

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, District of Delaware), 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. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9)

State the value of any goods received by the debtor within 20 days before the date of commencement in which the goods have been sold to the debtor in the ordinary course of the debtor's business.

7. Credits:

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

8. 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 the person, corporation, or other entity owed a debt by the debtor on 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 that was owed by the debtor 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 form 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 tax-identification, 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**Acknowledgement of Filing a Claim**

To receive acknowledgment of your filing, please enclose a stamped self-addressed envelope and a copy of this proof of claim. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <http://www.bmcgroup.com/UrbanBrands>

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.

PLEASE SEND COMPLETED PROOFS OF CLAIM TO:

Via Regular U.S. Mail **Via Overnight Courier**

BMC Group, Inc.	BMC Group, Inc.
Attn: Urban Brands	Attn: Urban Brands
Claims Processing	Claims Processing
P.O. Box 3020	18750 Lake Drive East
Chanhausen, MN 55317	Chanhausen, MN 55317

Urban Brands Inc.-Travel & Expense Report - REIMBURSEMENT TO ASSOCIATE

re: Shadonna McKinney

(Please Type)

Number: 23698

Place "X" by
Division >>

ending Date (Saturday): 9/25/10

Cost Center: Choose from the list of Departments >> X <<< Ashley <<< Stewart

Pick From List <<< Marianne <<< Corporate <<< Office

AUTOMOTIVE REIMBURSEMENT				TRAVEL REIMBURSEMENT				Total				
Date	From / To	Mileage @ 60¢ per	Gasoline	Parking & Tolls	Automotive Maintenance	Hotel	Airfare	Auto Rental	Other Travel	Meals (detail below)	Misc. (detail below)	Total
19	Off											
20	Home/Office											
21	Home/302/153											
22	Home/803/377											
23	Home/185											
24	Home/192											
25	1/6											
Total		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Meal Ledger Acct No. 88920 88925 88928 88930 88935 88938 88915

MEALS - Receipts must be attached and details listed				Miscellaneous Expenses - Receipts must be attached			
DATE	REASON	PERSONS ATTENDING	RESTAURANT	DATE	REASON	GL ACCT #	AMOUNT
Information only - Total				Information only - Total			
\$				\$			

AS Store Management-8200 • District Managers
 Store Management Region-8210 • Dir of Stores / RSMs
 PR - Store Management-8200 • District Managers
 Store Management Region-8210 • RSM

Associate Signature: Shadonna McKinney

Approval Signature: _____

Total Expense This Report \$ 33.42

WK ending 9/25
Associate

WELCOME
TO JAMESTOWN BP
8793770
JAMESTOWN BP
4095 N. HWY 67 MO
FLORISSANT

TRAN # 10001987
DATE 09/24/10 10:35
PUMP # 00
PRODUCT: BLUE 13.373
GALLONS: 2.499
PRICE/G: \$ 33.42
FUEL SALE \$ 33.42

VISA
XXXXXXXXXXXX2382
Auth #: 09729A
Ref: 9A866040
Resp Code: 000
Stan: 10111647563

SITE ID: 8793770

Earn a 5% rebate
with the BP Visa
Take application
and Apply Today

THANK YOU
HAVE A NICE DAY

Wk ending 10/2/10

WELCOME
6995112
HUCKS 264
3500 PATTERSON
FLORISSANT MO

TRAN # 10500606
DATE 09/30/10 10:37
PUMP # 05
PRODUCT: BLUE
GALLONS: 16.906
PRICE/G: \$ 2.559
FUEL SALE \$ 43.26

AMEX
XXXXXXXXXXXX1008
Auth #: 557590
Ref: 90891019
Resp Code: 000
Stan: 12062973416

