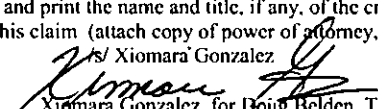


United States Bankruptcy Court		DISTRICT OF DELAWARE		PROOF OF CLAIM							
Name of Debtor ALC HOLDINGS LLC, et al AMERICAN LASER CENTERS		Case Number 2011-13853 (MFW)		<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin: 0;">JAN 24 2012</div> <div style="font-size: 1.5em; font-weight: bold; margin: 0;">BMC GROUP</div>							
NOTE: This form should not be used to make a claim for administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. § 503.											
Name of Creditor (The person or other entity to whom the debtor owes money or property.) Doug Belden, Hillsborough County Tax Collector		<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 box if you have never received any notices from the Bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.									
Name and address where notices should be sent: TAX COLLECTOR, Hillsborough County ATTN: Doug Belden P.O. Box 172920 601 E Kennedy Blvd 14th Floor Tampa Florida 33672-2920		Telephone number (813) 635-5210 x5466 FAX (813) 612-6749		This space is for Court Use only							
Account or other number by which creditor identifies debtor 42006.2274		Check here <input type="checkbox"/> Replaces If this claim <input type="checkbox"/> Amends A previously filed claim dated: <u> </u> Date Of First Claim									
1. Basis for Claim: <input type="checkbox"/> Goods sold <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes (Florida Statute 197.122) <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other _____											
2. Date debt was incurred: January 1, 2011			3. If court judgment, date obtained Date of Judgement (Delinquent Personal Property)								
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or c) non or only part of your claim is entitled to priority											
Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claims. Amount entitled to priority \$ _____ Specify the priority of the claim: <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) (3). <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"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a) (5). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a) (8). <input type="checkbox"/> Other- Specify applicable paragraph of 11 U.S.C. § 507(a)() * 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			Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other <input checked="" type="checkbox"/> Tangible Personal Property Value of Collateral \$ 209,980 Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____								
5. Total Amount of Claim at Time Case Filed: <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: center;">\$ 3746.59</td> <td style="text-align: center;">\$3746.59</td> </tr> <tr> <td style="text-align: center;">(unsecured)</td> <td style="text-align: center;">(secured)</td> <td style="text-align: center;">(total)</td> </tr> </table>						\$	\$ 3746.59	\$3746.59	(unsecured)	(secured)	(total)
\$	\$ 3746.59	\$3746.59									
(unsecured)	(secured)	(total)									
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.				This Space is for Court Use Only							
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of funding accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.											
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.											
Date: January 18, 2012		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  Xiomara Gonzalez, for Doug Belden, Tax Collector									
Penalty for presenting fraudulent claim: Fine of up to \$5000.00 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.											


ALC Holdings

 00070

Folio No. 042006.2274					
Use this number for BILLPAY payments: Acct No. T0420062274					
Pay this amount	3,596.73	3,634.19	3,671.66	3,709.12	3,746.59
If postmarked by	Nov 30 11	Dec 31 11	Jan 31 12	Feb 29 12	Mar 31 12

Skip the Trip - Pay online at www.hillstax.org

- E-Check - A FREE electronic payment from your checking account
- Credit Card - 2.5% fee is charged



Owner Name & Property Location

AMERICAN LASER CENTERS
 ALC OF FLORIDA LLC
 5111 EHRlich RD
 TAMPA 33624-2075

Legal Description: 5111 EHRlich RD STE 11

AMERICAN LASER CENTERS
 JOY HORNKOHL - TAX DIRECTOR
 24555 HALLWOOD CT
 FARMINGTON HILLS MI 48335-1667

Ad Valorem Taxes Tax District H

Keep this portion for your records. WALK-IN CUSTOMERS PLEASE BRING FOR YOUR RECEIPT.

