

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor: ALC HOLDINGS LLC, ET AL

Case Number: 11-13853

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): Okaloosa County Tax Collector

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

Okaloosa County Tax Collector
Attn: Justin Gordon
73 Eglin Pkwy NE, Ste. 111
Fort Walton Beach, FL 32548

RECEIVED

FEB 02 2012

BMC GROUP

Court Claim Number: (If known)

Filed on:

Name and address where payment should be sent (if different from above):

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.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 1,445.12

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.

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.

2. Basis for Claim: TAX Plus 18 % int p.a. (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 00020731

Wages, salaries, or commissions (up to \$11,725*) 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).

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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: Real Estate Motor Vehicle Other
Describe: 2011, 2012 Tangible Property Tax

Value of Property: \$ 69,007 Annual Interest Rate 18 %

Amount of arrearage and other charges as of time case filed included in secured claim.

if any: \$ 0.00 Basis for perfection: FL Statutes 192, 197

Amount of Secured Claim: \$ 1,445.12 Amount Unsecured: \$

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).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

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 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: \$ 1,445.12

*Amounts are subject to adjustment on 4/1/13 and every 5 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 01/23/2012

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.

Justin Gordon, Tax Analyst

Handwritten signature of Justin Gordon

FOR COURT USE ONLY

2012 FEB 02 PM 1:52



BMC

Case Number	Type	ALTERNATE KEY	TAX YEAR	TAX	INTEREST	FEE	PENALTY	PAYMENT	ESTIMATED INCREASE	OTHER	TOTAL DUE
11-13853	TP	2003037	2011	\$688.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$688.15
11-13853	TP	2003037	2012	\$688.15	\$0.00	\$0.00	\$0.00	\$0.00	\$68.82	\$0.00	\$756.97
		TOTAL:		\$1,376.30	\$0.00	\$0.00	\$0.00	\$0.00	\$68.82	\$0.00	\$1,445.12

Account History

Roll	Tax	Status	Due	
2011	2011	Acct: Unpaid	\$674.39	View
2010	2010	Acct: Paid-in-full		View
2009	2009	Acct: Paid-in-full Delq Advertised		View
2008	2008	Acct: Paid-in-full		View
2007	2007	Acct: Paid-in-full		View
2006	2006	Acct: Paid-in-full		View
Total Due:			\$674.39	

- » [Post a payment](#)
- » [Write off uncollectible amounts](#)
- » [Print History](#)
- » [View a different due date](#)

Account Information

Roll Year: 2011
 Tax Year: 2011
 Account Number: 00020731
 « Prev Next »
 Alternate Key: 2003037
 Millage Code: FW - FORT WALTON BEACH
 Certified: AMERICAN LASER CLINIC LLC
 Roll Owner(s): % ALC OF FLORIDA LLC
 24555 HALLWOOD CT
 FARMINGTON HILLS, MI 48335
 Situs Address: 348 MIRACLE STRIP PKY SW 17,
 FW
 BK/Lit Case: 11-13853 (Active)
 Links: Public Site
 Exemptions: MX - TPP EXEMPTION 25,000
 Flags: **Bankrupt**
 Custom Flags: **BANKRUPTCY**
 BillExpress™: Add BillExpress subscriber
 Subscribers:

School Assessed Value: 69,007
 Assessed Value: 69,007
 Exemption Value: 25,000
 Ad Valorem: \$688.15
 Penalty Rate: 0%
 Penalty: \$0.00
 Total Tax: \$688.15
 Total Tax + Penalty: \$688.15

- » [Modify this account](#)
- » [Prorate this account](#)
- » [Print this bill](#)
- » [Print this short bill](#)
- » [Print a copy of this bill](#)
- » [Correction History](#)
- » [Manage account links](#)

- » [Create new account](#)
- » [Create VAB Case](#)

Location Details

Ad Valorem Details

All But System Notes (4)

Account Search

2011  -- Any --

Search

Clear

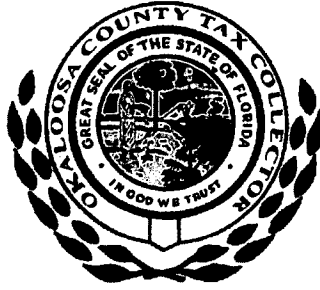
Roll Yr	Tax Yr	Account Number	Alternate Key	Certified Roll Owner Name	Account Status
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Specify search criteria above and then click search

