

UNITED STATES BANKRUPTCY COURT		DISTRICT OF _____	PROOF OF CLAIM
U.S. Bankruptcy Court District of Delaware			
Name of Debtor: American Laser Centers of Cali		Case Number: 11-13883	
NOTE: This form should not be used to make claim for an administration 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 Southern California Edison Company		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach statement giving particulars. <input type="checkbox"/> Check box if you never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notices & Disbursements Should be Sent Attention: Credit and Payment Services 1551 W. San Bernardino Rd. Covina, CA 91722 Tel: (626)-967-8313		THIS SPACE IS FOR COURT USE ONLY	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: Southern California Edison CASE ID: 11806		CHECK HERE IF THIS CLAIM <input type="checkbox"/> REPLACES a previously filed claim dated: __ <input type="checkbox"/> AMENDS	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/Wrongful Death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) <u>Electrical Utility Services</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114 (a). <input type="checkbox"/> Wage, salaries, and commission (Fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED 12/8/2011		3. IF COURT JUDGMENT, DATE OBTAINED	
4. Total Amount of Claim at Time Case Filed. \$ <u>\$563.42</u> If all or part of you claim is secured, or entitled to priority, also complete item 5 or 6 below. <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 additional charges.			
5. SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe Briefly) Value of Collateral: \$ _____ Amount of arrearage and other charges included in secured claim above, If Any \$ _____		6. UNSECURED PRIORITY CLAIM <input type="checkbox"/> Amount entitled to priority \$ ____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to (\$4300)*, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier) – 11 U.S.C. §507 (a)(3). <input type="checkbox"/> Contributions to an employee benefit plan – U.S.C. §507 (a)(4) <input type="checkbox"/> Up to \$1950 of deposits towards purchase, lease, or rental of property or services for personal, family or household use – U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – U.S.C. §507 (a)(7) <input type="checkbox"/> Taxes or penalties of government units – U.S.C. §507 (a)(8) <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	
7. 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 FILED 012 JAN 18 AM 11:01 CLERK US BANKRUPTCY COURT DISTRICT OF DELAWARE	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running 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.			
9. 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 9, 2012	Sign and print the name and title, if any of the creditor or person authorized to file this claim (attach copy of power of attorney if any) _____ Tammy Gadbois, Special Collections Coordinator		

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 USC §§ 152





RE: Debtor: American Laser Centers of California LLC
Reference Number: 11-13883

STATEMENT OF ACCOUNT

Service Address	Serv Acct /	Start Date	End Date	Transaction Amt
	Cust Acct			
41607 MARGARITA RD STE 10 TEMECULA, CA	024-6220-86 26-397-9221	9/6/2011	12/8/2011	\$412.05
42088 RIO NEDO STE 101 TEMECULA, CA	026-1300-45 27-274-7437	6/23/2010	8/12/2010	\$151.37

Total Customer Account Charges: \$563.42
Adjustments: \$0.00
TOTAL CLAIM: \$563.42

DELIVERY OF ELECTRIC SERVICES OR OTHER CHARGES DUE IN NORMAL COURSE OF
BUSINESS WITH A UTILITY COMPANY INCURRED ON OR BEFORE FILING DATE.

PLEASE MAKE CHECKS PAYABLE TO: SOUTHERN CALIFORNIA EDISON COMPANY. FORWARD
TO:
ATTENTION: CREDIT AND PAYMENT SERVICES, 1551 W. San Bernardino Rd. Covina, CA 91722.

January 9, 2012

U.S. Bankruptcy Court District of Delaware
Marine Midland Plaza Building
824 Market St 5th Floor
Wilmington, DE 19801-4943

Original Claim

Charges incurred prior to the commencement of Bankruptcy.

RE: American Laser Centers of California LLC
Bankruptcy Case: 11-13883
Commencement Date: 12/8/2011

Enclosed are a claim form and a statement of account in the amount of \$563.42 due Southern California Edison Company from the above referenced principal.

Please file our claim and forward all communication and remittances to the undersigned, c/o Credit and Payment Services at 1551 W. San Bernardino Rd. Covina, CA 91722.

Sincerely,


Tammy Gadbois
Special Collections Coordinator

GTM
OCPC.DOC

FILED
2012 JAN 18 AM 11:01
CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

BMC

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8697 4815 6872

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8697 4815 6872

4a Express Package Service

1 FedEx Priority Overnight

5 FedEx Standard Overnight

6 FedEx First Overnight

20 FedEx Express Saver

4b Express Freight Service

7 FedEx 1Day Freight*

8 FedEx 2Day Freight

83 FedEx 3Day Freight

5 Packaging

2 FedEx Pak*

3 FedEx Box

4 FedEx Envelope*

1 Other

6 Special Handling

3 SATURDAY Delivery

1 HOLD Overday

31 HOLD Saturday

7 Payment Bill to:

1 Sender

2 Recipient

3 Third Party

4 Credit Card

5 Cash/Check

6 Other

8 Residential Delivery Signature Options

10 No Signature Required

34 Direct Signature

520 Indirect Signature

520

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