

Name of Debtor:
CLA Hold, LLC; CLA Hold of TN, LLC,
American Lasers Centers, LLC

Case Number:
11-13853, 11-13876,

NOTE: See reverse and attached for List of Debtors/Case Numbers/Important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for Administrative Expenses 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(a).

Name of Creditor (the person or other entity to whom the debtor owes money or property): Mickey Lusk

Name and address where notices should be sent:

Kathleen Ball, Esq.
204 Buntyn Street
Memphis, TN 3811
(901) 521-0550

RECEIVED
FEB 17 2012
BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (901 521-0550 email: kathleen@theballfirm.com

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

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.

Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number (if known):
Filed on:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 250,000
If all or part of your claim is secured, 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: PERSONAL INJURY CLAIM
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
2472

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

3b. Uniform Claim Identifier (optional):
(See instruction #3b)

4. SECURED CLAIM: (See instruction #4)
Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.
Nature of property or right of setoff:
Describe:
 Real Estate Motor Vehicle Other _____
Value of Property: \$ _____
Annual Interest Rate: _____ % Fixed or Variable (when case was filed)
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 Administrative Expense status under 11 U.S.C. § 503(b)(9) or Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the administrative expense or priority and state the amount.
Amount entitled to priority: \$ _____
Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____
You MUST specify the priority of the claim:
 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 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).
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
 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).
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).
 Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).

* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after 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. (See instruction #6)

7. DOCUMENTS: Attached are redacted copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and definition of "redacted").
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
 If the documents are not available, please explain:

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.
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED).

BY MAIL TO:
 BMC Group, Inc.
 Attn: CLA Hold LLC Claims Processing
 formerly ALC Holdings LLC
 PO Box 3020
 Chanhassen, MN 55317-3020

BY MESSENGER OR OVERNIGHT DELIVERY TO:
 BMC Group, Inc.
 Attn: CLA Hold LLC Claims Processing
 formerly ALC Holdings LLC
 18675 Lake Drive East
 Chanhassen, MN 55317

8. SIGNATURE: (See instruction #8)

Check the appropriate box.

I am the creditor. I am the creditor's authorized agent.
 (Attach copy of power of attorney, if any.) I am the trustee, or the debtor,
 or their authorized agent. I am a guarantor, surety, indorser, or other codebtor.
 (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Kathleen Ball
 Title: Creditor Attorney
 Company: Ball Law Firm
 Address and telephone number (if different from notice address above):

 Telephone number: _____ email: _____

Kathleen A. Ball 2-15-12
 (Signature) for Mikey Rust (Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

LIST OF DEBTORS:

Debtor Name	Case Number	Debtor Name	Case Number	Debtor Name	Case Number
CLA Hold LLC	11-13853	CLA of Iowa LLC	11-13864	CLA of Pennsylvania LLC	11-13875
CLA LLC	11-13854	CLA of Kansas LLC	11-13865	CLA of Tennessee LLC	11-13876
CLA HC, Inc.	11-13855	CLA of Louisiana LLC	11-13866	CLA of Texas LLC	11-13877
CLA of Alabama LLC	11-13856	CLA of Massachusetts LLC	11-13867	CLA of Utah LLC	11-13878
CLA of Arizona LLC	11-13857	CLA of Michigan LLC	11-13868	CLA of Virginia LLC	11-13879
CLA of Colorado LLC	11-13858	CLA of Minnesota LLC	11-13869	CLA of Washington LLC	11-13880
CLA of Connecticut LLC	11-13859	CLA of Missouri LLC	11-13870	CLA of Wisconsin LLC	11-13881
CLA of Georgia LLC	11-13860	CLA of Nevada LLC	11-13871	CLA Products, LLC	11-13882
CLA of Florida	11-13861	CLA of New York LLC	11-13872	CLA of California LLC	11-13883
CLA of Indiana LLC	11-13862	CLA of North Carolina LLC	11-13873	CLA of Puerto Rico LLC	11-13884
CLA of Illinois LLC	11-13863	CLA of South Carolina LLC	11-13874	CLA Licensor, LLC	11-13885

BALL LAW FIRM

An Association of Attorneys

204 Buntyn Street, Memphis, Tennessee 38111
Telephone: 901-521-0550
Fax : 901-310-4584

Kathleen A. Ball, Attorney at Law
Jaimie A. Ball, Legal Assistant

Kathleen@theballfirm.com
Jaimie@theballfirm.com

February 7, 2012

Markel Claims Service Center
10 Parkway North
Deerfield, Illinois 60015

Attn: Kim Kirkpatrick, Claims Representative

Re: Our Client: Mickey Lusk
Date of Accident: 7-12-11
Claim No.: SM26226

Dear Ms. Kirkpatrick:

Thank you for contacting me earlier this week regarding my client, Mickey Lusk. Pursuant to our telephone conversation, I am submitting this revised demand by email with attached photographs of Ms. Lusk's injuries and copies of her medical bills and records.