73 Eglin Parkway N.E., Suite 111
Fort Walton Beach, FL 32548

310 Van Matre Ave.
Suite 155, Building 210
Eglin AFB, FL 32542

4012 Commons Dr. West, Unit 122
Destin FL 32541



302 N. Wilson Street, Suite 101
Crestview, FL 32536

506 Highway 85 North
Niceville, FL 32578

FILED
2012 JAN 30 PM 1:52

Customer Service Processing Center

CLERK www.OkaloosaTax.com
US BANKRUPTCY COURT (850) 651-7300
DISTRICT OF DELAWARE

BEN ANDERSON
OKALOOSA COUNTY TAX COLLECTOR

January 23, 2012

U.S. Bankruptcy Court
District of Delaware
824 Market St., 5th Floor
Wilmington, DE 19801

REF: Bankruptcy Case # 11-13853

Please find enclosed the B-10 form and copies of the supporting documents on case #11-13853 in the name of ALC Holdings LLC et al.

I also have included a "copy" of the B-10 for you to stamp your received information on and return in the self addressed enclosed envelope.

Thanks so much in advance.

Respectfully,

A handwritten signature in black ink, appearing to read "Justin Gordon", is written over the typed name and title.

Justin Gordon
Tax Administrator
Okaloosa County Tax Collector
73 Eglin Pkwy NE, Ste. 111
Ft. Walton Beach, FL 32548
P: (850) 651-7603
F: (850) 651-7727

FedEx® US Airbill

Express

FedEx
Tracking
Number **8726 8134 8872**

Form
ID No. **0200**

FedEx Retrieval Copy

1 From
Date 2/1/82 Sender's FedEx Account Number 272178780

Sender's Name BMC Phone _____

Company BMC

Address 18750 Lake Dr. East

City Waukegan State IL ZIP 60087

2 Your Internal Billing Reference

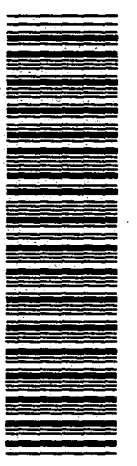
3 To
Recipient's Name BMC Phone _____

Company BMC

Address _____

City _____ State _____ ZIP _____

Address _____



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4a Express Package Service *To most locations.*
 01 FedEx Priority Overnight *Next business morning, FedEx Signature required. Delivery is Saturday unless SATURDAY Delivery is selected.*
 05 FedEx Standard Overnight *Next business afternoon, FedEx Signature required. Delivery is Saturday unless SATURDAY Delivery is selected.*
 06 FedEx First Overnight *Earliest next business morning delivery to select locations.*

03 FedEx 2Day *Second business day, Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.*
 20 FedEx Express Saver *Third business day, Saturday Delivery NOT available.*

4b Express Freight Service *** To most locations. Packages over 150 lbs.*
 70 FedEx 1Day Freight *Next business day, FedEx shipments will be delivered on Monday unless SATURDAY Delivery is selected.*
 80 FedEx 2Day Freight *Second business day, Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.*
 83 FedEx 3Day Freight *Third business day, Saturday Delivery NOT available.*

5 Packaging **Declared value limit \$500*
 02 FedEx Pak* *Includes FedEx Small Pak and FedEx Large Pak.*
 03 FedEx Box
 04 FedEx Tube
 01 Other

6 Special Handling and Delivery Signature Options
 03 SATURDAY DELIVERY

10 No Signature Required *Package may be left without obtaining a signature of delivery.*
 101 Direct Signature *Someone at recipient's address may sign for delivery. Fee applies.*
 34 Indirect Signature *Someone at shipping address may sign for delivery. Fee applies. Residential deliveries only. Fee applies.*

Does the shipment contain dangerous goods?
 04 No *One box must be checked.*
 06 Yes *As per attached Shipper's Declaration. Shipper's Declaration not required.*
 06 Dry Ice *UN 1845*
 06 Cargo Aircraft Only

7 Payment - Bill to:
 1 Shipper
 2 Recipient
 3 Third Party
 4 Credit Card
 5 Cash/Check
Enter FedEx Acct. No. or Credit Card No. below: _____
Obtain rec'd. Acct. No. _____
Total Packages _____ Total Weight _____
Credit Card Auth. _____

7 Payment - Bill to:
Enter FedEx Acct. No. or Credit Card No. below: _____
Obtain rec'd. Acct. No. _____
Total Packages _____ Total Weight _____
Credit Card Auth. _____

8 Your rating is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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