

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor:

American Laser Skincare

Case Number:

11-13854-MFW or
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):

Angela M. Larassa

Name and address where notices should be sent:

Angela M. Larassa
469 Stafford St.
Cherry Valley, MA 01611

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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 (771) 249-8254 email: (angela.larassa@yahoo.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 \$ 810 - before taxes

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)

remaining - paid time off 45 hours @ \$18/hr

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

4812

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: \$ 810 - before taxes

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



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) 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: _____ email: Angela.larassa@yahoo.com
774-249-8259

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.

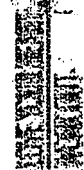
Earnings		Deductions			
Pay Type	Hours Pay Rate Current YTD	Deduction	Pre-Tax Current YTD		
Bonus	0.0000 \$441.50 \$11,698.05	401K	Yes \$8.83 \$1,077.48		
Holiday	0.0000 \$0.00 \$576.00	Dental Reliance	Yes \$0.00 \$195.80		
Overtime	0.0000 \$0.00 \$548.64	Medical - Blue	Yes \$0.00 \$891.20		
Pers/Sick	0.0000 \$0.00 \$342.00	Supp Lif 100000	No \$0.00 \$65.00		
Regular Pay	0.0000 \$0.00 \$34,233.48	Vision Reliance	Yes \$0.00 \$57.20		
Training	0.0000 \$0.00 \$225.00				
Vacation	0.0000 \$0.00 \$864.00				
Total Hours	0.0000				
Paid Time Off		Net Pay Distribution			
Plan	Current Balance	Account Number	Account Type Amount		
Paid Time Off	0.0000 32.0000	xxxxxxxx5431	Checking \$348.36		
Personal Time	0.0000 13.0000	Total	\$348.36		
Pay Summary					
	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$441.50	\$432.67	\$84.31	\$8.83	\$348.36
YTD	\$48,487.17	\$46,265.49	\$11,047.73	\$2,286.68	\$35,152.76

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A Larassa
469 Stafford St
Cherry Valley MA
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BMC GROUP

BMC Group Inc

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18676 Lake Drive East.

Chanhassen, MN 55317

55317+9323

