TAX	1.72
ACCOUNT BALANCE	51.43

CORRECTED FINAL BILL
YOU HAVE BEEN A VALUABLE CUSTOMER
FOR OVER 1 YEAR. YOU MAY USE THIS
AS A FUTURE CREDIT REFERENCE.

DEPRESS PF9 TO RETURN TO THE BILL DETAIL SELECTION SCREEN
ENTER TRANSACTION CODE OR PAGING REQUEST-

ACCT NO 572556-008-0 RATE 2CL STAT FINALED ON DATE 11/06 PAGE 1
NAME ASHLEY STEWART *** TOWN 001 ROUTE 2798 RMKI BKRP
SERV ADD 4167 LINDELL BLV 12/14/10
CITY/ST ST LOUIS,MO BALANCE 47.58 CIS ACTIVITY IRMK
ZIP CODE 63108 GRID 12584B CYCLE 21 MAIL ADDRESS
BD 10/15/10 *RD 10/10 ** PHYSICAL BILL *** ADJT-MAIL *****

BILL DETAIL	AMOUNT
PRIOR GAS BALANCE	57.75
BILL ADJUSTMENT	30.50-
CHARGE FOR GAS SVC 09-01-2010 TO 09-21-2010	17.00
ST LOUIS CITY TAX	1.89
SALES TAX	1.44
ACCOUNT BALANCE	47.58

FINAL BILL
YOU HAVE BEEN A VALUABLE CUSTOMER
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DEPRESS PF9 TO RETURN TO THE BILL DETAIL SELECTION SCREEN
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ACCT NO 809991-001-5 RATE 2CL STAT FINALED ON DATE 02/00 PAGE 1
NAME ASHLEY STEWART *** TOWN 001 ROUTE 1097 RMKI BKRP
SERV ADD 3451 UNION BLV 12/14/10
CITY/ST ST LOUIS,MO BALANCE 30.09 CIS ACTIVITY IRMK
ZIP CODE 63115 GRID 12657A CYCLE 13 MAIL ADDRESS
BD 09/23/10 *RD 09/10 ** PHYSICAL BILL *** MAILED *****

BILL DETAIL	AMOUNT
PRIOR GAS BALANCE	26.69
LATE PAYMENT CHRG GAS	.40
PAYMENT THANK YOU	26.69-
CHARGE FOR GAS SVC 08-22-2010 TO 09-21-2010	24.45
ST LOUIS CITY TAX	2.72
SALES TAX	2.08
ACCOUNT BALANCE	29.65

ZERO USE MESSAGE

DEPRESS PF9 TO RETURN TO THE BILL DETAIL SELECTION SCREEN
ENTER TRANSACTION CODE OR PAGING REQUEST-

ACCT NO 815706-002-5 RATE 2CL STAT FINALED ON DATE 06/99 PAGE 1
NAME URBAN BRANDS *** TOWN 250 ROUTE 1012 RMKI BKRP
SERV ADD 10835 OLD HALLS FERRY RD STE B 12/14/10
CITY/ST ST LOUIS,MO BALANCE 38.57 CIS ACTIVITY IRMK
ZIP CODE 63136 GRID 12787D CYCLE 05 MAIL ADDRESS
BD 10/15/10 *RD 10/10 ** PHYSICAL BILL *** ADJT-MAIL *****

BILL DETAIL	AMOUNT
PRIOR GAS BALANCE	57.04
BILL ADJUSTMENT	30.18-
CHARGE FOR GAS SVC 09-09-2010 TO 09-21-2010	10.20
FERGUSON TAX	.65
SALES TAX	.86
ACCOUNT BALANCE	38.57

FINAL BILL
YOU HAVE BEEN A VALUABLE CUSTOMER
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DEPRESS PF9 TO RETURN TO THE BILL DETAIL SELECTION SCREEN
ENTER TRANSACTION CODE OR PAGING REQUEST-

ACCT NO 950101-003-1 RATE 2CL STAT FINALED ON DATE 01/07 PAGE 1
NAME LARGE APPAREL OF MO *** TOWN 326 ROUTE 1281 RMKI BKRP
SERV ADD 8025 W FLORISSANT AVE U A 12/14/10
CITY/ST JENNINGS,MO BALANCE 34.44 CIS ACTIVITY IRMK
ZIP CODE 63136 GRID 13731A CYCLE 09 MAIL ADDRESS
BD 10/14/10 *RD 10/10 ** PHYSICAL BILL *** FINAL-MAIL *****

BILL DETAIL	AMOUNT
PRIOR GAS BALANCE	28.08
LATE PAYMENT CHRG GAS	.42
CHARGE FOR GAS SVC 09-15-2010 TO 09-21-2010	5.10
PLZ BLVD CID TAX	.41
SALES TAX	.43
ACCOUNT BALANCE	34.44

FINAL BILL
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ACCT NO 790955-002-7 RATE 2CL STAT FINALED ON DATE 10/03 PAGE 1
NAME ASHLEY STEWART *** TOWN 551 ROUTE 1355 RMKI BKRP
SERV ADD 6938 OLIVE BLV 12/14/10
CITY/ST ST LOUIS,MO BALANCE 34.10 CIS ACTIVITY IRMK
ZIP CODE 63130 GRID 13637B CYCLE 10 MAIL ADDRESS
BD 10/14/10 *RD 10/10 ** PHYSICAL BILL *** FINAL-MAIL *****

BILL DETAIL	AMOUNT
PRIOR GAS BALANCE	28.64
LATE PAYMENT CHRG GAS	.43
CHARGE FOR GAS SVC 09-16-2010 TO 09-21-2010	4.25
UNIVERSITY CI TAX	.42
SALES TAX	.36
ACCOUNT BALANCE	34.10

FINAL BILL

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