

UNITED STATES BANKRUPTCY COURT District of Delaware		PROOF OF CLAIM
Name of Debtor: Urban Brands Inc., et. al.		Case Number: 10-13005
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): Chatham County Tax Commissioner		<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: Chatham County Tax Commissioner P.O. Box 8324 Savannah, GA 31412 Telephone number: (912) 652-7247		
Name and address where payment should be sent (if different from above): "same as above"		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number: (912) 652-7247		
1. Amount of Claim as of Date Case Filed: \$ <u>1,169.17</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 checked="" type="checkbox"/> 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.		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 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). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ <u>1,169.17</u> *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.
2. Basis for Claim: <u>Taxes Owed</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>2010</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. 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 instruction 7 and 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: 12/20/2010	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. W. Victoria Tumlin -- Accounting Technician <i>W. Victoria Tumlin</i>	

BMC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

FOR COURT USE ONLY
 28 PM 1:15
 FILED
 DELETION
 BANKRUPTCY COURT
 DISTRICT OF DELAWARE



2010 Property Tax Statement

Chatham County Tax Commissioner
 www.chathamtax.org
 133 Montgomery St., 1st Floor
 P. O. Box 9827
 Savannah, GA 31412
MAKE CHECK OR MONEY ORDER PAYABLE TO:
 Chatham County Tax Commissioner

ASHLEY STEWART #407
 100 METRO WAY
 SECAUCUS, NJ 07094

Bill No.	Due Date	TOTAL DUE
2010-301115	11/20/2010	1,169.17

Map : 145623

Payment good through: 12/22/2010

Printed: 12/17/2010

Location: 7804 ABERCORN ST SAVANNAH

Pay by phone at (912) 652-7100 or online at www.chathamtax.org at your convenience using your checking account, MasterCard, Visa, American Express or Discover. Both are available 24 hours a day.

Our website provides the same real time information that is used in our office. You may also print copies of your tax bill or verify that your payment has been posted.

Please see reverse side of this bill for important taxpayer information.



RETURN THIS PORTION WITH PAYMENT

(1% interest per month will be added if not paid by due date)

Chatham County Tax Commissioner
 www.chathamtax.org
 133 Montgomery St., 1st Floor
 P. O. Box 9827
 Savannah, GA 31412



Tax Payer: ASHLEY STEWART #407
 Map Code: 145623 PERSONAL
 Description: INV FFME
 Location: 7804 ABERCORN ST SAVANNAH
 Bill No: 2010-301115
 District: 020 CITY OF SAVANNAH

Phone: (912) 652-7100 Fax: (912) 652-7101

Building Value	Land Value	Acres	Fair Market Value	Due Date	Billing Date	Payment Good Through	Exemptions	
0	0	.0000	112,441	11/20/2010		12/22/2010		
Entity	Adjusted FMV	Net Assessment	Exemptions	Taxable Value	Millage Rate	Gross Tax	Credit	Net Tax
STATE TAX	112,441.00	44,976.00		44,976.00	.250	11.24		11.24
COUNTY M&O	112,441.00	44,976.00		44,976.00	11.479	516.28		473.91
COUNTY SALES TAX CREDIT				44,976.00	-.942		-42.37	
COUNTY SCHOOL M&O	112,441.00	44,976.00		44,976.00	14.131	635.56		635.56
TRANSIT	112,441.00	44,976.00		44,976.00	.820	36.88		36.88
TOTALS					25.738	1,199.96	-42.37	1,157.59

The "Payment Good Through" date is for the tax year indicated above only. If an amount appears in the "Back Taxes" column, a different due date is applicable.

In accordance with O.C.G.A. 48-2-44, delinquent taxes are charged interest at a rate of 1% per month or any portion of a month. Once taxes are 90 days late, a 10% penalty is added to all bills except those for Homesteaded property which are less than \$500.00.

Current Due	1,157.59
Penalty	0.00
Interest	11.58
Other Fees	0.00
Previous Payments	0.00
Back taxes	0.00
TOTAL DUE	1,169.17

Printed: 12/17/2010