


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor: UBI Liquidating Corp. f/k/a Urban Brands, Inc.		Case Number: 10-13005 (KJC)
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): Broadspire Services a Crawford Company		<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: Crawford & Company PO BOX 404335 ATLANTA, GA 30384-4335 Telephone No. 404-300-0713 <i>deborah.ranson@us.crawford.com</i>		
Name and address where payment should be sent (if different from above): RECEIVED FEB 10 2011 BMC GROUP Telephone No. _____		<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>2554.51</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		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 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.
2. Basis for Claim: <u>2</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>4869</u> 3a. Debtor may have scheduled account as: <u>Crawford & Company</u> (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: <u>3</u> Value of Property: \$ <u>unliquidated</u> 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: \$ <u>2554.51</u> Amount Unsecured: \$ _____		
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>2/8/11</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. <i>Deborah Ranson</i>	
		FOR COURT USE ONLY Urban Brands  00730

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 3571.

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.
Attn: Urban Brands
Claims Processing
P.O. Box 3020
Chanhassen, MN 55317

BMC Group, Inc.
Attn: Urban Brands
Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Remit to: Crawford & Company
P.O. Box 404325
Atlanta, GA 30384-4325
Federal Tax ID# 58-0506554

STATEMENT



Urban Brands, Inc.
Michael Abate
100 Metro Way
Secaucus, NJ 07094

Statement Date: 02/07/2011

Program Number: 00-0014869

Group: 7

DATE	INVOICE #	DESCRIPTION	DEBIT	CREDIT	BALANCE
10/06/2009	0184729-IN	Conversion Fees	452.12		
05/10/2010		Payment Ref: 341094		452.12	
06/17/2010		Payment Ref: 187662	452.12		452.12
01/31/2010	0187541-IN	Reconciliation	1,153.00		1,153.00
05/06/2010	0190294-IN	Conversion Fees	455.55		455.55
11/04/2010	0199456-IN	Conversion Fees	493.90		493.90

Current	30 Days	60 Days	90 Days	120 Days	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$493.90	\$2,060.67	\$2,554.57

Check Remittance Address:
Crawford & Company
P O Box 404325
Atlanta, GA 30384-4325

EFT Remittance:
Bank of America Acct #003270590153
ABA: ACH 061 000052 Wire 026 009593
Crawford & Co. Corporate Billing
Ref: Account Name and Invoice #

Phone (404) 300-0700
Fax (404) 300-0705
E-mail: Corporate_Billing@us.crawco.com
Federal Tax ID #58-0506554

1.5% interest will be added to all past due accounts.

Remit to: Broadspire Services, Inc.
P.O. Box 404325
Atlanta, GA 30384-4325
Phone: (404) 300-0700
Fax: (404) 300-0705
Federal Tax ID# 36-3917295

INVOICE

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BROADSPIRE[®]

a Crawford Company

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

Invoice Number: 0184729-IN
Invoice Date: 10/06/2009
Program Number: 00-0014869

Attn: Michael Abate

Group: 7
Terms: Due Net 30 Days

DESCRIPTION	EFF PERIOD	AMOUNT
09/09 Conversion Fees	Contract Period: 09/01/2007 - 04/14/2008	452.12

INVOICE TOTAL: \$452.12



*Remit to: Broadspire Services, Inc. * PO Box 404325 * Atlanta, GA 30384-4325*
EFT Remittance: Bank of America Acct #003270590153 ABA: ACH 061 000052 Wire 026 009593
Crawford & Co. Corporate Billing Ref: Account Name and Invoice #

IRD-BI8921-01

Crawford & Company
Billing System
Billed Fees Report
Conversions as of September, 2009

Page
Run Date 10/02/09
Run Time 00:58:46

Group : 7 - INDIVIDUAL
Client: 014869 - URBAN BRANDS, INC.
Agmt : 09/01/07 - 04/14/08
Reconciliation Date: 04/14/2009

Location Code	Branch Num	File Number	Clmt Num	Claimant Name	Accident Date	Refd Date	Cov	Claim Number	Charges	Remarks
Flat Rate Fees										
1	101	02361	000040631	0001 THOMPSON SANDRA	09/03/07	02/14/08	179		452.12	Conversion at 09/03/2009

Subtotal:

452.12

Totals:

452.12

452.12

Remit to: **Broadspire Services, Inc.**
P.O. Box 404325
Atlanta, GA 30384-4325
Phone: (404) 300-0700
Fax: (404) 300-0705
Federal Tax ID# 36-3917295

INVOICE

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BROADSPIRE[®]

a Crawford Company

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

Invoice Number: 0187541-IN

Invoice Date: 01/31/2010

Program Number: 00-0014869

Attn: **Michael Abate**

Group: 7

Terms: Due Net 30 Days

DESCRIPTION	EFF PERIOD	AMOUNT
Contract Reconciliation	Contract Period: 09/01/07 - 04/14/08, as of 04/14/09 - Incurred	1,153.00

INVOICE TOTAL: \$1,153.00



Remit to: Broadspire Services, Inc. * PO Box 404325 * Atlanta, GA 30384-4325
EFT Remittance: Bank of America Acct #003270590153 ABA: ACH 061 000052 Wire 026 009593
Crawford & Co. Corporate Billing Ref: Account Name and Invoice #

Urban Brands, Inc.
 Program: #14869
 09/01/2007 through 04/14/2008, as of 04/14/2009 - INCURRED



Exhibit A-1: Summary of Reconciliation

Type of Coverage	Coverage Code	Total Claimant Count	Less No-Bill/CAT Claimants	T&E Claims	Closed No Charge	Coverage Code Billable Totals	Coverage Pricing	ACTUAL Totals	Estimated Frequency	ESTIMATED Totals
Flat Rate: LIABILITY CGL-BI LIAB. INCIDENT REPORT	179 184	8 18	1 0			7 18	\$454.00 \$49.00	\$3,178.00 \$882.00		\$0.00 \$0.00
Time and Expense:										
Totals:		26	1	0	0	25		\$4,060.00		\$20.00
							1 at \$20 per Claimant			
Account Management Fee							Annual Fee	\$2,500.00		\$2,500.00
Total Actual Cost of the Contract:										
1. Total Actual Cost of the Contract: \$6,580.00										
2. Service Fees Billed This Contract Period: 5 Incurred Fees and 0 Account Management Fees - Total of \$5,427.00										
3. Amount Billed to Client from this Reconciliation (#1 Minus #2) \$1,153.00										
4. Service Fee Billing and Payment Summary From This Contract Period: Amount Billed To Client: 5 Incurred Fees and 0 Account Management Fees - Total of \$5,427.00 Amount Paid By Client: 5 Incurred Fees and 0 Account Management Fees - Total of (\$5,427.00) \$0.00										
5. Amount Due to Crawford & Company From This Contract Period: \$1,153.00										

Remit to: **Broadspire Services, Inc.**
P.O. Box 404325
Atlanta, GA 30384-4325
Phone: (404) 300-0700
Fax: (404) 300-0705
Federal Tax ID# 36-3917295

INVOICE

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BROADSPIRE[®]

a Crawford Company

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

Invoice Number: 0190294-IN

Invoice Date: 05/06/2010

Program Number: 00-0014869

Attn: Michael Abate

Group: 7

Terms: Due Net 30 Days

DESCRIPTION	EFF PERIOD	AMOUNT
04/10 Conversion Fees	Contract Period: 09/01/2005 - 08/31/2006	455.55

INVOICE TOTAL: \$455.55



Remit to: Broadspire Services, Inc. * PO Box 404325 * Atlanta, GA 30384-4325
EFT Remittance: Bank of America Acct #003270590153 ABA: ACH 061 000052 Wire 026 009593
Crawford & Co. Corporate Billing Ref: Account Name and Invoice #

IRD-BI8921-01

Crawford & Company
Billing System
Billed Fees Report
Conversions as of April, 2010

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Run Date 05/04/10
Run Time 02:08:38

Group : 7 - INDIVIDUAL
Client : 014869 - URBAN BRANDS, INC.
Agrmt : 09/01/05 - 08/31/06 Reconciliation Date: 08/31/2007

Location Code	Branch Num	File Number	Clmt Num	Claimant Name	Accident Date	Refd Date	Cov	Claim Number	Charges	Remarks
1	248	02361	000046091	0001 GREEN SARA	04/28/06	10/30/08	179		455.55	Conversion at 04/28/2010

Flat Rate Fees

New Charges:

455.55

455.55

455.55

Subtotal:

455.55

455.55

Totals:

455.55

455.55

Remit to: **Broadspire Services, Inc.**
P.O. Box 404325
Atlanta, GA 30384-4325
Phone: (404) 300-0700
Fax: (404) 300-0705
Federal Tax ID# 36-3917295

INVOICE

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BROADSPIRE[®]

a Crawford Company

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

Invoice Number: 0199456-IN

Invoice Date: 11/04/2010

Program Number: 00-0014869

Attn: Michael Abate

Group: 7

Terms: Due Net 30 Days

DESCRIPTION	EFF PERIOD	AMOUNT
10/10 Conversion Fees	Contract Period: 09/01/2004 - 08/31/2005	493.90

INVOICE TOTAL: \$493.90



Remit to: Broadspire Services, Inc. * PO Box 404325 * Atlanta, GA 30384-4325
EFT Remittance: Bank of America Acct #003270590153 ABA: ACH 061 000052 Wire 026 009593
Crawford & Co. Corporate Billing Ref: Account Name and Invoice #

IRD-BL8921-01

Crawford & Company
Billing System
Billed Fees Report
Conversions as of October, 2010

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Run Date 11/02/10
Run Time 00:19:33

Group : 7 - INDIVIDUAL
Client: 014869 - URBAN BRANDS, INC.
Agrmt : 09/01/04 - 08/31/05 Reconciliation Date: 08/31/2006

Location Code	Branch Num	File Number	Clmt Num	Claimant Name	Accident Date	Refd Date	Cov	Claim Number	Charges	Remarks
1	211	02361	033035	0001 SMITH JENNIFER	10/11/04	12/26/06	NY	179	493.90	Conversion at 10/11/2010

Flat Rate Fees

493.90

Conversion at 10/11/2010

Subtotal:

493.90

493.90



02/07/2011

BMC Group, Inc.
Attn: Urban Brands Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

RE: Crawford & Company vs. Urban Brands, Inc.

Case No. 10-13005 (KJC)
Our Program 14869
Proof of Claim Amount "unliquidated"

Dear Gentlemen:

Crawford and Company provided claims adjusting services for Urban Brands Inc. Enclosed is a copy of our Proof of Claim and invoice copies and all unpaid claims adjusting service fees.

If you require additional information, please contact me at (404) 300-0713 or email me at deborah_ranson@us.crawco.com

Sincerely,

Deborah Ranson
Bankruptcy Coordinator

cc: David Floyd, AVP, Asst. Controller -Crawford & Company
cc: Tami Stevenson, Legal Counsel, Broadspire a Crawford Company

Enclosures