UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	PROOF OF CLAIM	
Name of Debtor: CLA OF NEW YORK, LLC CLA HOLD, LLC, F/K/A ALC HOLDINGS LLC	Case Number: 11-13872 11-13853 (MFW)	

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):
NITA KUNDANMAL

Name and address where notices should be sent:
NITA KUNDANMAL
277 PROSPECT AVENUE, #5B
HACKENSACK, NJ 07601

RECEIVED
MAR 05 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.

Creditor Telephone Number (917) 549-5711 email: nkundanmal@yahoo.com

THIS SPACE IS FOR COURT USE ONLY

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

☐ 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 $ 100,000 +
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: (See instruction #2) PERSONAL INJURY/NEGLIGENCE

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	**3a. Debtor may have scheduled account as:**	**3b. Uniform Claim Identifier (optional):**
8768	(See instruction #3a)	(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).

☐ 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).

☐ 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).

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

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

☐ 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.*

ALC Holdings
00144

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. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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

Print Name: NITA KUNDANMAL
Title:
Company:

(Signature) 2/21/12 (Date)

Address and telephone number (if different from notice address above):

Telephone number: email:

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

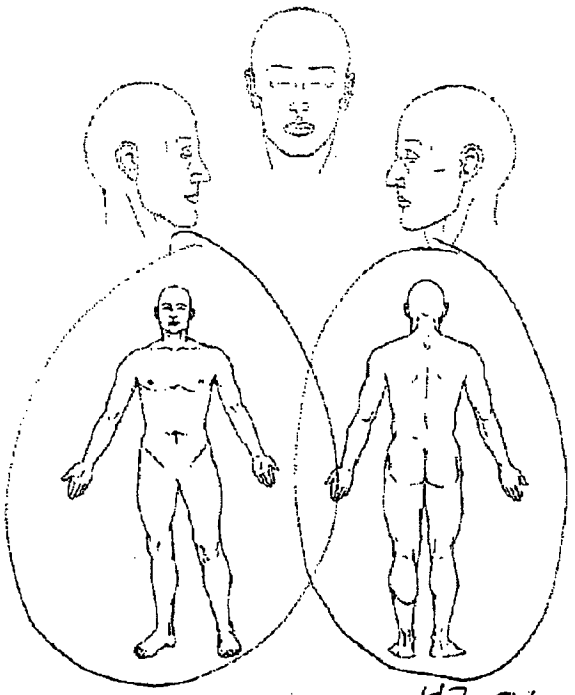
American Laser Centers

Treatment Agreement

Client Name: Nita Kunamneni Date: 1/28/07

Notes:

Treatment Area	Price	Discount	Price	Product	Price
full body	1539.70	jan	6000	PLL-Body	45
		promo.		SPF	20
				PLL-face	35
+tax 4.125%		+tax 4.125%			
	Total 15,993.28		Total 6247.50	Tax	59.05
				Total	117.05



Toatal Treatment Price $ 6247.50

Total Product Price $ 117.50

Total Sales Price $ 6365.00

Hair Removal
- ☐ Per Treatment - **Price Subject to Change** (Initial _____)
- ☑ Paid in Full - Package of 6 with 2 Year Guarantee

FotoFacial
- ☐ Per Treatment - **Price Subject to Change** (Initial _____)
- ☐ Paid in Full - Package of 5 FotoFacials/5 Microdermabrasions

Skin Tightening
- ☐ Per Treatment - **Price Subject to Change** (Initial _____)
- ☐ Paid in Full - Package of _____ treatments

Affirm
- ☐ Per Treatment - **Price Subject to Change** (Initial _____)
- ☐ Paid in Full - Package of _____ treatments

Microdermabrasion
- ☐ Per Treatment - **Price Subject to Change** (Initial _____)
- ☐ Paid in Full - Package of _____ treatments

AmeriSmooth
- ☐ Per Treatment - **Price Subject to Change** (Initial _____)
- ☐ Paid in Full - Package of _____ treatments

I fully understand and agree to the treatment areas that will be treated. If no services are performed under this agreement, a refund will be issued at customer's written request minus a ten percent administrative fee. Otherwise, all fees are nonrefundable. Guarantee for hair removal package takes effect on the day the sixth treatment is completed.

Client Signature: _____ Date: 1/28/08

Staff Signature: Jacki Date: 1/28/08

Client Charting Details

Client Name:	Nita Kundanmal
Address1:	277 Prospect Avenue
Address2:	Apt 5B
City:	Hackensack
State | Zip:	NJ | 07601
Gender:	Female
Primary Clinic:	Financial District

Upload A Picture

Select Chart ID: 5726634582463

Select Picture For Upload:

Browse...

No Photo Reason:

Upload Picture

Photo To Upload Preview

Show/Expand All Charts: [v1 | v2]

Laser Hair Removal Charts [Add Treatment]

Procedures: Lip Upper - Chin - Arms Under - Legs Full - Bikini Brazilian Extended - Face Full [Edit List]

Chart ID	Procedure	Date	Steps Completed	History		Pictures
5726631775247	Chin	01/28/2008	1 - 2 - 3 - 4 - 5	Action Details	Show All	View
5726631776385	Lip Upper	01/28/2008	1 - 2 - 3 - 4 - 5	Action Details	Show All	View
5726631776401	Arms Under	01/28/2008	1 - 2 - 3 - 4 - 5	Action Details	Show All	View
5726631776413	Bikini Brazilian	01/28/2008	1 - 2 - 3 - 4 - 5	Action Details	Show All	View
5726631828836		02/08/2008		Action Details	Show All	View
5726631828851	Legs Full	02/08/2008	1 - 2 - 3 - 4 - 5	Action Details	Show All	View
5726631995003	Lip Upper	03/17/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726631995234	Chin	03/17/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726631995329	Arms Under	03/17/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726631995338	Bikini Brazilian	03/17/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632164172	Legs Full	04/22/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632387317	Lip Upper	06/10/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632387519	Chin	06/10/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632404647	Arms Under	06/13/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632404982	Bikini Brazilian	06/13/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632420233	Legs Full	06/17/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632650528	Arms Under	08/07/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632651014	Lip Upper	08/07/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632651025	Chin	08/07/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632651032	Bikini Brazilian	08/07/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632676412	Legs Full	08/13/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632797145	Lip Upper	09/10/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726632797281	Chin	09/10/2008	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726633507757	Lip Upper	02/20/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726633507996	Chin	02/20/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726633590803	Legs Full	03/10/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726633592288	Bikini Brazilian Extended	03/10/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726633656731	Lip Upper	03/23/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726633657079	Chin	03/23/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726633657089	Arms Under	03/23/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726633819761	Lip Upper	04/23/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726633819773	Chin	04/23/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726634123738	Lip Upper	06/22/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726634125243	Chin	06/22/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726634171302	Bikini Brazilian Extended	06/30/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726634171551	Arms Under	06/30/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726634265327	Lip Upper	07/20/2009	1 - 2 - 3 - 4 - 5	Action Details	Show All	View
5726634265346	Chin	07/20/2009	1 - 2 - 3 - 4 - 5	Action Details	Show All	View
5726634265355	Arms Under	07/20/2009	1 - 2 - 3 - 4 - 5	Action Details	Show All	View
5726634308569	Legs Full	07/28/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726634442920	Bikini Brazilian Extended	08/24/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726634442944	Arms Under	08/24/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726634442958	Face Full	08/24/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View
5726634582463	Face Full	09/21/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View

Microdermabrasion Charts [Add Treatment]

Procedures: Microderm [Edit List]

Chart ID	Procedure	Date	Steps Completed	History		Pictures
5726634308654	Microderm	07/28/2009	1 - 2 - 3 - 4 - 5 - 6	Action Details	Show All	View

NITA KUNDANMAL
277 PROSPECT AVENUE #5B
HACKENSACK, NJ 07601
nkundanmal@yahoo.com
(917) 549-5711

February 27, 2012

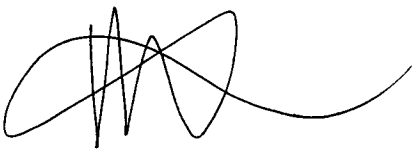
BMC Group Inc.
Attn: CLA Hold LLC Claims Processing
formerly ALC Holdings LLC
P.O. Box 3020
Chanhassen, MN 55317-3020

Re: *In re: ALC Holdings LLC et al*
Creditor: Nita Kundanmal
Debtor: ALC of New York, LLC (Financial District)
Case Number: 11-13872

Dear Sir/Madam:

I have attached a Proof of Claim against ALC of New York, LLC (Financial District) and one copy. Kindly file my claim and return a date-stamped copy in the enclosed stamped self-addressed envelope.

Sincerely,



Nita Kundanmal

NITA KUNDANMAL
277 Prospect Avenue, #5B
Hackensack, NJ 07601

RECEIVED
MAR 05 2012
BMC GROUP

BMC Group Inc.
Attn: CLA Hold LLC Claims Processing
P.O. Box 3020
Chanhassen, MN 55317-3020

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