

UNITED STATES BANKRUPTCY COURT District of Delaware		PROOF OF CLAIM
Name of Debtor: CLA LLC DBA AMERICAN LASER CENTERS LLC		Case Number: 11-13854
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.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Illinois Department of Employment Security		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Illinois Department of Employment Security 33 S. State Street Chicago Illinois 60603 10th Floor Bankruptcy		
Telephone number: (312) 793-6874		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this 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 if you are the debtor or trustee in this case.
Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>1,636.24</u>		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) 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"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* 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"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ <u>1,636.24</u>
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <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.		
2. Basis for Claim: <u>Unemployment Tax</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>4623</u> 3a. Debtor may have scheduled account as: <u>4524612</u> (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ <u>0.00</u> Amount Unsecured: \$ <u>0.00</u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 03/14/2012	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. Ellis Beckman <i>Ellis Beckman</i>	

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APR 13 2012
BMC GROUP

ALC Holdings
00218
FOR COURT USE ONLY
APR - 3 PM 19

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.

BMC

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

1ST AMENDED PROOF OF CLAIM FOR
DEPARTMENT OF EMPLOYMENT SECURITY
CONTRIBUTIONS/TAXES
(BANKRUPTCY CODE CASES)

CASE NUMBER : 11-13854DE
TYPE OF CASE : 11
PETITION DATE : 12/08/2011
ACCOUNT NUMBER : 4524612
FEIN : 0261354623
DOCUMENT IDENTIFIER : 0621583243
SS# :

UNITED STATES BANKRUPTCY COURT
824 MARKET ST. 5TH FLOOR
WILMINGTON DE 19801-4937

IN THE MATTER OF: EMPLOYER : *LLA LLC* AMERICAN LASER CENTERS LLC
DBA :
ADDRESS : 24555 HALLWOOD CT
FARMINGTN HLS MI 48335-1667

1. The undersigned whose business address is 33 South State Street, Chicago, Illinois is the agent of the State of Illinois Department of Employment Security, and is authorized to make this request for payment on behalf of the State of Illinois.
2. The debtor is indebted to the State of Illinois Department of Employment Security, in the sum of 1,636.24
3. The grounds for liability are contributions/taxes due under the Illinois Unemployment Insurance Act.

-----UNPAID-----

<u>QTR/YR</u>	<u>CONTRIBUTIONS</u>	<u>INTEREST TO PETITION DATE</u>	<u>PENALTY</u>	<u>OTHER</u>	<u>DATE NOTICE OF LIEN FILED</u>
2/10	1,456.24	180.00	0.00	0.00	
TOTAL:	1,456.24	180.00	0.00	0.00	

4. SECURED	0.00
5. PRIORITY	1,636.24
6. GENERAL UNSECURED	0.00
TOTAL UI TAX CLAIM	1,636.24

FILED

MAR 21 2012

STEPHANIE J. EDMONDSON, CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF NC

The amount of all payments on this claim have been credited and deducted for the purpose of making this claim.

SEND ALL REMITTANCES, NOTICES, ETC. TO:

ILLINOIS DEPT. OF EMPLOYMENT SECURITY
BANKRUPTCY UNIT - 10TH FLOOR
33 S. STATE ST.
CHICAGO IL 60603


By: Collections Unit Manager

(312) 793-1270

FedEx
TRK# 0221 5113 0600 4150

FRI - 13 APR Ai
STANDARD OVERNIGHT

XH FBLA

55317
MN-US
MSP

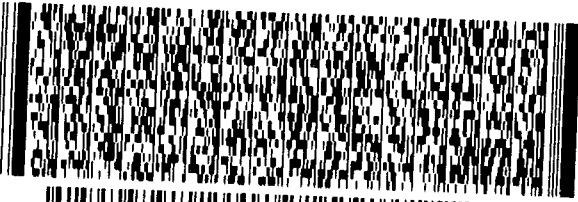


Emp# 238098 12APR12 ILGA 512C1/C44D/A278

55317

RETURNS MON-FRI
STANDARD OVERNIGHT

55317 0600 4150



REF: COACH CLAIMS

(310) 321-6566

CHANHASSEN MN 55317

18675 EAST LAKE DRIVE

BMC GROUP

BMC GROUP

APR 13 2012

APR 13 2012

BMC GROUP

Company: BMC GROUP Date: 07Mar-12
Name: Add: 18675 East Lake State : MN
City: CHANHASSEN Zip: 55317
Srvs: STANDARD OVERNIGHT Master: 5113 0600 4150
TRCK: 5113 0600 4150
ORIGIN ID: LBBA (302) 252-2900
RENEE KUESSEL
CLERK, UNITED STATES BANKRUPTCY CRT
824 NORTH MARKET STREET
WILMINGTON, DE 19801
3RD FLOOR
UNITED STATES US

SHIP DATE: 07Mar-12
ACTWGT: 1.0 LB MAN
CAD: 462222/CAFES25LJ

BILL SENDER

RECEIVED

50812/4115/1108

Referen: Coach Claims