

UNITED STATES BANKRUPTCY COURT District of Delaware	PROOF OF CLAIM
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Name of Debtor: Urban Brands Inc., et. al.	Case Number: 10-13005
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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.
Name and address where notices should be sent: Chatham County Tax Commissioner P.O. Box 8324 Savannah, GA 31412	Court Claim Number: _____ (If known)
Telephone number: (912) 652-7247	Filed on: _____

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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.
Telephone number: (912) 652-7247	<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.

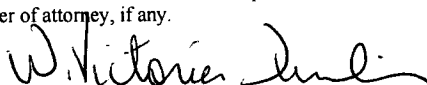
1. Amount of Claim as of Date Case Filed: \$ <u>1,169.17</u>	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	Specify the priority of the claim.
If all or part of your claim is entitled to priority, complete item 5.	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
<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.	<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).

2. Basis for Claim: <u>Taxes Owed</u> (See instruction #2 on reverse side.)	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
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3. Last four digits of any number by which creditor identifies debtor: <u>2010</u>	<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).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

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.	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount entitled to priority: \$ <u>1,169.17</u>
Describe: Value of Property: \$ _____ Annual Interest Rate _____ %	*Amounts are subject to adjustment on 4/1/10 and ev. respect to cas the date of ad
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.	Amount entitled to priority: \$ <u>1,169.17</u>
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.)	Barcode:  00433
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.	RECEIVED DEC 27 2010
If the documents are not available, please explain:	MARK D. COLLINS

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		

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