
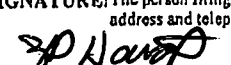


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		ADMINISTRATIVE CLAIM FORM
In re: CLA HOLD LLC, et al.	Case No. 11-13853 MFW (Jointly Administered)	PLEASE NOTE: <i>This form should only be used to assert a claim for the value of any goods received by the debtor within 20 days before the date 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: CLA OF FLORIDA 11-13861-MFW	<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 of Creditor and Address: the person or other entity to whom the debtor owes money or property MERZ AESTHETICS, INC 4133 COURTNEY ROAD #10 FRANKSVILLE, WI 53126		
Creditor Telephone Number () 262-835-3052		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent (if different from above): N/A		RECEIVED APR 10 2012 BMC GROUP
Creditor Telephone Number () N/A		
Account or other number by which creditor identifies debtor: 11007249	Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated:	
1. Basis for Claim: <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>		
2. Date debt was incurred: <i>12/2/2011, 12/6/2011 and 12/7/2011</i>		
3. Brief description of claim, including the basis for the priority nature of the claim (if any) (attach additional information): <i>Three shipments (IN 287082, IN 288144, IN 289157) sent to American Laser Skincare in Florida during the 20 day period before December 8, 2011. See enclosed copies</i>		
4. Total Amount of Administrative Claim: \$ <u>1,510.00</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.		
5. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
6. SUPPORTING DOCUMENTS: <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. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
7. 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.		DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
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 _____. BY MAIL TO: BMC Group, Inc. Attn: CLA Hold LLC, formerly ALC Holdings. Claims Processing P.O. Box 3020 Chanhassen, MN 55317-3020		THIS SPACE FOR COURT USE ONLY ALC Holdings  00200
DATE 4/9/2012	SIGNATURE: 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.  JEFFREY D. HAIGH CONTROLLER	

Penalty for presenting fraudulent claim is a fine of up to \$600,000 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: IN287082
Invoice Date: 12/02/11
Print Date: 03/28/12

Bill To: 11007249

American Laser Skincare
24555 Halwood Crt
Attn: A/P
Farmington Hills, MI 48335
United States

Ship To: S2015321

American Laser Skincare
12058 San Jose Blvd
Ste 1003
Jacksonville, FL 32223
United States

Sales Order: 467619
PO: 400
Credit Terms: N30
Trans ID:
Salesperson: DR149

Order Date: 12/01/11
Ship Date: 12/02/11
Ship Via: 0FedExSt
BOL #: 511468940382
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, Sterile Inj Implant Kit Lot: 1029612	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
INVOICE TOTAL:							\$ 670.00

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.

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: IN288144
Invoice Date: 12/06/11
Print Date: 03/28/12

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

Ship To: S2015319
American Laser Skincare
8751 Commodity Cr
Ste 2
Orlando, FL 32819
United States

Sales Order: 467612
PO: 400
Credit Terms: N30
Trans ID:
Salesperson: DR370

Order Date: 12/01/11
Ship Date: 12/06/11
Ship Via: 0FedExSt
BOL #: 511468948556
F.O.B.: Shipping Point

Line	Item Number	Qty Ord	Shipped	List Price	Your Price	Extended Price
1	8069M0K1 RADIESSE 0.8, M0, K1 Sterile Inj Implant Kit Lot: 1029383	4	4	199.00	125.00	500.00
2	8070M0 Accessory Kit US Lot: 1029755	4	4	0.00	0.00	0.00
Sub-Total						500.00
Freight						10.00
						0.00
						0.00
Total Tax:						0.00
INVOICE TOTAL:						\$ 510.00

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: _____

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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: IN289157
Invoice Date: 12/07/11
Print Date: 03/28/12

Bill To: 11007249

American Laser Skincare
24555 Halwood Crt
Attn: A/P
Farmington Hills, MI 48335
United States

Ship To: S2010052

American Laser Skincare
6245 N Federal Hwy
Ste 200
Ft. Lauderdale, FL 33308
United States

Sales Order: 469542
PO: 413
Credit Terms: N30
Trans ID:
Salesperson: DR885

Order Date: 12/07/11
Ship Date: 12/07/11
Ship Via: 0FedExp1
BOL #: 511468952787
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: 1029650	2		2	295.00	165.00	330.00
2	8070M0 Accessory Kit US Lot: 1029758	2		2	0.00	0.00	0.00
Sub-Total							330.00
Freight							0.00
							0.00
							0.00
Total Tax:							0.00
INVOICE TOTAL:							\$ 330.00

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.

EXPRESS

Express

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6
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6920
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FZ

Attention: of FedEx Express® Shipping Label here.

Order #:

RECEIVED

APR 10 2012

BMC GROUP

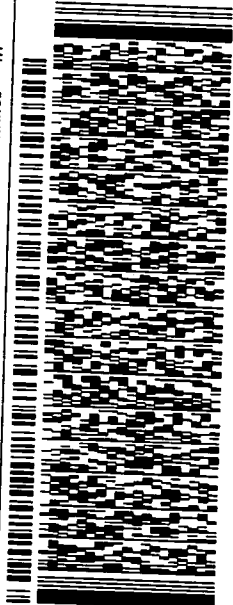
ORIGIN ID: MKEA (262) 895-3300
SHIPPING
MERZ AESTHETICS, INC.
4133 COURTNEY RD.
STE 10
FRANKSVILLE, WI 53126
UNITED STATES US

SHIP DATE: 09APR12
ACTWGT: 1.0 LB MAX
CAD: 0660475/CAF E2511
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



FedEx Express

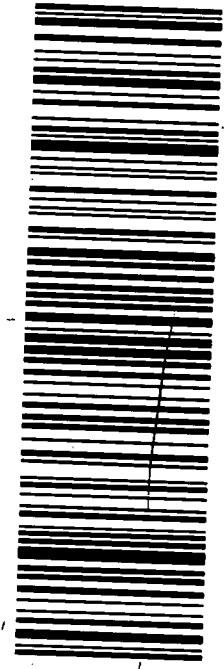


TUE - 10 APR AT
STANDARD OVERNIGHT

TRK# 5278 7282 6920
0201

XH FBLA

55317
MN - US MSP



Part #159469-434 RLT Q3/12

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