


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor: <b>Urban Brands, Inc.</b>		Case Number: <b>10-13005-KJC</b>
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): <b>DATAVANTAGE CORPORATION</b>		<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: 25641042012956 DATAVANTAGE CORPORATION 30500 BRUCE INDUSTRIAL PARKWAY CLEVELAND, OH 44139-3942		
Name and address where payment should be sent (if different from above):  <p style="text-align: center;"><i>same</i></p> <p style="text-align: right;">Telephone No. <b>440.498.4414</b></p>		<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.
1. Amount of Claim as of Date Case Filed: \$ <u>20,206.80</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		
2. Basis for Claim: <u>services performed</u> (See instruction #2 on reverse side.)		<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.
3. Last four digits of any number by which creditor identifies debtor: <u>7252</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: \$ <u>20,206.80</u>		
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: <u>1/24/11</u>	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.  <p style="text-align: center;"><i>Kendal Blumie</i> <u>Kendal Blumie Acct. Mgr.</u></p>	
		FOR CREDIT USE ONLY Urban Brands  00701

**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 name of 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. Slip 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 acknowledgement 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(c), 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. Attn: Urban Brands Claims Processing P.O. Box 3020 Chanhausen, MN 55317	BMC Group, Inc. Attn: Urban Brands Claims Processing 18750 Lake Drive East Chanhausen, MN 55317
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DATAVANTAGE CORPORATION

Aging - 7 Buckets Report  
As of 26-Jan-2011

Report Date: 26-JAN-2011 14:45  
Page: 1  
User: KKLIN

Order By: Customer  
Balancing Segment: 070

Billing/ Invoice Number	Type	Service	Desc	Due Date	Outstanding Amount	FUTURE	CURRENT	PAST DUE 1-30 DAYS	PAST DUE 31-60 DAYS	PAST DUE 61-90 DAYS	PAST DUE 91-180 DAY	PAST DUE >180 DAYS			
MICHAEL SULLIVAN															
SECAUCUS NJ M. Farhadi ()															
43586	INV	PTS #19895	(PRO 29-SEP-10		2937.45						2937.45				
44189	INV	PTS #20088	(PRO 27-OCT-10		1099.50						1099.50				
44336	INV	HLEPSK	29-OCT-10		14669.85					14669.85					
46910	INV		11-FEB-11		1500.00										
Total:					20206.80	0.00%	1500.00	7.42%	0.00%	14669.85	72.60%	4036.95	19.98%	0.00%	0.00%

Company Total: 20206.80

Grand Total:	20206.80	0.00%	1500.00	7.42%	0.00%	14669.85	72.60%	4036.95	19.98%	0.00%	0.00%
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# Invoice

URBAN BRANDS INC

ATTN: ACCOUNTS PAYABLE  
 PO BOX 2518  
 SECAUCUS NJ 07096-2518  
 United States

INVOICE NUMBER:	43586
INVOICE DATE:	30-AUG-10
CUSTOMER NUMBER:	297252
SALES ORDER NUMBER:	
SALES PERSON:	HOUSE ACCOUNT
TERMS:	30 NET
DUE DATE:	29-SEP-10

BILL-TO TAX ID :	LOCAL TAX ID :	PURCHASE ORDER NUMBER :	PREVIOUS TRANSACTION :	PAGE : 1 of 1
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ITEM NO.	PART NUMBER INVOICE DESCRIPTION	QUANTITY		UNIT PRICE	EXTENDED AMOUNT
		ORDERED	SHIPPED		
1	201-100 PROFESSIONAL SERVICES - AUGUST 2010	29.16	29.16	150.00	4,374.00

<b>SHIPPING LOCATION :</b> 297252 URBAN BRANDS INC  ATTN: ACCOUNTS PAYABLE PO BOX 2518 SECAUCUS NJ 07096-2518 United States		<b>DELIVERY INFORMATION :</b>  SHIP DATE : SHIPPING REF : SHIP VIA : SHIPPING TERMS:		<b>INDICATE TRANSACTION NUMBER ON PAYMENT</b>  PTS #19895 (PROF SRVCS)	
TAX ID :	NET OF TAX : 4,374.00	TAX : SALE 0.00	SHIPPING : 0.00	CURR : USD	TOTAL : 4,374.00