With this correspondence, I wish to retract my original demand of \$85,000.00 based on Ms. Lusk's medical bills of \$958.90. In light of the fact that her condition is unchanged since the original demand was submitted on October 12, 2011 and due to fact that her face, neck, and chest are permanently damaged on behalf of Ms. Lusk I submit this revised demand in the amount of \$250,000.00.

Our theory of liability stems not only from the negligence on part of the laser technician, which proximately caused the injury to Ms. Lusk, but is also based upon a breach of informed consent. Ms. Lusk's "Treatment and Financial Agreement" which I have scanned and included with this email, specifically, sets out the treatment areas as the jawline and areola. Therefore, my client never consented to a laser application to her chest, neck and cheeks. However, you can see from the photos that those areas were lasered and have been permanently impaired. Ms. Lusk's medical records reflect that the laser caused 2nd degree burns.

Thank you again for informing me of the Chapter 11 timeline. I understand that until the automatic stay is lifted, you cannot negotiate this claim. However, if you have any questions or concerns, please do not hesitate to contact me either by email or my cell at 901-650-1371.

Thank you in advance to your attention to this matter. I look forward to working you soon in hopes of bringing this matter to a resolution.

Sincerely,

A handwritten signature in black ink, appearing to read 'K Ball', with a long horizontal flourish extending to the right.

Kathleen Ball
Attorney at Law

KB/mf
Attached: as above

BALL LAW FIRM

204 Buntyn Street, Memphis, Tennessee 38111
Telephone: 901-521-0550
Fax : 901-310-4584

Kathleen A. Ball, Attorney at Law
Jaimie A. Ball, Legal Assistant

Kathleen@theballfirm.com
Jaimie@theballfirm.com

February 14, 2012

BMC Group, Inc.
Attn: CLA Hold LLC Claims Processing
PO Box 3020
Chanhasen, MN 55317-3020

BMC Group, Inc.
Attn: CLA Hold LLC Claims Processing
18675 Lake Drive East
Chanhasen, MN 55317


Re: Our Client: Mickey Lusk
Date of Accident: 7-12-11
Debtor: CLA Hold LLC

Dear Sir or Madam:

Enclosed please find the original proof of claim form which we ask you to file in this matter.
Please return the enclosed copy, stamped "filed" in the return envelope provided.

Thank you for your assistance in this matter.

Sincerely,


Kathleen Ball
Attorney at Law

KB/mf
Attached: as above

FedEx NEW Package
Express US Airbill

FedEx Tracking Number
8000 2512 4944

0200 Form 10 No.

FedEx Retrieval Copy

1 From

Date 2-16-12

Sender's Name Kathleen A. Ball Phone 901 5210550

Company Ball Law Firm

Address 204 Bunryn Street

City Memphis State TN ZIP 38111

2 Your Internal Billing Reference

3 To

Recipient's Name BMC GROUP INC Phone

Address 18675 Lake Drive East

City Chattanooga State TN ZIP 37417

Address We cannot deliver to PO boxes or PO ZIP codes.

Dept./Room/Station

Address

Use this line for the HQID location address or for continuation of your shipping address.

City Chattanooga State TN ZIP 37417



8000 2512 4944

4 Express Package Service

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For per FedEx Express freight US Airbill.

Next Business Day

06 FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SAT/DAY Delivery is selected.

01 FedEx Priority Overnight
Next business morning. Friday shipments will be delivered on Monday unless SAT/DAY Delivery is selected.

05 FedEx Standard Overnight
Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days

49 NEW FedEx 2Day AM.
Second business morning. Saturday Delivery NOT available.

03 FedEx 2Day
Second business afternoon. Thursday shipments will be delivered on Monday unless SAT/DAY Delivery is selected.

20 FedEx Express Saver
Third business day. Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

06 FedEx Envelope* 02 FedEx Pak* 03 FedEx Box 04 FedEx Tube 01 Other

RECEIVED
Special Handling and Delivery Signature Options

03 SATURDAY DELIVERY

02 No Signature Required
Permitted for limited product categories only.

10 Direct Signature
Signature at recipient's address may sign for delivery. No agency.

34 Indirect Signature
If no one is available at recipient's address, someone at a neighboring residential address may sign for delivery only. No agency.

7 Payment Bill to:

Sender Recipient Third Party Credit Card Cash/Check

Enter FedEx Acct. No. or Credit Card No. below. Acct. No.

04 No 04 Yes No
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

Total Packages 1 Total Weight 0 lbs.

612