

UNITED STATES BANKRUPTCY COURT District of Delaware PROOF OF CLAIM

Name of Debtor: ALC Holdings LLC 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): NSTAR ELECTRIC
Name and address where notices should be sent: NSTAR ELECTRIC, ONE NSTAR WAY NW220, WESTWOOD, MA 02090
Telephone number: (781) 441-3175
RECEIVED FEB 02 2012 BMC GROUP
Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number: (If known)
Filed on:

Name and address where payment should be sent (if different from above):
Telephone number:
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.
Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 3,033.49
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.

2. Basis for Claim: Electricity Provided (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 1021
3a. Debtor may have scheduled account as: 2652-207-1021 (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: Real Estate Motor Vehicle 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: \$

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.
Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
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)(4).
Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
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).
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)().
Amount entitled to priority: \$
*Amount: 4/1/10 as respect the date of adjustment.

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 instruction 7 and 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:

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.
/s/ KATHLEEN M BERRY, SPECIAL COLLECTIONS COORDINATOR

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 52 and 3571.
FOR COURT USE ONLY
ALC Holdings
00101
AM 31 AM 9:45

ACCT CIS PROD P289

ACCOUNT INFORMATION

KBE 15:20 01/23/12

2564-032-1029 DIV 84 E
ALC OF MASS LLC
37 NEWBURY ST F 5
BOSTON 02116
H (248) 426-8250

W DS6 30B2
OPEN BAL 1307.85
AVG BILL 498.00
COMMENTS A
MAIL

LSO -000000
LUC
CRED B2S B1S
NXT/RD/DT 02/21/12
CY 14 RTE 514

BILL SEGREGATION 2 # BILLS 01 SEND TO KBE
DO NOT ESTIMATE 00 SEND TO PAFS? (Y)
MULTI-BILL CODE 0 ELIGIBLE FOR DS TRANSITION? N
SPECIAL MESSAGE 000 BATCH 000
PRIORITY CODE ORIGINAL ACCOUNT #

SEASONAL CUSTOMER
LPC EXEMPT 00 SALES TAX EXEMPT DATA
CUSTOMER IS OWNER CURR YR CODE PRIOR YR CODE
ACCOUNT LINKAGE # PENDING CODE PRIOR EXP DT
CUST INFO RELEASE? Y EXPIRATION DATE ORIG FILE#
ACCOUNT T/ON DATE 09/02/2010 ACCOUNT T/OFF DATE 12/08/2011
TOP 800 ACCT (1)

COMMENTS:

CS00018 SCREEN IS AVAILABLE FOR INQUIRY ONLY

PF01: HELP PF02: FIND PF11: ACC2 PF12: RESTORE

ACCT CIS PROD P962

ACCOUNT INFORMATION

KBE 09:22 01/24/12

2652-207-1021 DIV 85 E
ALC OF MASSACHUSETTS LLC
40 HOLLAND ST 4FL
W SOMERVIL 02144
W (248) 426-8250 0000

W DS6 3082
OPEN BAL 1725.64
AVG BILL 582.00
COMMENTS A B11
MAIL

LSO -000000
LUC
CRED B2S B1S
NXT/RD/DT 02/21/12
CY 14 RTE 141

BILL SEGREGATION 2 # BILLS 01 SEND TO KBE
DO NOT ESTIMATE 00 SEND TO PAFS? (Y)
MULTI-BILL CODE 0 ELIGIBLE FOR DS TRANSITION? N
SPECIAL MESSAGE 000 BATCH 000
PRIORITY CODE ORIGINAL ACCOUNT #

SEASONAL CUSTOMER
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PF01: HELP PF02: FIND PF11: ACC2 PF12: RESTORE



NSTAR Electric & Gas Company, Dept NW 200
One NSTAR Way, Westwood, Massachusetts 02090-9230

FILED

2012 JAN 31 AM 9:45

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

January 23, 2012

U.S. Bankruptcy Court
District of Delaware
824 N. Market St. 3rd FL
Wilmington, DE 19801

RE: ALC Holdings LLC
Bankruptcy #11-13853
Chapter 11

Enclosed is a Proof of Claim on behalf of **NSTAR Electric** in the above-mentioned proceedings. Please file with other papers regarding this matter.

Very truly yours,

A handwritten signature in cursive script that reads "Kathleen Berry".

Kathleen Berry
Special Collections Coordinator

Enclosures

Ct:

Kerri K. Mumford
Landis Rath & Cobb LLP
919 Market Street, Suite 1800
Wilmington, DE 19801

Michael K. Callahan, Esquire

BMC

FedEx Express US Airbill

Tracking Number **8726 8134 8872**

Form ID No. **0200**

FedEx Retrieval Copy

1 From **2/1/89** Sender's FedEx Account Number **278178780**

Sender's Name **BMC** Phone _____

Company **BMC**

Address **18150 Lake Dr East**

City **Washouak** State **WA** ZIP **98521**

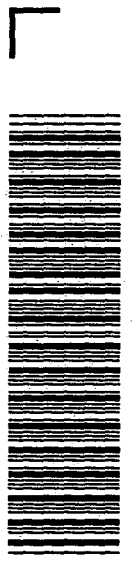
2 Your Internal Billing Reference

3 To Recipient's Name **BMC** Phone _____

Company **18150 Lake Dr East**

Address _____

City _____ State **WA** ZIP _____



8726 8134 8872

RECEIVED
BMC GROUP

4a Express Package Service **01** Next business morning, Friday
FedEx Standard Overnight **05** Next business afternoon, Saturday Delivery NOT available.
FedEx First Overnight **06** Earliest next business morning delivery to select locations.*

03 FedEx 2Day **20** FedEx Express Saver
Second business day, Thursday shipment will be delivered on Monday unless SAT/ODM Delivery is selected. Saturday Delivery NOT available.

4b Express Freight Service **70** FedEx 1Day Freight
Next business day, Friday shipments will be delivered on Monday unless SAT/ODM Delivery is selected. FedEx 1Day Freight Booking No. Packages over 150 lbs.

80 FedEx 2Day Freight **83** FedEx 3Dy Freight
Second business day, Thursday shipments will be delivered on Monday unless SAT/ODM Delivery is selected. Third business day, Saturday Delivery NOT available.

5 Packaging **02** FedEx Pak* **03** FedEx Box **04** FedEx Tube **01** Other Envelope*

6 Special Handling and Delivery Signature Options

03 SATURDAY DELIVERY **10** Direct Signature
No Signature Required. Package may be left without obtaining a signature for delivery. Someone at recipient address may sign for delivery. For expedited delivery, see special handling instructions.

Does this shipment contain dangerous goods? **34** Indirect Signature
One box must be checked. Yes No No. Shipper's Declaration required. Shipper's Declaration not required. Dry Ice, UN 1845, Cargo Aircraft Only. If contents are hazardous, recipient address, someone at a neighboring residential address may sign for delivery. For residential deliveries only, see special handling instructions.

7 Payment - Bill to: **01** Sender **02** Recipient **03** Third Party **04** Credit Card **05** Cash/Check

Total Packages _____ Total Weight _____

Obtain recip. Acct. No. **606**

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