Please Remit to: Datavantage Corporation  
 30500 Bruce Industrial Pkwy  
 Solon, Ohio 44139-3942

Datavantage | Fry | CommercialWare | eOne

**PROJECT # 8406 Technical Services**

**ACTIVITY # 184212**      **OPEN DATE: 08/28/06**      **EST HOURS:**      **STATUS: OPEN-HIGH**

Technical Services Support (billable)

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>TIME</u>	<u>UNIT</u>		
TECH SRVC	07/27/10	Support	GSIMS	0.33	HR	150.00	49.50
<b>ACTIVITY TOTAL</b>				<b>0.33</b>			<b>49.50</b>

**PROJECT # 8406      TOTAL      0.33      49.50**

**PROJECT # 8724 Helpdesk Support**

**ACTIVITY # 309618**      **OPEN DATE: 07/28/10**      **EST HOURS:**      **STATUS: COMPLETED**

#20437 -P2- -store manager needs to be entered into the sys

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>TIME</u>	<u>UNIT</u>		
CSS-OPS	07/28/10	Support	LSHELTON	0.25	HR	150.00	37.50
<b>ACTIVITY TOTAL</b>				<b>0.25</b>			<b>37.50</b>

**ACTIVITY # 310027**      **OPEN DATE: 08/02/10**      **EST HOURS:**      **STATUS: COMPLETED**

#20264 -P2- new employee payroll invalid #

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>TIME</u>	<u>UNIT</u>		
TECH SRVC	08/03/10	Support	GSIMS	0.25	HR	150.00	37.50
TECH SRVC	08/03/10	Support	GSIMS	0.33	HR	150.00	49.50
<b>ACTIVITY TOTAL</b>				<b>0.58</b>			<b>87.00</b>

**ACTIVITY # 310271**      **OPEN DATE: 08/05/10**      **EST HOURS:**      **STATUS: COMPLETED**

#20177 -P2- Re-hire needs added to the system as permanent

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>TIME</u>	<u>UNIT</u>		
CSS-OPS	08/05/10	Support	LSHELTON	0.25	HR	150.00	37.50
<b>ACTIVITY TOTAL</b>				<b>0.25</b>			<b>37.50</b>

**ACTIVITY # 310969**      **OPEN DATE: 08/16/10**      **EST HOURS:**      **STATUS: COMPLETED**

#20808 -P2- employee needs to be transferred to 20808

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>TIME</u>	<u>UNIT</u>		
CSS-OPS	08/17/10	Support	LSHELTON	0.25	HR	150.00	37.50
<b>ACTIVITY TOTAL</b>				<b>0.25</b>			<b>37.50</b>

**ACTIVITY # 310983**      **OPEN DATE: 08/16/10**      **EST HOURS:**      **STATUS: COMPLETED**

#20306 -P2- employee needs to be added to the system

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>TIME</u>	<u>UNIT</u>		
CSS-OPS	08/17/10	Support	LSHELTON	0.25	HR	150.00	37.50
<b>ACTIVITY TOTAL</b>				<b>0.25</b>			<b>37.50</b>

**ACTIVITY # 310988**      **OPEN DATE: 08/16/10**      **EST HOURS:**      **STATUS: COMPLETED**

#20410 -P2- need to delete a borrowed employee from store 20410

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>TIME</u>	<u>UNIT</u>		
CSS-OPS	08/17/10	Support	LSHELTON	0.25	HR	150.00	37.50
<b>ACTIVITY TOTAL</b>				<b>0.25</b>			<b>37.50</b>

**PROJECT # 8724      TOTAL      1.83      274.50**

**PROJECT # 11279 ANALYTICS - SUPPORT**

**ACTIVITY # 310812      OPEN DATE: 08/12/10      EST HOURS:      STATUS: OPEN-MED**

Store Master not updating

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>TIME</u>	<u>UNIT</u>		
CSS-OPS	08/13/10	Support	LSHELTON	0.50	HR	150.00	75.00
CSS-OPS	08/13/10	Support	LSHELTON	1.00	HR	150.00	150.00
<b>ACTIVITY TOTAL</b>				<b>1.50</b>			<b>225.00</b>

