

UNITED STATES BANKRUPTCY COURT District of South Carolina

PROOF OF CLAIM

Name of Debtor: UBI Liquidating Corp et al

Case Number: 10-13025

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):  
**CHARLESTON COUNTY TAX OFFICE**

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

Name and address where notices should be sent:  
Charleston County Department of Revenue Collections  
4045 Bridgeview Drive  
North Charleston, SC 29405  
843-202-6092

RECEIVED  
MAY 09 2011  
BMC GROUP

Court Claim Number: \_\_\_\_\_  
(if known)

Telephone number:

Filed on: \_\_\_\_\_

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

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.

Telephone number:

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

1. Amount of Claim as of Date Case Filed: \$ 3474.81

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.

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

2. Basis for Claim: taxes  
(See instruction #2 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).

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.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

4. Secured Claim (See instruction #4 on reverse side.)

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).

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

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 Business Personal

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: \$ 3474.81 Amount Unsecured: \$ \_\_\_\_\_

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

Amount entitled to priority:

\$ \_\_\_\_\_

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.

\*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.

If the documents are not available, please explain:

Date: 5-5-11

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.

Jamie A. Porter

Urban Brands



00784

D102  
OPER: BLF229

CHARLESTON COUNTY TAX SYSTEM  
DELINQUENT RECEIPT INQUIRY

05-05-2011  
09:00:21

TAX YR: 2010 ACCT: 51039468 PROP: 45 RCPT: 2010 - 360328 ACT: I  
PY: REF: 51039468 TD: 43 JUR: 03 HE CD: STAT: B RC: B

OWN1 1ST: LARGE APPAREL OF SOUTH CAROLINA II

OWN2 1ST: BANKRUPTCY: 05-05-2011  
CARE OF: ASHLEY STEWART 379 ORIG TAX: 3,156.90  
TAX ADDR: 23150 NORTHWOODS BLVD UNIT: CREDITS: 161.40  
C,S,Z: N CHARLESTON SC 29418 PENALTIES: 449.30  
MAIL ADDR: 100 METRO WAY UNIT: INTEREST: .00  
C,S,Z: SECAUCUS NJ 07094 19 USER FEE: .00  
DESC: SW FEE : .00  
NET AMT: 3,444.80

TOT APPR: MILLAGE: 273.8 PAID DT:  
TOT ASMT: 11,530 LEGAL RES: BD CHK DT:  
HME ASMT: OTHER RES: MEMO:  
PTR ASMT: AGRI LAND: NB DT:  
CAP ASMT: CAP APPR: REF AMT:  
TAX SALE: REF CK/DT:  
REDEEMED: ABT OP/DT: ABMT AMT:  
CONVEYED: UPD OP/DT: BLF229 05-05-201 RSEQ: C

INQUIRY COMPLETE

F1=ACCT F4=CRED F6=COLL F9=MEMO F11=ADMN F16=RFND F21=ABAT

NSCN: