

UNITED STATES BANKRUPTCY COURT FOR THE _____ DISTRICT OF DELAWARE _____ **PROOF OF CLAIM**

Name of Debtor: **Urban Brands/Large Apparel;secured to equity;excess 507(a)(8)priority** Case Number: **10-13045**

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):
HENRICO COUNTY, VIRGINIA (Acct. # L05327000)

Name and address where notices should be sent:
**RHYSA GRIFFITH SOUTH, ASSISTANT COUNTY ATTORNEY
P.O. BOX 90775; HENRICO, VIRGINIA 23273-0775**

Telephone number: **(804) 501-4200**

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

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

**RECEIVED
MAR 07 2011
BMC GROUP**

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: \$ 1271.85

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: 2010 Fur, Fix & Comp
(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: _____

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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: \$ 66,070 Annual Interest Rate 4 %

Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: VA CODE

Amount of Secured Claim: \$ 1271.85 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.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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:

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

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: 1/21/11

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.

[Signature]
/s/ RHYSA GRIFFITH SOUTH, ASSISTANT COUNTY ATTORNEY

FOR COURT USE ONLY

Urban Brands

00751



COUNTY OF HENRICO, VIRGINIA

Department of Finance
 P. O. Box 90775
 Henrico, Virginia 23273-0775

12053270003000001271854

PERSONAL PROPERTY TAXES

ACCOUNT NUMBER
L05327000

TO AVOID ADDITIONAL CHARGES, THE AMOUNT DUE MUST BE
 RECEIVED BY: 12/30/10

AMOUNT DUE
\$1,271.85

**MAKE CHECK PAYABLE TO COUNTY OF HENRICO
 AND ENTER ACCOUNT NUMBER ON YOUR CHECK**

AMOUNT ENCLOSED

LARGE APPAREL OF VIRGINIA, INC
ASHLEY STEWART # 375
100 METRO WAY
SECAUCUS NJ 07094

COUNTY OF HENRICO-14
 P O BOX 3369
 HENRICO, VA 23228-9769



For Proper Credit, Detach Top Portion and Return it with your Payment in the Enclosed Envelope

PERSONAL PROPERTY TAXES				
Vehicle	Description	Assessed Value	Rate	Amount Due
1	2010 FURNITURE, FIXTURES, ETC. Tax Due for 2010	63,124	3.500	2,209.34
	2010 2nd half			1,104.67
	2010 2nd half penalty			110.47
2	2010 PERSONAL COMPUTERS Tax Due for 2010	2,946	3.500	103.11
	2010 2nd half			51.55
	2010 2nd half penalty			5.16
			Amount Due By	12/30/10
			Total Amount Due	\$1,271.85

IMPORTANT PERSONAL PROPERTY TAX RELIEF INFORMATION

The General Assembly capped the total cost of tax relief for the Commonwealth of Virginia at \$950 million. Each locality's share of the \$950 million is based upon car tax relief reimbursements from the Commonwealth to the locality for tax year 2004. These funds are allocated to provide tax relief for qualifying vehicles in the County of Henrico. The amount of car tax relief is based upon total dollars from the Commonwealth divided by the total tax of all qualifying vehicles in the County. It is possible that the portion of the total personal property tax on your vehicle that you have to pay may increase as the number of qualified vehicles in Henrico County increases. Please see the contact information on the back if you have any specific questions regarding your tax bill.

See Reverse Side for Important Tax, Billing, and Payment Information

Account Number: **L05327000**



COMMONWEALTH OF VIRGINIA
COUNTY OF HENRICO

OFFICE OF THE COUNTY ATTORNEY

JOSEPH P. RAPISARDA, JR.
COUNTY ATTORNEY

JOHN L. KNIGHT
DEPUTY COUNTY ATTORNEY

J.T. TOKARZ
KAREN M. ADAMS
SENIOR ASSISTANT COUNTY ATTORNEYS

RHYSA GRIFFITH SOUTH
ELLEN R. FULMER
MARISSA D. MITCHELL
BENJAMIN A. THORP
MELISSA K. VELAZQUEZ †
LEE ANN ANDERSON
ANDREW R. NEWBY
ASSISTANT COUNTY ATTORNEYS

January 21, 2011

BMC Group Inc.
Attn: Urban Brands Claims Processing
P.O. Box 3020
Chanhassen MN 55317-3020

**Re: Chapter 11 Bankruptcy of Urban Brands Inc.
Case No.: 10-13005 (10-13045)**

Dear Sir or Madam:

Please file the enclosed *Proof of Claims* on behalf of **Henrico County, Virginia** in the amount of **\$75.94 for water and sewer utility service and 2010 personal property tax for furniture, fixtures and computer in the amount of \$1,271.85.** Please return stamped copies in the enclosed self-addressed stamped envelope. Also, please send any future notices to my attention at the above address.

Thank you for your assistance.

Very sincerely yours,

Tinesha Jackson
Paralegal

Enclosures

[Faint, illegible text, likely bleed-through from the reverse side of the page]

4301 East Parham Road, Henrico, Virginia 23228-2752 ~ P.O. Box 90775, Henrico, Virginia 23273-0775
(804) 501-4342 ~ Fax: (804) 501-4140

† Reply to Melissa K. Velazquez:
Henrico County Public Schools, 3820 Nine Mile Road ~ P.O. Box 23120, Henrico, Virginia 23223-0420
(804) 652-3712 ~ Fax: (804) 652-3885

WE CARE

US Postal Service

DEAR VALUED POSTAL CUSTOMER:

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We are constantly working to improve our processing methods so that these incidents will be eliminated. You can help us greatly in our efforts if you will continue to properly prepare and address each letter or parcel that you enter into the mailstream.

We appreciate your cooperation and understanding and sincerely regret any inconvenience that you have experienced.

YOUR POSTMASTER