**PROJECT # 11279      TOTAL      1.50      225.00**

**PROJECT # 11501 New Xstore Development Requests (Not assigned to a project)**

**ACTIVITY # 309697      OPEN DATE: 07/29/10      EST HOURS:      STATUS: COMPLETED**

Converting Store 20101 to store 20808 (Billable Support)

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>TIME</u>	<u>UNIT</u>		
PRJ MGMT	07/27/10	Management	MSULLIVAN	2.00	HR	150.00	300.00
PRJ MGMT	07/28/10	Management	MSULLIVAN	1.25	HR	150.00	187.50
PRJ MGMT	07/29/10	Management	MSULLIVAN	1.25	HR	150.00	187.50
TECH SRVC	07/29/10	Support	GSIMS	1.50	HR	150.00	225.00
<b>ACTIVITY TOTAL</b>				<b>6.00</b>			<b>900.00</b>

**PROJECT # 11501      TOTAL      6.00      900.00**

**PROJECT # 11584 Xstore Project Management Activities**

**ACTIVITY # 184207      OPEN DATE: 08/28/06      EST HOURS:      STATUS: OPEN-MED**

Release Definition and Project Management (Non Project Specific)

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>TIME</u>	<u>UNIT</u>		
PRJ MGMT	07/23/10	Management	MSULLIVAN	1.50	HR	150.00	225.00
PRJ MGMT	07/26/10	Management	MSULLIVAN	2.00	HR	150.00	300.00
PRJ MGMT	07/26/10	Management	MSULLIVAN	1.25	HR	150.00	187.50
PRJ MGMT	07/27/10	Management	MSULLIVAN	1.50	HR	150.00	225.00
PRJ MGMT	07/29/10	Management	MSULLIVAN	1.50	HR	150.00	225.00
PRJ MGMT	08/03/10	Management	MSULLIVAN	1.00	HR	150.00	150.00
PRJ MGMT	08/04/10	Management	MSULLIVAN	0.50	HR	150.00	75.00
PRJ MGMT	08/06/10	Management	MSULLIVAN	1.50	HR	150.00	225.00
PRJ MGMT	08/09/10	Management	MSULLIVAN	0.50	HR	150.00	75.00
PRJ MGMT	08/10/10	Meeting	MSULLIVAN	0.75	HR	150.00	112.50
PRJ MGMT	08/11/10	Management	MSULLIVAN	1.50	HR	150.00	225.00
PRJ MGMT	08/13/10	Management	MSULLIVAN	2.00	HR	150.00	300.00
PRJ MGMT	08/16/10	Management	MSULLIVAN	0.75	HR	150.00	112.50
PRJ MGMT	08/20/10	Management	MSULLIVAN	1.50	HR	150.00	225.00
PRJ MGMT	08/23/10	Management	MSULLIVAN	1.75	HR	150.00	262.50
<b>ACTIVITY TOTAL</b>				<b>19.50</b>			<b>2,925.00</b>

**PROJECT # 11584      TOTAL      19.50      2,925.00**

**REPORT TOTAL      29.16      4,374.00**

# Invoice

URBAN BRANDS INC

ATTN: ACCOUNTS PAYABLE  
 PO BOX 2518  
 SECAUCUS NJ 07096-2518  
 United States

INVOICE NUMBER:	44189
INVOICE DATE:	27-SEP-10
CUSTOMER NUMBER:	297252
SALES ORDER NUMBER:	
SALES PERSON:	HOUSE ACCOUNT
TERMS:	30 NET
DUE DATE:	27-OCT-10

BILL-TO TAX ID :	LOCAL TAX ID :	PURCHASE ORDER NUMBER :	PREVIOUS TRANSACTION :	PAGE : 1 of 1
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ITEM NO.	PART NUMBER INVOICE DESCRIPTION	QUANTITY		UNIT PRICE	EXTENDED AMOUNT
		ORDERED	SHIPPED		
1	201-100 PROFESSIONAL SERVICES - SEPTEMBER 2010	7.33	7.33	150.00	1,099.50

<b>SHIPPING LOCATION :</b> 297252 URBAN BRANDS INC  ATTN: ACCOUNTS PAYABLE PO BOX 2518 SECAUCUS NJ 07096-2518 United States		<b>DELIVERY INFORMATION :</b>  SHIP DATE : SHIPPING REF : SHIP VIA : SHIPPING TERMS:		<b>INDICATE TRANSACTION NUMBER ON PAYMENT</b>  PTS #20088 (PROF SRVCS)	
TAX ID :	NET OF TAX : 1,099.50	TAX : SALE 0.00		SHIPPING : 0.00	CURR : USD
				TOTAL :	1,099.50

Please Remit to: Datavantage Corporation  
 30500 Bruce Industrial Pkwy  
 Solon, Ohio 44139-3942

Datavantage | Fry | CommercialWare | eOne

**PROJECT # 8724 Helpdesk Support**

**ACTIVITY # 312706      OPEN DATE: 09/08/10      EST HOURS:      STATUS: COMPLETED**

#20322 -P2- Borrowed Employee Still in the System, requested Removal from store

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>CONT</u>	<u>TIME</u>	<u>UNIT</u>		
TECH SRVC	09/09/10	Support	GSIMS		0.33	HR	150.00	49.50
		store set employee 26753 borrowed until the end of the year correcting this moving to cs to follow up with the store, the store should only enter employees as borrowed for the time frame needed this was a procedural issue caused by the store not borrowing the employee correctly						
<b>ACTIVITY TOTAL</b>					<b>0.33</b>			<b>49.50</b>
<b>PROJECT # 8724    TOTAL</b>					<b>0.33</b>			<b>49.50</b>

**PROJECT # 11584 Xstore Project Management Activities**

**ACTIVITY # 184207      OPEN DATE: 08/28/06      EST HOURS:      STATUS: OPEN-MED**

Release Definition and Project Management (Non Project Specific)

<u>DEPARTMENT</u>	<u>DATE</u>	<u>ACTIVITY</u>	<u>NAME</u>	<u>CONT</u>	<u>TIME</u>	<u>UNIT</u>		
PRJ MGMT	08/25/10	Billing	MSULLIVAN		1.00	HR	150.00	150.00
		Time spent reviewing and preparing the monthly invoicing						
PRJ MGMT	08/27/10	Management	MSULLIVAN		1.50	HR	150.00	225.00
		Time spent throughout the week corresponding with UBI via email and phone and time spent updating and delivering the weekly project status report						
PRJ MGMT	09/02/10	Management	MSULLIVAN		1.50	HR	150.00	225.00
		Time spent throughout the week corresponding with UBI via email and phone and time spent updating and delivering the weekly project status report						
PRJ MGMT	09/10/10	Management	MSULLIVAN		1.50	HR	150.00	225.00
		Time spent throughout the week corresponding with UBI via email and phone and time spent updating and delivering the weekly project status report						
PRJ MGMT	09/17/10	Management	MSULLIVAN		1.50	HR	150.00	225.00
		Time spent throughout the week corresponding with UBI via email and phone and time spent updating and delivering the weekly project status report						
<b>ACTIVITY TOTAL</b>					<b>7.00</b>			<b>1,050.00</b>
<b>PROJECT # 11584    TOTAL</b>					<b>7.00</b>			<b>1,050.00</b>

**REPORT TOTAL      7.33      1,099.50**



# Invoice

URBAN BRANDS INC

ATTN: ACCOUNTS PAYABLE  
 PO BOX 2518  
 SECAUCUS NJ 07096-2518  
 United States

INVOICE NUMBER:	44336
INVOICE DATE:	29-SEP-10
CUSTOMER NUMBER:	297252
SALES ORDER NUMBER:	
SALES PERSON:	HOUSE ACCOUNT
TERMS:	30 NET
DUE DATE:	29-OCT-10

BILL-TO TAX ID :	LOCAL TAX ID :	PURCHASE ORDER NUMBER :	PREVIOUS TRANSACTION :	PAGE : 1 of 1
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ITEM NO.	PART NUMBER INVOICE DESCRIPTION	QUANTITY		UNIT PRICE	EXTENDED AMOUNT
		ORDERED	SHIPPED		
1	HELP DESK SERVICES - SEPTEMBER 2010 [209 (1-4) REGISTER STORES @ 69.00/STORE]	209	209	69.00	14,421.00
2	1 (5) REGISTER STORE @ 76.00/STORE	1	1	76.00	76.00
3	CONNECTICUT SALES TAX	1	1	8.28	8.28
4	DISTRICT OF COLUMBIA SALES TAX	1	1	11.90	11.90
5	MICHIGAN SALES TAX	1	1	41.40	41.40
6	NEVADA SALES TAX	1	1	5.18	5.18
7	SOUTH CAROLINA SALES TAX	1	1	20.70	20.70
8	TEXAS SALES TAX	1	1	85.39	85.39

