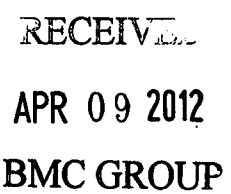


<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE</b>	<b>PROOF OF CLAIM</b>	
Name of Debtor: <i>American Laser Skincare</i>	Case Number: <i>11-13854-MFW or 11-13853-MFW</i>	
<small>NOTE: See reverse and attached for List of Debtors/Case Numbers/important details. Other than claims under 11 U.S.C. § 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).</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Angela M. Larassa</i>		
Name and address where notices should be sent: <i>Angela M. Larassa 469 Stafford St. Cherry Valley, MA 01611</i>		
Creditor Telephone Number ( <del>771</del> ) <i>249-8259</i> email: <i>angela.larassa@yahoo.com</i>		
Name and address where payment should be sent (if different from above):		If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. <b>THIS SPACE IS FOR COURT USE ONLY</b>
Payment Telephone Number ( ) email:		<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 this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number (if known):</b> _____ Filed on: _____
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <i>810 - before taxes</i> <small>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.</small> <input type="checkbox"/> 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.		
<b>2. BASIS FOR CLAIM:</b> <i>remaining - paid time off 45 hours @ \$18/hr</i> <small>(See instruction #2)</small>		
<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> <i>4812</i>	<b>3a. Debtor may have scheduled account as:</b> <small>(See instruction #3a)</small>	<b>3b. Uniform Claim Identifier (optional):</b> <small>(See instruction #3b)</small>
<b>4. SECURED CLAIM:</b> (See instruction #4) <small>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.</small> <b>Nature of property or right of setoff:</b> Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed   or <input type="checkbox"/> Variable <small>(when case was filed)</small>		
<b>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.</b> Amount entitled to priority: \$ <i>810 - before taxes</i> Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____		
<b>You MUST specify the priority of the claim:</b> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( _____ ). <input type="checkbox"/> Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).		
<small>* 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.</small>		
<b>6. CREDITS:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

ALC Holdings  
  
 00193

**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) so that it is actually received on or before       :00 pm, prevailing Eastern Time on       , 2012 for Non-Governmental Claimants OR on or before       , 2012 for Governmental Units.

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

**BY MESSENGER OR OVERNIGHT DELIVERY TO:**  
BMC Group, Inc.  
Attn: CLA Hold LLC Claims Processing  
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: Angela M. Larassa  
Title: Former employee  
Company: \_\_\_\_\_

Angela Larassa      3/28/12  
(Signature)      (Date)

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

Telephone number: 774-249-8259      email: Angela.larassa@yahoo.com

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.

Current Pay Statement

This is a statement of earnings and deductions. This pay statement is non-negotiable.



American Laser Skincare  
 24555 Hallwood Ct  
 Farmington Hills, MI 48335  
 248-426-8250

**Pay Statement**  
**Period Start Date** 12/05/2011  
**Period End Date** 12/18/2011  
**Pay Date** 12/23/2011  
**Document** 84492  
**Net Pay** \$348.36

**Pay Details**

<b>Angela M Larassa</b> 469 Stafford St Cherry Valley, MA 01611 USA	<b>Employee Number</b> 000003416 <b>SSN</b> xxx-xx-4812 <b>Job</b> Assistant Manager Zone 4 <b>Pay Rate</b> \$18.00 <b>Pay Frequency</b> Biweekly	<b>Pay Group</b> Field Mass Hourly <b>Location</b> Massachusetts <b>Region</b> 821 - New England Regional <b>Department</b> 182 - Worcester <b>Reg Manager</b> CM - Catherine MacLeod	<b>Federal Income Tax</b> \$0 <b>State Income Tax (Residence)</b> \$0 <b>State Income Tax (Work)</b> \$0
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**Earnings**

Pay Type	Hours	Pay Rate	Current	YTD
Bonus	0.0000		\$441.50	\$11,698.05
Holiday	0.0000		\$0.00	\$576.00
Overtime	0.0000		\$0.00	\$548.64
Pers/Sick	0.0000		\$0.00	\$342.00
Regular Pay	0.0000		\$0.00	\$34,233.48
Training	0.0000		\$0.00	\$225.00
Vacation	0.0000		\$0.00	\$864.00
<b>Total Hours</b>	<b>0.0000</b>			

**Deductions**

Deduction		Pre-Tax	Current	YTD
401K	Yes		\$8.83	\$1,077.48
Dental Reliance	Yes		\$0.00	\$195.80
Medical - Blue	Yes		\$0.00	\$891.20
Supp Lif 100000	No		\$0.00	\$65.00
Vision Reliance	Yes		\$0.00	\$57.20

**Taxes**

Taxes	Current	YTD
Employee Medicare	\$6.40	\$686.47
Federal Income Tax	\$36.44	\$6,026.84
MA State Income Tax	\$22.93	\$2,346.02
Social Security Employee Tax	\$18.54	\$1,988.40

**Paid Time Off**

Plan	Current	Balance
Paid Time Off	0.0000	32.0000
Personal Time	0.0000	13.0000

**Net Pay Distribution**

Account Number	Account Type	Amount
xxxxxxxxx5431	Checking	\$348.36
<b>Total</b>		<b>\$348.36</b>

**Pay Summary**

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
<b>Current</b>	\$441.50	\$432.67	\$84.31	\$8.83	\$348.36
<b>YTD</b>	\$48,487.17	\$46,265.49	\$11,047.73	\$2,286.68	\$35,152.76

Originally printed in English

A Larassa  
469 Stafford St  
Cherry Valley, MA  
01601

CENTRAL MA 014

06 APR 2012 PM 5 L

RECEIVED

APR 09 2012

BMC Group Inc BMC GROUP

Attn: CUA Hold LLC Claims Processing  
PO Box 3020

Charhassen, MN



55317+3020

