B 10 (Official Form 10) (04/10)		
UNITED STATES BANKRUPTCY COURT District of Delaware		PROOF OF CLAIM
Name of Debtor: Large Apparel of Florida, Inc.	Case Numbe 10-1302	6-KJC
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of 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): Embarq Florida, Inc. Name and address where notices should be sent: PO BOX 165000 Altamonte Springs, FL 32716	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known)	
Telephone number: JAN 1 0 2011	Filed +-	
BMC GROUP		is how if you are arrows that
Name and address where payment should be sent (if different from above): Telephone number:	anyone el relating to statement	is box if you are aware that lse has filed a proof of claim o your claim. Attach copy of t giving particulars. is box if you are the debtor
1. Amount of Claim as of Date Case Filed: \$ 169.84	or trustee	in this case.
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.	 Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). any portion of your claim falls in one of the following categories, check the box and state the amount. 	
☐ 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.	Specify the	priority of the claim.
2. Basis for Claim: Services Performed-Telephone Services (See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor:	11 U.S.C Wages, s to \$11,7 before fi petition business U.S.C. § Contribu plan – 11 Up to \$2 purchase or service househol (a)(7). Taxes or governm (a)(8). Other – 3 of 11 U. Amounts a	e support obligations under 2. §507(a)(1)(A) or (a)(1)(B). calaries, or commissions (up 25*) carned within 180 days illing of the bankruptcy or cessation of the debtor's s, whichever is earlier – 11 507 (a)(4). ctions to an employee benefit 1 U.S.C. §507 (a)(5). 600* of deposits toward c, lease, or rental of property es for personal, family, or ld use – 11 U.S.C. §507 penalties owed to cental units – 11 U.S.C. §507 Specify applicable paragraph S.C. §507 (a)(). content of the debtor's specify applicable paragraph S.C. §507 (a)(). Content of the debtor's specify applicable paragraph S.C. §507 (a)(). Content of the debtor's specify applicable paragraph S.C. §507 (a)(). Content of the debtor's specify applicable paragraph S.C. §507 (a)(). Content of the debtor's specify applicable paragraph S.C. §507 (a)(). Content of the debtor's specify applicable paragraph S.C. §507 (a)().
If the documents are not available, please explain: Date: O1/05/2011 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the crother person authorized to file this claim and state address and telephone number if different from the content of the person authorized to file this claim and state address and telephone number if different from the content of the person authorized to file this claim and state address and telephone number if different from the content of the person authorized to file this claim and state address and telephone number if different from the content of the person authorized to file this claim and state address and telephone number if different from the content of the person authorized to file this claim and state address and telephone number if different from the content of the person authorized to file this claim and state address and telephone number if different from the content of the person authorized to file this claim and state address and telephone number if different from the content of the person authorized to file this claim and state address and telephone number if different from the content of the person authorized to file this claim and state address and telephone number if different from the content of the person authorized to file this claim and the person authorize	respect to co	every 3 years thereafter with ases commenced on or after adjustment. FOR COURT USE ONLY Urban Brangs
address above. Attach copy of power of attorney, if any.		00438
/S/ Sharon Appel- Bankruptcy Process Specialist	-	UU438

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS_

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's taxidentification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

____INFORMATION_

Acknowledgment of Filing of Claim
To receive acknowledgment of your filing, you may
either enclose a stamped self-addressed envelope and a
copy of this proof of claim or you may access the court's
PACER system (www.pacer.psc.uscourts.gov) for a
small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

Previous Balance Payments & Adjustments -336.34 Batance 8 Total Current Charges 188.05 Total Amount Due \$168.06

Current Charges Due By: 11/23/10

If received after December 1:

\$100.55

Please Recycle

Please return this portion with payment

Customer Service 1-877-436-2277

Internet Address
CENTURYLINK.com/business

Account Number

November 23, 2010

\$158.05

Due Date:

Total Amount Due: \$166.55 if received after December 1

Amount Enclosed:

Write your 13-digit account number on check Make checks payable to:

CenturyLink P.O. Box 1319 Charlotte NC

28201-1319

Pre Petition Write off \$169.84

URBAN BRANDS INC % MIS DEPARTMENT PO BOX 2518 SECAUCUS NJ 07096-2518

November 1, 2010	Monthly Statement	
1-877-436-2277	Customer Service	
CENTURYLINK.com/business	Internet Address	
871	Account Number	Page 3 of 6

Payments and Adjustments

Payment - Thank you! Adjustment	Oct 29 Oct 22 Miscellaneous adjustment		-166.90 -169.84
	Total Payments and Adjustments	1djustments	·\$330.34
CenturyLink Local Services			
Detail charges for 850-218-6856: November 1 - November 30	ør80		
	Oustomer Service	Internet Address	rayu sur o Account Number
Monthly Statement			

Payments and Adjustments

	Payment - Thank you!	Payment - Thank you!	Payments and Adjustments
Total Payments and Adjustments	Dec 27	Dec 13	
.\$317.71	-159.66	-158.05	

CenturyLink Local Services

Previous Balance Payments & Adjustments

Total Current Charges

Balance

Total Amount Due

317.71

-317.71

8

270.08

\$270.08

If received after February 1:

Current Charges Due By:

01/21/11

\$278.58

Please Recycle

Please return this portion with payment

Customer Service 1-877-436-2277

Internet Address
CENTURYLINK.com/business

Account Number

Due Date:

January 21, 2011

\$270,08

Total Amount Due: \$278.58 if received after February 1

Write your 13-digit account number on check Make checks payable to:

Amount Enclosed:

URBAN BRANDS INC % MIS DEPARTMENT PO BOX 2518 SECAUCUS NJ 07096-2518

CenturyLink P.O. Box 1319 Charlotte NC

28201-1319

Post Petition Balance \$207.08

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