


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		ADMINISTRATIVE CLAIM FORM
In re: <b>CLA HOLD LLC, et al.</b>	Case No. <b>11-13853 MFW</b> (Jointly Administered)	<b>PLEASE NOTE:</b> <i>This form should only be used to assert a claim for the value of any goods received by the debtor within 20 days before the date of commencement of the debtor's bankruptcy case (December 8, 2011), in which the goods have been sold to the debtor in the ordinary course of such debtor's business.</i>
Debtor against which claim is asserted: <b>CLA OF TENNESSEE LLC 11-13876-MFW</b>	<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.	
<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 and Address: the person or other entity to whom the debtor owes money or property  <b>MERZ AESTHETICS, INC.</b> <b>4133 COURTNEY ROAD #10</b> <b>FRANKSVILLE, WI 53126</b>	THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number ( ) <b>262-835-3052</b>	<b>RECEIVED</b>  <b>APR 10 2012</b>  <b>BMC GROUP</b>	
Name and address where notices should be sent (if different from above):  <b>MA</b>		
Creditor Telephone Number ( ) <b>MA</b>	Account or other number by which creditor identifies debtor: <b>11007249</b>	
Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated:		
<b>1. Basis for Claim:</b> <i>Section 503(b)(9) Administrative claim for goods shipped to the debtor within 20 days of the bankruptcy petition date of December 8, 2011.</i>		
<b>2. Date debt was incurred:</b> <i>12/2/2011</i>		
<b>3. Brief description of claim, including the basis for the priority nature of the claim (if any) (attach additional information):</b> <i>One shipment (IN 287073) sent to American Laser Skin Care in Tennessee during the 20 day period prior to December 8, 2011. See enclosed copy.</i>		
<b>4. Total Amount of Administrative Claim: \$</b> <u><i>670.00</i></u> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. CREDITS:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
<b>6. SUPPORTING DOCUMENTS:</b> <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>7. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. <span style="float: right;"><b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b></span>		
The original of this completed proof of claim form must be sent by mail or hand delivered (no electronic submissions or facsimiles will be accepted) so that it is actually received on or before _____ prevailing Eastern Time on _____. <b>BY MAIL TO:</b> BMC Group, Inc. Attn: CLA Hold LLC, formerly ALC Holdings. Claims Processing P.O. Box 3020 Chanhassen, MN 55317-3020		<b>THIS SPACE FOR COURT USE ONLY</b>  ALC Holdings  00199
<b>BY HAND OR OVERNIGHT DELIVERY TO:</b> BMC Group, Inc. Attn: CLA Hold LLC, formerly ALC Holdings. Claims Processing 18675 Lake Drive East Chanhassen, MN 55317		
<b>DATE</b> <i>4/9/2012</i>	<b>SIGNATURE:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <i>[Signature]</i> <b>JEFFREY D. HAIGH</b> <b>CONTROLLER.</b>	

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571.

# MERZ AESTHETICS™

## INVOICE Page: 1 of 1

Correspondence only:  
4133 Courtney Road # 10  
Franksville, WI 53126, U.S.A

Phone: Accts Receivable 866-862-6602  
Phone: Customer Service 866-862-1211  
Fax: Customer Service 866-862-1212

\*\*\*DUPLICATE\*\*\*  
**Invoice Number:** IN287073  
**Invoice Date:** 12/02/11  
**Print Date:** 03/28/12

**Bill To:** 11007249  
  
American Laser Skincare  
24555 Halwood Ct  
Attn: A/P  
Farmington Hills, MI 48335  
United States

**Ship To:** S2020379  
  
American Laser Skincare  
1949 Gunbarrel Rd  
Ste 110  
Chattanooga, TN 37404  
United States

Sales Order: 467607  
PO: 400  
Credit Terms: N30  
Trans ID:  
Salesperson: DR405

Order Date: 12/01/11  
Ship Date: 12/02/11  
Ship Via: 0FedExSt  
BOL #: 511468940350  
F.O.B.: Shipping Point

Line	Item Number	Qty Ord	Shipped	List Price	Your Price	Extended Price
1	8071M0K1 RADIESSE 1.5, M0,K1 US,SterileInjImplantKit Lot: 1029495	4	4	295.00	165.00	660.00
2	8070M0 Accessory Kit US Lot: 1029630	4	4	0.00	0.00	0.00
Sub-Total						660.00
Freight						10.00
						0.00
						0.00
Total Tax:						0.00
<b>INVOICE TOTAL:</b>						<b>\$ 670.00</b>

**Please Remit Payment To:**  
  
Merz Aesthetics, Inc.  
Dept 2073  
Denver, CO 80291

**Credit Card Payments - Phone or Fax Only** PHONE: (866) 862-6602 FAX: (262) 364-2539  
  
VISA, Mastercard or AMEX #: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

These product purchases may be subject to rebate programs that when and if earned need to be reflected for reimbursement purposes.

# BRK

# Express

04.10  
6920

**B** 6

**35**

24

Align top of FedEx Express® Shipping Label here.

Order #:

Part #: 159469-434 RIT 02/12

RECEIVED  
APR 10 2012  
BMC GROUP

ORIGIN ID: MKEA (262) 835-3300  
SHIPPING  
MERZ AESTHETICS, INC.  
4133 COURTNEY RD.  
STE 10  
FRANKSVILLE, WI 53126  
UNITED STATES US

SHIP DATE: 09APR12  
ACTWT: 1.0 LB MAN  
CAD: 0660475/CAFE2511

BILL SENDER

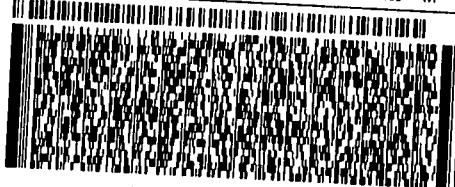
TO **ATTN: CLA HOLD LLC**  
**FORMERLY ALC HOLDINGS CLAIMS PROCES**  
**18675 LAKE DRIVE EAST**

**CHANHASSEN MN 55317**

PO: BMC55317

REF: JEFF HAIGH

DEPT: FINANCE - WI



TAK# 5278 7282 6920  
0201  
**[ XH FBLA**

TUE - 10 APR A1  
STANDARD OVERNIGHT

55317  
MN-US MSP



Align bottom of Peel and Stick Airbill here.