

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)
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>Date Of First Claim</u>
1. Basis for Claim: <input type="checkbox"/> Goods sold RECEIVED <input type="checkbox"/> Money loaned JAN 26 2012 <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes (Florida Statute 197.122) BMC GROUP <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 entitle 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 <u>at time case filed</u> included in secured claim, if any \$
5. Total Amount of Claim at Time Case Filed: \$ _____ (unsecured) \$ 3746.59 (secured) \$ 3746.59 (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. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders invoices, itemized statements of funning 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.		This Space is for Court Use Only
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): <i>/s/ Xiomara Gonzalez</i> Xiomara Gonzalez, for Doug Belden, Tax Collector	

FILED
 2012 JAN 24 AM 10:41
 CLERK
 US BANKRUPTCY COURT
 DISTRICT OF DELAWARE



Bmc

Folio No. 042006.2274
 Use this number for BILLPAY payments: Acct No. T0420062274

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

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

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

Legal Description: 5111 EHRlich RD STE 11

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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



FILED

JAN 24 AM 10:41

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

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,

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

1 From [redacted] Sender's FedEx Account Number [redacted]

Date [redacted] Recipient's Name [redacted] Phone [redacted]

Company [redacted] Address [redacted] City [redacted] State [redacted] ZIP [redacted]

2 Your Internal Billing Reference

3 To Recipient's Name [redacted] Phone [redacted]

Company [redacted] Recipient's Address [redacted] City [redacted] State [redacted] ZIP [redacted]

Address [redacted] City [redacted] State [redacted] ZIP [redacted]

4a Express Package Service

1 FedEx Priority Overnight 5 FedEx Standard Overnight 6 FedEx First Overnight

3 FedEx 2Day 20 FedEx Express Saver

4b Express Freight Service

7 FedEx 1Day Freight 8 FedEx 2Day Freight 83 FedEx 3Day Freight

5 Packaging 6 FedEx Pak 3 FedEx Box 4 FedEx Tube

6 Special Handling 3 SATURDAY Delivery 1 HOLD Weekday

7 Payment Bill to 2 Sender 3 Recipient 4 Third Party 5 Credit Card

8 Residential Delivery Signature Options

No Signature Required 10 Direct Signature 34 Indirect Signature



8697 4815 6872

RECEIVED JAN 29 2012 RMC GROUP

