

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		<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: Illinois Department of Employment Security 33 S. State Chicago IL. 60603		
Telephone number: (312) 793-6874		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above): Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>40,069.53</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 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. <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 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). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(<u>1</u>).
2. Basis for Claim: <u>Unemployment Taxes</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>4650</u> 3a. Debtor may have scheduled account as: <u>4050987</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: 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: \$ <u>0.00</u> Amount Unsecured: \$ <u>0.00</u>		
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: \$ <u>40,069.53</u> *Amounts are subject to adjustment on 4/1/10 and every 5 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 <i>Ellis Beckman</i>	

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ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

ADMINISTRATIVE 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 : 0612104774
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

1. 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.
2. The debtor is indebted to the State of Illinois Department of Employment Security, in the sum of 40,069.53
3. The grounds for liability are contributions/taxes due under the Illinois Unemployment Insurance Act.

-----UNPAID-----					
QTR/YR	CONTRIBUTIONS	INTEREST TO 04/28/2011	PENALTY	OTHER	DATE NOTICE OF LIEN FILED
4/10	360.16	0.00	0.00	0.00	
*1/11	39,709.37	0.00	0.00	0.00	
TOTAL:	40,069.53	0.00	0.00	0.00	

* Wages are estimated because employer failed to file required reports.

4. SECURED	0.00
5. PRIORITY	40,069.53
6. GENERAL UNSECURED	0.00
TOTAL UI TAX CLAIM	<u>40,069.53</u>

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
ATTORNEY GENERAL SECTION - 9TH FLOOR
33 S. STATE ST.
CHICAGO IL 60603


By: Collections Unit Manager

(312) 793-6960