

UNITED STATES BANKRUPTCY COURT District of Delaware PROOF OF CLAIM

Name of Debtor: UBI Liquidating Corp., et al 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): GREENVILLE WATER SYSTEM
Name and address where notices should be sent: Greenville Water System, Post Office Box 687, Greenville, SC 29602-0687
Telephone number: (864) 241-6000

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Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number:
Filed on:

Name and address where payment should be sent (if different from above):
Telephone number:

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.
Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 152.15
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.
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.

2. Basis for Claim: water utilities (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 4340
3a. Debtor may have scheduled account as:

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).

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: Real Estate Motor Vehicle 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:

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
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).
Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).


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 instruction 7 and 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:

Amount entitled to priority:
\*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.

Date: 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.
Derrick J. Brown, Manager of Administration & Finance

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Urban Brands
00737



Customer #	Account #	Bill #	CY	Billing Date	Due Date	Previous Balance	112.07
00070896	0000774340	7771747	02	10/27/2010	11/12/2010	Payments	112.07CR
ASHLEY STEWART/URBAN BRAN PO BOX 2518 SECAUCUS NJ 07096-2518						Adjustments	7.50
Service Address: 836 WOODS CROSSING RD						Balance Forward	7.50
						Current Charges	144.65
						Total Amount Due	<b>\$152.15</b>

Meter	Read Date From	Read Date To	Days	Previous Reading	Current Reading	Consumption (1000 Gals)	Read Type	Meter Size	Bill Code
35928319	06/11/2010	09/21/2010	102	20.0	25.3	5.3	Water	5/8"	1

**Greenville Water System Services**

Transaction Description	Amount
Delinquent Fee	7.50
Billing	112.07
Payment Thank You	112.07CR
<b>Balance Forward</b>	<b>7.50</b>
<b>Water</b>	
Volume Charge to 150,000 gals	7.16
Base Charge	16.00
<b>Total Water</b>	<b>\$23.16</b>

**Other Agency Charges**

Transaction Description	Amount
ReWa	
Volume Charge	23.21
Base Charge	36.00
<b>SubTotal</b>	<b>\$59.21</b>
<b>Sewer</b>	
Greenville Sewer Charge	62.28
<b>SubTotal</b>	<b>\$62.28</b>
<b>Total Current Bill</b>	<b>\$144.65</b>
<b>Total Amount Due</b>	<b>\$152.15</b>

**TOTAL BANKRUPTCY --- AMOUNT: \$152.15**

A DELINQUENT CHARGE OF THE GREATER AMOUNT OF \$5.00 OR 5.0% OF BILL WILL BE ADDED UNLESS PAYMENT IS RECEIVED IN OUR OFFICE BY **11/19/2010**

Customer #	Account #	Bill #	CY	Due Date	Pay This Amount	Enter Amount Paid
00070896	0000774340	7771747	02	11/12/2010	\$152.15	

PLEASE MAIL THIS PORTION WITH PAYMENT



Service Address  
836 WOODS CROSSING RD

7495-00001

0000774340



ASHLEY STEWART/URBAN BRAN  
PO BOX 2518  
SECAUCUS NJ 07096-2518

# Greenville Water System

BANK DRAFT IS AVAILABLE - CALL CUSTOMER SERVICE FOR DETAILS.

THE AMOUNT DUE IS ON THE REVERSE SIDE. BILL MAY BE PAID IN OUR OFFICE AT 407 WEST BROAD STREET OR BY MAIL.

A DRIVE-IN WINDOW AND NIGHT DEPOSITORY ARE LOCATED AT 407 WEST BROAD STREET.

RATE SCHEDULES ARE AVAILABLE UPON REQUEST.

NOT RESPONSIBLE FOR DELIVERY OF MAIL.

PLEASE BRING ENTIRE BILL WHEN PAYING IN PERSON TO AVOID DELAY.

RETAIN THIS PORTION FOR YOUR RECORDS IF PAYMENT MADE BY MAIL.

OFFICE LOCATED: FIRST FLOOR, 407 WEST BROAD STREET  
OFFICE HOURS: MONDAY - FRIDAY, 8:30 A.M. TO 5:00 PM  
MAILING ADDRESS: P.O. BOX 687, GREENVILLE, S.C. 29602-0687  
INTERNET ADDRESS: [WWW.GREENVILLEWATER.COM](http://WWW.GREENVILLEWATER.COM)  
TELEPHONE 864-241-6000

## Greenville Water System

P.O. BOX 687  
GREENVILLE, SC 29602-0687

# Greenville Water System



PROTECTING THE QUALITY OF LIFE

P.O. BOX 687 / GREENVILLE, SC 29602

407 WEST BROAD STREET

TELEPHONE (864) 241-6155

February 18, 2011

BMC Group, Inc.  
Attn: Urban Brands Claims Processing  
Post Office Box 3020  
Chanhassen, MN 55317

Re: UBI Liquidating Corp., et al  
Case No.: 10-13005 (KJC)

Dear Sir/Madame:

Enclosed please find the original and one copy of the Proof of Claim as well as a copy of the bill in the amount of One Hundred Fifty Two Dollars and Fifteen Cents (\$152.15).

For your convenience, we have also enclosed a self-addressed, stamped envelope to return a filed copy back to Greenville Water System.

If you should have any questions, please do not hesitate to contact our Customer Service Department at 864-241-6000 between 8:30 am and 5:00 pm.

Sincerely,

GREENVILLE WATER SYTEM

Susan Toth  
Customer Service Representative