<b>SHIPPING LOCATION :</b> 297252 URBAN BRANDS INC  ATTN: ACCOUNTS PAYABLE PO BOX 2518 SECAUCUS NJ 07096-2518 United States		<b>DELIVERY INFORMATION :</b>  SHIP DATE : SHIPPING REF : SHIP VIA : SHIPPING TERMS:		<b>INDICATE TRANSACTION NUMBER ON PAYMENT</b>  HLPDSK		
TAX ID :	NET OF TAX : 14,669.85	TAX : NOTA 0.00		SHIPPING : 0.00	CURR : USD	TOTAL : 14,669.85

Please Remit to: Datavantage Corporation  
 30500 Bruce Industrial Pkwy  
 Solon, Ohio 44139-3942

Datavantage | Fry | CommercialWare | eOne

# Invoice

URBAN BRANDS INC

ATTN: ACCOUNTS PAYABLE  
 PO BOX 2518  
 SECAUCUS NJ 07096-2518  
 United States

INVOICE NUMBER:	46910
INVOICE DATE:	12-JAN-11
CUSTOMER NUMBER:	297252
SALES ORDER NUMBER:	
SALES PERSON:	HOUSE ACCOUNT
TERMS:	30 NET
DUE DATE:	11-FEB-11

BILL-TO TAX ID :	LOCAL TAX ID :	PURCHASE ORDER NUMBER :	PREVIOUS TRANSACTION :	PAGE : 1 of 1
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ITEM NO.	PART NUMBER INVOICE DESCRIPTION	QUANTITY		UNIT PRICE	EXTENDED AMOUNT
		ORDERED	SHIPPED		
1	201-100 TO REBILL INV#45590 - SERVICES WERE PERFORMED PRIOR TO THEIR CHAPTER 11 FILING DATE OF 9/21/10. CONFIRMED WITH PROJECT MGR.	1	1	1,500.00	1,500.00

<b>SHIPPING LOCATION :</b> 297252 URBAN BRANDS INC  ATTN: ACCOUNTS PAYABLE PO BOX 2518 SECAUCUS NJ 07096-2518 United States		<b>DELIVERY INFORMATION :</b>  SHIP DATE : SHIPPING REF : SHIP VIA : SHIPPING TERMS:		INDICATE TRANSACTION NUMBER ON PAYMENT <div style="text-align: center; font-size: 2em; font-weight: bold;">INTERNAL ONLY</div>		
TAX ID :	NET OF TAX : 1,500.00	TAX : SALE 0.00		SHIPPING : 0.00	CURR : USD	TOTAL : 1,500.00

Please Remit to: Datavantage Corporation  
 30500 Bruce Industrial Pkwy  
 Solon, Ohio 44139-3942

Datavantage | Fry | CommercialWare | eOne

# Invoice

URBAN BRANDS - POST  
ATTN: ACCOUNT PAYABLE  
PO BOX 2518  
SECAUCUS NJ 07096  
United States

INVOICE NUMBER:	45590
INVOICE DATE:	22-NOV-10
CUSTOMER NUMBER:	333294
SALES ORDER NUMBER:	
SALES PERSON:	HOUSE ACCOUNT
TERMS:	IMMEDIATE
DUE DATE:	22-NOV-10

BILL-TO TAX ID :	LOCAL TAX ID :	PURCHASE ORDER NUMBER :	PREVIOUS TRANSACTION :	PAGE : 1 of 1
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ITEM NO.	PART NUMBER INVOICE DESCRIPTION	QUANTITY		UNIT PRICE	EXTENDED AMOUNT
		ORDERED	SHIPPED		
1	201-100 PROF SRVCS - QUOTE 31638/306738 2010 Sales Tax Holiday Tax Free Days	7	7	150.00	1,050.00
2	201-100 PROF SRVCS - QUOTE 31537/305691 Pickup of fully paid for layaway without a tender record	3	3	150.00	450.00

