

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor: UBI Liquidating Corp. f/k/a Urban Brands, Inc.		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): EAST COAST PACKAGING CO., INC.		<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: MELINDA RIVERA, OWNER EAST COAST PACKAGING CO., INC. 260 COLUMBIA AVE. STE 4 FORT LEE NJ 07024 Telephone No. 201-969-9956		
Name and address where payment should be sent (if different from above): <div style="text-align: center;">RECEIVED SEP 19 2011 BMC GROUP</div> Telephone No. _____		<input type="checkbox"/> Check 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.
1. Amount of Claim as of Date Case Filed: \$ 21,937.51 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 the claim. Attach itemized statement of all 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 commission (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever 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 \$2,600* 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 type="checkbox"/> Section 503(b)(9) Claim -- check this box if your claim is for the value of goods received by the Debtor within 20 days before the commencement of the case -- 11 U.S.C. § 503(b)(9). <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____ <i>* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>
2. Basis for Claim: <u>GOODS SOLD</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>4059</u> 3a. Debtor may have scheduled account as: _____ (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: \$ _____ Amount Unsecured: \$ _____		
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____ (See instruction #6 on reverse side.)		
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. 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 DOCUMENT MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 9/15/11	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: <div style="text-align: center;">MELINDA RIVERA, OWNER</div> <div style="text-align: center;"><i>Melinda Rivera - owner</i></div>	



East Coast Packaging Co., Inc.
260 COLUMBIA AVENUE, SUITE #4
FORT LEE, NJ 07024

Tel: 201 969-9956 Fax: 201 969-9975
 Email: info@ecpackage.com

Invoice

Date	Invoice No.
06/01/10	9298

Bill To:
Urban Brands, Inc. c/o Joanne Rupp P.O. Box 2518 Secaucus, NJ 07096-2518

Ship To
Urban Brands, Inc. 100 Metro Way Secaucus, NJ 07094

PO #	Terms	Rep	Ship Date	Ship Via	FOB
4059	1% 10 Net 30	MR	06/01/10	Truck	Secaucus, NJ

Quantity	Item	Description	Rate	Amount
13,040	UBI LARGE RSC.	RSC,ECT 32, "C" Flute, Plain Revised Invoice	0.869	11,331.76
			Total	\$11,331.76

Thank you for your business!

East Coast Packaging Co., Inc.

260 COLUMBIA AVENUE, SUITE #4
FORT LEE, NJ 07024

Tel: 201 969-9956 Fax: 201 969-9975

Email: info@ecpackage.com

Invoice

Date	Invoice No.
05/07/10	9262

Bill To:

Urban Brands, Inc.
c/o Joanne Rupp
P.O. Box 2518
Secaucus, NJ 07096-2518

Ship To

Urban Brands, Inc.
100 Metro Way
Secaucus, NJ 07094

PO #	Terms	Rep	Ship Date	Ship Via	FOB
4053	1% 10 Net 30	MR	05/07/10	Truck	Secaucus, NJ

Quantity	Item	Description	Rate	Amount
13,425	UBI LARGE RSC.	RSC, Glued, ECT 32,"C" Flute, Plain	0.79	10,605.75
			Total	\$10,605.75

Thank you for your business!