

UNITED STATES BANKRUPTCY COURT

District of Delaware

PROOF OF CLAIM

Name of Debtor: LARGE APPAREL OF ILLINOIS INC

Case Number: 10-13017

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): Illinois Department of Employment Security

Name and address where notices should be sent:

RECEIVED

MAY 12 2011

BMC GROUP

Illinois Department of Employment Security  
33 S. State Chicago IL. 60603

Telephone number:  
(312) 793-6874

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):

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.

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 2,108.36

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).

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).

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).

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

2. Basis for Claim: Unemployment Taxes  
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 4650

3a. Debtor may have scheduled account as: 4050987  
(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:  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: \$ 0.00 Amount Unsecured: \$ 0.00

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 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:

\$ 2,108.36

\*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: 04/29/2011

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.

Ellis Beckman

Ellis Beckman

FOR COURT USE ONLY

FILED  
BANKRUPTCY COURT  
FELT AVARIF

AM 9:17

ED

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C.

Urban Brands



BMC

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

PROOF OF CLAIM FOR  
DEPARTMENT OF EMPLOYMENT SECURITY  
CONTRIBUTIONS/TAXES  
(BANKRUPTCY CODE CASES)

**CASE NUMBER** 10-13017DE  
TYPE OF CASE : 11  
PETITION DATE : 09/21/2010  
  
ACCOUNT NUMBER : 4050987  
FEIN : 0133774650  
DOCUMENT IDENTIFIER : 0612103652  
SS# :

UNITED STATES BANKRUPTCY COURT  
824 MARKET ST. 5TH FLOOR  
WILMINGTON DE 19801-4937

IN THE MATTER OF: EMPLOYER : LARGE APPAREL OF ILLINOIS INC  
DBA :  
ADDRESS : 100 METRO WAY DEPT  
SECAUCUS NJ 07094-1914

- The undersigned whose business address is 33 South State Street, Chicago, Illinois is the agent of the State of Illinois Department of Employment Security, and is authorized to make this request for payment on behalf of the State of Illinois.
- The debtor is indebted to the State of Illinois Department of Employment Security, in the sum of 2,108.36
- The grounds for liability are contributions/taxes due under the Illinois Unemployment Insurance Act.

-----UNPAID-----

| QTR/YR        | CONTRIBUTIONS   | INTEREST TO PETITION DATE | PENALTY     | OTHER       | DATE NOTICE OF LIEN FILED |
|---------------|-----------------|---------------------------|-------------|-------------|---------------------------|
| 1/10          | 581.74          | 0.00                      | 0.00        | 0.00        |                           |
| 2/10          | 957.56          | 0.00                      | 0.00        | 0.00        |                           |
| 3/10          | 569.06          | 0.00                      | 0.00        | 0.00        |                           |
| <b>TOTAL:</b> | <b>2,108.36</b> | <b>0.00</b>               | <b>0.00</b> | <b>0.00</b> |                           |

|                                |                 |
|--------------------------------|-----------------|
| 4. SECURED . . . . .           | 0.00            |
| 5. PRIORITY . . . . .          | 2,108.36        |
| 6. GENERAL UNSECURED . . . . . | 0.00            |
| <b>TOTAL U1 TAX CLAIM</b>      | <b>2,108.36</b> |

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 2011 MAY -9 AM 9:17  
 CLERK COURT  
 US BANKRUPTCY COURT  
 DISTRICT OF DELAWARE

The amount of all payments on this claim have been credited and deducted for the purpose of making this claim.

SEND ALL REMITTANCES, NOTICES, ETC. TO:

ILLINOIS DEPT. OF EMPLOYMENT SECURITY  
BANKRUPTCY UNIT - 10TH FLOOR  
33 S. STATE ST.  
CHICAGO IL 60603

  
By: Collections Unit Manager

(312) 793-1270