SHIPPING LOCATION :		DELIVERY INFORMATION :		INDICATE TRANSACTION NUMBER ON PAYMENT	
333294 URBAN BRANDS - POST ATTN: ACCOUNT PAYABLE PO BOX 2518 SECAUCUS NJ 07096 United States		SHIP DATE : SHIPPING REF : SHIP VIA : SHIPPING TERMS:		PTS #20363 (PROF SRVCS)	
TAX ID :	NET OF TAX : 1,500.00	TAX : SALE 0.00		SHIPPING : 0.00	CURR : USD TOTAL : 1,500.00

Please Remit to: Datavantage Corporation  
30500 Bruce Industrial Pkwy  
Solon, Ohio 44139-3942

# DATAVantage

QUOTE # 31638

a subsidiary of MICROS Systems, Inc.

CUSTOMER: Urban Brands Inc.  
100 Metro Way  
Secaucus, NJ 07094

DATE	
07/19/10	
QUOTE TYPE	
Fixed Quote	
RELEASE REFERENCE	
PROJECT ID	
8406	
ACTIVITY ID	
306738	
DEPT	TS

ACTIVITY: 2010 Sales Tax Holiday Tax Free Days

PN#	ITEM NO. DESCRIPTION	QTY	UOM	UNIT COST	NET PRICE
LAB-QA	Quality Assurance Testing	1.00	HR	150.00	\$150.00
LAB-TS	Technical Services	6.00	HR	150.00	\$900.00
<b>QUOTE AMOUNT</b>					<b>\$1,050.00</b>

Notes: Create two updates, one for enabling and one for disabling the tax free holiday sale, for the following 4 locations:

Florida Stores - 8/13 - 8/15

Illinois Stores - 8/6 - 8/15

Missouri Stores - 8/6 - 8/8

North Carolina Stores - 8/6 - 8/8 *tu*

Per email, South Carolina is not needed. Georgia and District of Columbia are NOT included.

*Dep. not heard  
OK*

**DEPOSIT REQUIRED** \$525.00

SEND PAYMENTS TO:

Datavantage  
C/O Accounting, Attn: Accounts Receivables  
30500 Bruce Industrial Parkway  
Cleveland, OH 44139

Datavantage

Auth:

*Douglas Klar* - 7/19/10  
Date: \_\_\_\_\_  
Douglas Klar

Customer

Auth:

*[Signature]* - 7/20/2010  
Date: \_\_\_\_\_

Title:

Operations Manager

Title:

VP, Applications

**Terms and Conditions**

The above listed software modification quote is valid for a period of 30 days from date of submission. In absence of a pre-arranged contract, deposit and signature authorization are required prior to work commencing.

# DATAVantage

QUOTE # 31537

a subsidiary of MICROS Systems, Inc.

CUSTOMER: Urban Brands Inc.  
100 Metro Way  
Secaucus, NJ 07094

DATE	
06/14/10	
QUOTE TYPE	
Fixed Quote	
RELEASE REFERENCE	
PROJECT ID	
9021	
ACTIVITY ID	
305691	
DEPT	HI

ACTIVITY: Pickup of fully paid for layaway without a tender record

PN#	ITEM NO. DESCRIPTION	QTY	UOM	UNIT COST	NET PRICE
LAB-HI	Host Integration Coding/Testing	3.00	HR	150.00	\$450.00
<b>QUOTE AMOUNT</b>					<b>\$450.00</b>

Notes: Account for pickup of layaway without tender, includes testing.

*Deposit received  
JRE*

**DEPOSIT REQUIRED \$225.00**

SEND PAYMENTS TO:  
Datavantage  
C/O Accounting, Attn: Accounts Receivables  
30500 Bruce Industrial Parkway  
Cleveland, OH 44139

Datavantage

Auth:

*[Signature]*  
Ray Reese Date 6/14/10

Customer

Auth:

*[Signature]*  
Luis Maldonado Date 6/12/10  
VP, Applications

Title:

Operations Manager

**Terms and Conditions**

The above listed software modification quote is valid for a period of 30 days from date of submission. In absence of a pre-arranged contract, deposit and signature authorization are required prior to work commencing.