SITE ID: 6995112

Earn a 5% rebate
with the BP Visa
Take application
and Apply Today

THANK YOU
HAVE A NICE DAY

WK ending 10/9/10

9995 W Florissant Ave
Bellwood MO 63136

CROWN MART 5 I, 9737230
9995 W Florisnt
BELLWOOD, MO

10/06/2010 2:46:58 PM 280

VISA XXXXXX2382 VISA
MCKINNEY/SHADOWN
INVOICE A1W9423
AUTH 09126A

PUHP#11	
Regular	16.7726
PRICE/GAL	\$ 2.669
FUEL TOTAL	\$44.76

Total = \$44.76

CRIMD Credit \$44.76

Credit

Thanks For Choosing
MOBIL Gasoline


Urban Brands Inc.-Travel & Expense Report - REIMBURSEMENT TO ASSOCIATE

Name: ShaDorna McKinney (Please Type) Cost Center: Chose from the list of Departments>> Pick From List
 Number: 23888 <<< Ashley <<< Marianne <<< Corporate Office
 <<< Stewart <<< Office
 Week Ending Date (Saturday): 10/14/10 Place "X" by Division >> **X**

		AUTOMOTIVE REIMBURSEMENT					TRAVEL REIMBURSEMENT					
Date	From / To	Mileage	Gasoline	Parking & Tolls	Automotive Maintenance	Hotel	Airfare	Auto Rental	Other Travel	Meals (detail below)	Misc. (detail below)	Total
10/10	Off	50¢ per Enter Miles Here										
10/11	Home/Office	Enter Miles Here										
10/12	Home	Enter Miles Here										
10/13	Home	Enter Miles Here	44.62									44.62
10/14	Home	Enter Miles Here										
10/15	Home 12:47:10	Enter Miles Here										
10/16	Home 1:28:193	Enter Miles Here										
Total \$		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

General Ledger Acct No. 59820 59828 59826 59810 59805 59830 59828 59816

MEALS - Receipts must be attached and details listed		Miscellaneous Expense - Receipts must be attached	
DATE	REASON	DATE	REASON
3/30/2000	PERSONS ATTENDING		
	RESTAURANT		
	AMOUNT		
Information only - Total		Information only - Total	
	\$		\$

Total Expense This Report \$ 44.62
 Associate Signature 
 Approval Signature _____

AS Store Management-6200 - District Managers
 AS Store Management Region-6210 - Dir of Stores / RSMs
 MA PR - Store Management-6200 - District Managers
 PR - Store Management Region-6210 - RSM

WELCOME
TO JAMESTOWN BP
8793770
JAMESTOWN BP
4095 N.HWY 67
FLORISSANT MO

TRAN # 10302430
DATE 10/13/10 10:19
PUMP # 03
PRODUCT: BLUE
GALLONS: 16.531
PRICE/G: \$ 2.699
FUEL SALE \$ 44.62

VISA
XXXXXXXXXXXX2382
Auth #: 09324A
Ref: 4A894024
Resp Code: 000
Stan: 10301674615

SITE ID: 8793770

Earn a 5% rebate
with the BP Visa
Take application
and Apply Today

THANK YOU
HAVE A NICE DAY

Urban Brands Inc.-Travel & Expense Report - REIMBURSEMENT TO ASSOCIATE

In Name: Shadonna McKinney (Please Type)
 Order Number: 23688
 seek Ending Date (Saturday): 10/23/10
 Place "X" by Division >>> Cost Center: Choose from the list of Departments >>> Pick From List
 <<< Arley <<< Slawant <<< Marianne <<< Corporate <<< Office

AUTOMOTIVE REIMBURSEMENT				TRAVEL REIMBURSEMENT				Total				
Date	From / To	Mileage @ 50¢ per	Gasoline	Parking & Tolls	Automotive Maintenance	Hotel	Airfare	Auto Rental	Other Travel	Meals (detail below)	Misc. (detail below)	
10/17	0/6											
10/18	Home/244150											
10/19	Home											
10/20	Out daughter sick											
10/21	Home/23373											
10/22	Home/244150											
10/23	0/6											
Total \$												\$

MEALS - Receipts must be attached and details listed				Miscellaneous Expenses - Receipts must be attached			
DATE	REASON	PERSONS ATTENDING	RESTAURANT	DATE	REASON	GL ACCT #	AMOUNT
				10/18/10	Mailed receipt fees to STT - Enock 5/16		21.50
Information only - Total \$							

AS Store Management-6200 - District Managers
 AS Store Management Region-6210 - Dir of Stores / RSMs
 MA PR - Store Management-6200 - District Managers
 R - Store Management Region-6210 - RSM

Associate Signature: 
 Approval Signature: _____

Total Expense This Report \$ 67.14

Receipts are required for all expenses

YVA en'd 1

Mailed receipt tape to 377-1KC

ceipt
aling.

JENNINGS BRANCH
SAINT LOUIS, Missouri
631369998

2871440192 -0099
10/18/2010 (800)275-8777 04:58:06 PM

WELCOME
TO JAMESTOWN BP
8793770
JAMESTOWN BP
4095 N.HWY 67
FLORISSANT MO
TRAN # 10302641
DATE 10/18/10 17:39
PUMP # 03
PRODUCT: BLUE
GALLONS: 17.425
PRICE/G: \$ 2.619
FUEL SALE \$ 45.64

Product Description	Sales Receipt		Final Price
	Sale Qty	Unit Price	
KANSAS CITY MO 64128 Zone-3 Priority Mail 15 lb. 8.0 oz.			\$19.05
Expected Delivery: Wed 10/20/10 Delivery Confirmation			\$0.70
Label #: 03101230000079762533 Insurance			\$1.75
Insurance Amount : Label #: 13080370000022902162		\$50.00	
Issue PVI:			\$21.50
Total:			\$21.50

urles:
at
ly
of
at

VISA
XXXXXXXXXXXX2382
Auth #: 01732A
Ref: 2A830031
Resp Code: 000
Stan: 10351602347

Paid by:
VISA \$21.50
Account #: XXXXXXXXXXXX2382
Approval #: 04010A
Transaction #: 330
23 903070373

SITE ID: 8793770
Earn a 5% rebate
with the BP Visa
Take application
and Apply Today

~~ Save this receipt as evidence of insurance. For information regarding domestic insurance, visit our website at usps.com/insurance/postoffice.htm

THANK YOU
HAVE A NICE DAY

Order stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

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Bill#: 1000100523389
Clerk: 06

All sales final on stamps and postage
Refunds for postage

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13923 NEW HALLS FERRY ROAD
FLORISSANT, MO 63033
(314) 972-7491

Tell us about your shopping experience
and enter to win 1 of 5 prizes. Visit
www.officemax.com/store/survey
to enter and to view the terms and
conditions of entering the survey.

077711273504	\$5.49
OMX Durable Binder Black 1	
077711273504	\$5.49
OMX Durable Binder Black 1	
072782163044	\$4.49
NoteTab 2x1.5 Months Wht 2	

SubTotal	\$15.47
Tax 7.925%	\$1.22
TOTAL	\$16.69

Cash	\$16.70
Change	\$0.01

MaxPerks Number XXXXX9507

82442516
1276 00001 30708 4 11/23/10
00399362 09:21:18 AM

Elfyourself.com - North Pole's Hot Site
ORDER BY PHONE 1-877-OFFICEMAX



127600130700001112310006

Schnucks

We make it easy.