Taxing Authority	Telephone	Millage	Assessed Value	Exemption	Taxable Value	Tax Amount
COUNTY OPERATING	813-272-5890	5.73910	209980	25000	184980	1,061.62
ENVIRONMENTAL LAND	813-272-5890	0.06040	209980	25000	184980	11.17
COUNTY M.S.T.U.	813-272-5890	4.37450	209980	25000	184980	809.20
LIBRARY-SERVICE	813-273-3660	0.55830	209980	25000	184980	103.27
PARK BONDS - UNINCORPORATED	813-272-5890	0.02590	209980	25000	184980	4.79
SCHOOL - LOCAL	813-272-4064	2.24800	209980	25000	184980	415.84
SCHOOL - STATE	813-272-4064	5.66500	209980	25000	184980	1,047.91
PORT AUTHORITY	813-905-5132	0.19000	209980	25000	184980	35.15
HILLS CO TRANSIT AUTHORITY	813-623-5835	0.50000	209980	25000	184980	92.49
CHILDRENS BOARD	813-229-2884	0.50000	209980	25000	184980	92.49
WATER MANAGEMENT	800-423-1476	0.39280	209980	25000	184980	72.66
WATER MANAGEMENT H	800-423-1476	0.00000	209980	25000	184980	0.00

Total Millage	20.25400
Combined Taxes & Assessments	3,746.59
Filing Penalty	0.00
Total Due	3,746.59

Folio No. 042006.2274	Acct No. T0420062274	Assessed Value 209980	Tax District H
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Legal Description: 5111 EHRlich RD STE 11

Skip the Trip - Pay online at www.hillstax.org

Pay this amount	3,596.73	3,634.19	3,671.66	3,709.12	3,746.59
If postmarked by	Nov 30 11	Dec 31 11	Jan 31 12	Feb 29 12	Mar 31 12

Detach this portion and return it with your payment.

Make checks payable in US funds to
 DOUG BELDEN, TAX COLLECTOR
 P.O. BOX 172920
 TAMPA FL 33672-0920

AMERICAN LASER CENTERS
 JOY HORNKOHL - TAX DIRECTOR
 24555 HALLWOOD CT
 FARMINGTON HILLS MI 48335-1667



Doug Belden, Tax Collector

January 18, 2012

United States Bankruptcy Court
DISTRICT OF DELAWARE
824 MARKET ST, 3RD FLOOR
WILMINGTON DE 19801

RE: ALC HOLINGS LLC, et al,
Case Number: 11-13853(MFW)

Enclosed for filing is an original and one copy of the Hillsborough County Tax Collector's Notice to Debtor of Additional Creditors and/or Proof of Claim from the Hillsborough County Tax Collector. Please file same and return a file stamped copy to our office in the enclosed self-addressed stamped envelope.

Thank you very much for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Xiomara Gonzalez", is written over a faint, larger version of the signature.

Xiomara Gonzalez
Senior Customer Service Rep, for Doug Belden
Hillsborough County Tax Collector

xg
Encl. (2)

cc: Adam G Landis PA
BMC Group Inc.

601 E. Kennedy Blvd., 14th Floor, Tampa, FL, 33602-4931
Phone 813-635-5200 • Fax: 813-612-6749 • Gonzalez@hillstax.org

DOUG BELDEN

HILLSBOROUGH COUNTY TAX COLLECTOR
P.O. BOX 172920
TAMPA, FL 33672-0920

R-05-B

RECEIVED

JAN 24 2012

BMC GROUP

*****IMPORTANT*****
New Requirements
needed for driver licenses!
Go to www.galtorget.com

PRESORTED
FIRST CLASS



UNITED STATES POSTAGE
EAGLE
PRIMELY BORN
02 1A
0004348100
\$00.414
JAN 19 2012
MAILED FROM ZIP CODE 33619

44 1-15-11 FOR PRESORT TAMP FL 336

BMC GROUP INC
18750 LAKE DR EAST
CHANHASSEN, MN 55317

539 NFE 1 1121 00 01/22/12
NOTIFY SENDER OF NEW ADDRESS
:BMC GROUP DR E
18675 LAKE
CHANHASSEN MN 55317-9983
BC: 55317938975 *0378-02872-22-32

9 55317938975

