

B10 (Official Form 10)
(Rev. 7/95)

United States Bankruptcy Court		PROOF OF CLAIM	
District of <u>DELAWARE</u>		Case Number	Chapter
In re (Name of Debtor) ALC HC, INC.		11-13853	11
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.			
In re (Name of Creditor) (The person or other entity to whom the debtor owes money or property)		<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 Tennessee Department of Revenue C/O Attorney General P.O. Box 20207 Nashville, TN 37202-0207			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 26-1349534/000		Check box if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends _____	
RECEIVED MAR 09 2012 BMC GROUP			
1. BASIS FOR CLAIM		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)			
2. DATE DEBT WAS INCURRED		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges, at time case filed included in secured claim above, if any \$ _____		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), earned not more than 90 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"/> Contributions to an employee benefit plan — 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. §507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties of 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.			
<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM <u>\$6,731.03</u> Specify the priority of the claim.			
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$ _____ (Unsecured) \$ _____ (Secured) <u>\$6,731.03</u> (Priority) <u>\$6,731.03</u> (Total)			
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			THIS SPACE IS FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
DATE <u>February 15, 2012</u> <u>3992952120215 MD</u>	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) Print Name: <u>William E. Hooks</u> Signature: <u>William E. Hooks</u> <u>2/21/2012</u>		

FILED
 2012 MAR -5 AM 9:41
 US BANKRUPTCY COURT
 DISTRICT OF DELAWARE

THIS SPACE IS FOR COURT USE ONLY

ALC Holdings

 00147

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

ALL INQUIRIES CONTACT:

Michelle Denney
(615) 532-6324

BMC

Debtor: ALC HC, INC.

D/B/A: ALC HC, INC.
24555 HALLWOOD CT
FARMINGTN HLS, MI 48335-1667
ACCT NO. 320473592
ACCT TYPE FRAN/EXCS2
ENTITY ID 26-1349534/000



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

ALC HC, INC.

BANKRUPTCY

ALC HC, INC.
24555 HALLWOOD CT
FARMINGTN HLS MI 48335-1667

824 MARKET STREET
WILMINGTON DE 19801

26-1349534/000
320473592
FRAN/EXCS2

Docket No.: 11-13853
Chapter: 11
Date Petition Filed: December 8, 2011
First Creditors Meeting: January 12, 2012
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	DLNQ	01-01-11	\$6,731.03	\$0.00	\$0.00	\$0.00	\$6,731.03
TOTALS			\$6,731.03	\$0.00	\$0.00	\$0.00	\$6,731.03

RECAP

Audit Balance: \$0.00
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$0.00
 Estimated Assessments: \$6,731.03
 Underpaid Balance: \$0.00
 Returned Checks: \$0.00
 GRAND TOTAL: \$6,731.03

Penalty and interest calculated through 12-08-11

Michelle Dorney
Preparer's Signature

February 15, 2012
Date

FedEx® US Airbill

Tracking Number **8726 8134 8942**

Form ID No. **0200**

FedEx Retrieval Copy

Packages up to 150 lbs.

1 From 3/8/12 Sender's FedEx Account Number 87261981780

Date 3/8/12 Sender's Name Stevens Dept. Phone _____

Company BMC Group

Address 10750 Lake Dr. East

City Spring House State PA ZIP _____

2 Your Internal Billing Reference MAR 09 2012

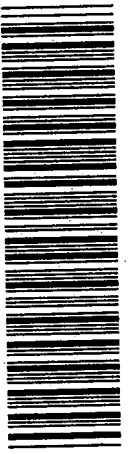
3 To Recipient's Name Stevens Dept Phone BMC GROUP

Company BMC Group

Address 10750 Lake Dr. East

City Spring House State PA ZIP _____

Address _____



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- 4a Express Package Service** *To all locations.
- 01** FedEx Priority Overnight Next business morning, Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 02** FedEx 2Day Second business day, Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 03** FedEx Express Saver Second business day, Saturday Delivery NOT available.
- 4b Express Freight Service** **To most locations. Packages over 150 lbs.
- 70** FedEx 1Day Freight Need business day - Friday 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.
- 5** Packaging *Declared value limit \$500. Includes FedEx Small Pak and Envelope*
- 06** FedEx **02** FedEx Pak* Includes FedEx Small Pak and Envelope*
- 03** FedEx **04** FedEx **01** Other

- 03** SATURDAY DELIVERY
- 6** Special Handling and Delivery Signature Options
- 10** No Signature Required Package may be left without obtaining a signature for delivery.
- 10** Direct Signature Someone at recipient's address may sign for delivery. *Per options.*
- 34** Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery. *Per options.*
- 04** No 04 As per airpouch. Shipper's Declaration not required.
- 06** Shipper's Declaration Dry Ice Cargo Aircraft Only

- 7 Payment Bill to:**
 - Sender
 - Addt'l. to Specim
 - Recipient
 - Third Party
 - Credit Card
 - Cash/Check
- Total Packages _____ Total Weight _____ lbs.
- Total Packages _____ Total Weight _____ lbs.

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

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