Store Manager - Mary Moynihan

Cross Keys 314-831-0011

MM LEMONADE 12PK t F
1 @ 4 / 13.88 3.47
You Saved \$1.42
MM LEMONADE 12PK t F
1 @ 4 / 13.88 3.47
You Saved \$1.42
MM LEMONADE 12PK t F
1 @ 4 / 13.88 3.47
You Saved \$1.42
4 MM LEMONADE 12PK t F
1 @ 4 / 13.88 3.47-
You Saved \$1.42
**** VOID LINE # 4 ***** 3.47
LIPT BRISK 12PK t F
1 @ 4 / 10.76 2.69
You Saved \$2.10
LIPT BRISK 12PK t F
1 @ 4 / 10.76 2.69
You Saved \$2.10
LIPT BRISK 12PK t F
1 @ 4 / 10.76 2.69
You Saved \$2.10
LIPT BRISK 12PK t F
1 @ 4 / 10.76 2.69
You Saved \$2.10

***** Sale Subtotal** 21.17
SALES tax-LO 1.21
***** Total Sale*** 22.38
*** CASH 22.38

=====

Savings Summary
Reduced Price Savings 12.66

YOU SAVED \$12.66

ITEMS PURCHASED: 7

Receipt Required for Refunds/Exchanges

Your Cashier: JAZMINE

Brighten Your Home
For The Holidays With
Fresh Poinsettias
From Our Florist Shop
406502 11-19-10 2:54P 320/07/0198

THE SHACK THANKS YOU.

RADIOSHACK 01-6606
2596 N Hwy 67
Florissant, MO 63033-2038
(314) 836-7474

Order: 293408 10/15/2010 06:18P Term #002

Helped By: 019 (KLH)
Entered By: 019 (KLH)

1400144	UH-6000 DIGITAL VOICE REC	1	29.99
	1YR Replacement Plan	1	6.99
Series #: 056332179124			
Exp. Date: 10/15/2011			
6800106	IRSSP-REPLACE BROCHURE	1	0.00
2300850	AAA 4PK ALKALINE ENERCELL	1	4.49

Shack
cement
se Plan

Subtotal	41.47
Discount 7.925%	2.73
Total	44.20
Credit Card	44.20
Change Due	0.00

Service Plan Recipient:
MCKINNEY, SHADONNA
14852 MONDOULERO LN
FLORISSANT, MO 63034
(314) 837-2446

Acct# xxxxxxxxxxxx2382 N
Card Type VI
Trans 79779
Auth# 05002
Host Captured Y 44.20

REIPT
SC

The card holder identified hereon may apply the total amount shown on this receipt to the appropriate account to be paid according to its current terms.

I agree to pay above total according to card agreement.

Services are subject to the terms and conditions on contracts.

FESS

SERVICE



EGBHBB9ZUS

\$18.30
EXP FR ENV
63033 0007
Date of sale 01/24/11
02 1P00
APC
E90041100104771



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

Mailing Label
Label 11-B, March 2004

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	63155	Day of Delivery	<input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Del. Day	Postage	\$ 1830
Date Accepted	1/24/11	Scheduled Date of Delivery	Month Day	Return Receipt Fee	
Mo. Day Year	1/24/11	Scheduled Time of Delivery	Day	COD Fee	\$
Time Accepted	1102		PM	Insurance Fee	\$
Flat Rate <input type="checkbox"/> Weight <input checked="" type="checkbox"/>		Military <input type="checkbox"/> Non <input checked="" type="checkbox"/>	3 PM	Total Postage & Fees	\$ 1830
lbs. ozs.		Int'l Alpha Country Code	2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>	Acceptance Emp. Initials	ADW

FROM: (PLEASE PRINT)

PHONE () 617-344

ProDor & M. Corp
148211 (ProDor) RECEIVED
JAN 25 2011
BMC GROUP

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	Time	Employee Signature
Delivery Attempt	Time	Employee Signature
Mo. Day	Time	Employee Signature
Delivery Date	Time	Employee Signature
Mo. Day	1206	ADW

CUSTOMER USE ONLY

NO DELIVERY
 Weekend Holiday Mailer Signature

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature. Employee may make without obtaining signature of addressee or addressee's representative. Judges that article can be left in secure location and authorize that delivery employee's signature constitutes valid proof of delivery.

TO: (PLEASE PRINT)

PHONE ()

BMC Group Inc
ProDor & M. Corp
148211 (ProDor) RECEIVED
JAN 25 2011
BMC GROUP
3

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)