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| UNITED STATES BANKRUPTCY COURT District of Delaware | | PROOF OF CLAIM |
| Name of Debtor: URBAN BRANDS, INC. | | Case Number: 10-13005 |
| <i>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.</i> | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): LOUISVILLE GAS & ELECTRIC COMPANY | | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____ |
| Name and address where notices should be sent: LOUISVILLE GAS & ELECTRIC COMPANY 820 W. BROADWAY, LOUISVILLE, KY 40202 Telephone number: (502) 589-1444 | | |
| Name and address where payment should be sent (if different from 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: | | |
| 1. Amount of Claim as of Date Case Filed: \$ <u>447.88</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 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 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: \$ _____ <small>*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.</small> |
| 2. Basis for Claim: <u>UTILITY BILLING</u> <small>(See instruction #2 on reverse side.)</small> | | |
| 3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a on reverse side.)</small> | | |
| 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>447.88</u> | | |
| 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. | | FOR COURT USE ONLY RECEIVED JAN 28 2011 BMC GROUP |
| 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 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: <u>01/13/2010</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. C. Michael Cooper, Manager Remittance & Collection <i>C. Michael Cooper</i> | |

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 357.

BMC





an e-on company

Telephone Payments 1-800-780-9723 (24 hours a day; \$2.95 fee)
Customer Service: 1-800-331-7370 (M-F, 7 a.m. to 6 p.m. ET)
Walk-In Center: Open Mon-Fri 8 a.m. to 5 p.m. ET
Online Customer Self-Service: www.eon-us.com (24 hours a day)

Table with 2 columns: DUE DATE, Pay This Amount. Row 1: 10/25/10, \$447.88

This is a final bill

Current due date applies to the current bill only. Previous amount due may be subject to disconnection.

Table with 3 columns: Averages for Billing Period, This Year, Last Year. Rows: Average Temperature, Number of Days Billed, Electric/kwh per day

ACCOUNT INFORMATION table with 2 columns: Field Name, Value. Fields: Account Number, Account Name, Service Address, Date Bill Mailed

BILLING SUMMARY table with 2 columns: Description, Amount. Rows: Previous Balance, Payment(s) Received, Balance as of 10/12, Current Electric Charges, Current Taxes and Fees, Current Charges as of 10/12, Other Charges, Total Amount Due

ELECTRIC CHARGES

Rate Type: General Service Three Phase

Table with 2 columns: Description, Amount. Rows: Basic Service Charge, Energy Charge

Other Charges For Above Rates

Table with 2 columns: Description, Amount. Rows: Electric Fuel Adjustment, Electric DSM, Environmental Surcharge, Total Electric Charges

Please see reverse side for additional charges.

Customer Service 1-800-331-7370

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Table with 6 columns: Account Number, Payment Due Date, Pay This Amount, Pay This Amount 3 Days After Due Date, Winter Help Donation, Amount Enclosed

Check here if plan(s) requested on back of stub

OFFICE USE ONLY: BK MRU07821021, G000000 P898.23 PF:Y eB:P



#128100232 7#

LARGE APPAREL OF KENTUCKY STORE # 385 ASHLEY STEWART PO BOX 2518 SECAUCUS NJ 07096-2518

PO BOX 538612 ATLANTA, GA 30353-8612



Service Address: 3965 7th Street Rd

0103000106138950000000044788000000447880000000000018

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METER AND USAGE INFORMATION

ELECTRIC

| | Meter Number | Previous Read Date | Previous Reading | Current Read Date | Current Reading | Read Code | Meter Multiplier | Demand | kwh |
|------------------------------------|--------------|--------------------|------------------|-------------------|-----------------|-----------|------------------|--------------|-------------|
| General Service Three Phase | | | | | | | | | |
| kwh | 823280 | 09/09/10 | 2475 | 09/21/10 | 6020 | R | 1 | | 3545 |
| dem-bs | 823280 | 09/09/10 | | 09/21/10 | 43.4000 | R | 1 | 43.40 | |
| Total Usage | | | | | | | | 43.40 | 3545 |

OTHER CHARGES

| | |
|--------------------------------|------------------|
| Late Payment Charge | 42.38 |
| Interest for Cash Sec. Deposit | -13.68 |
| Security Deposit | -800.00 |
| Total Other Charges Due | \$-771.30 |

TAXES AND FEES

| | |
|--|----------------|
| Electric Sales Tax (6.000% x \$302.78) | 18.17 |
| Total Taxes and Fees | \$18.17 |

BILLING INFORMATION

FINAL BILL

This bill is a final bill for this account. If this final bill shows a credit balance that you have not directed to be applied to another account or you have not provided us with a forwarding address, please contact our Customer Service Department. Due to processing costs, refunds for credit balances less than \$1 will only be refunded upon request.

Meter Read Codes R - Actual Read; V - Verified Read; E - Estimated Read; S - Self Read

IMPORTANT INFORMATION

For a copy of your rate schedule, visit www.eon-us.com or call our Customer Service Department.

New enrollment only - Please check box(es) below and on front of stub.

- Automatic Bank Club (voided check must be provided). Please note that any past due balance on your LG&E account will be debited from your bank account immediately upon enrollment in the ABC program. To avoid unintended debits to your bank account, please make sure your LG&E account balance is current before enrolling in ABC.

Please deduct my Automatic Bank Club Payment from my Checking Account.

I hereby authorize LG&E to debit my bank account for payment of my monthly bill. This authorization applies to all my current and future LG&E accounts, and will remain in effect until revoked by me or LG&E.

Signature: _____

Date: _____

Processing Automatic Bank Club requests can take up to two billing cycles. Please continue making regular payments until you receive a bill that indicates the amount due will be deducted from your bank account on the payment due date.

