

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>American Laser Centers of California LLC</b>		Case Number: <b>11-13883</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		-5 JUN 9:23
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Carrie Cimperman</b>		<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>Carrie Cimperman 27450 Ynez Road Suite 110C Temecula CA 92591</b>  Telephone number: <b>7607518503</b> email: <b>temeculaacupuncture@gmail.com</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where payment should be sent (if different from above):   Telephone number: _____ email: _____		<b>RECEIVED</b> <b>JUN 08 2012</b> <b>BMC GROUP</b>
1. Amount of Claim as of Date Case Filed: \$ <u>2474.77</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Services Performed AND NOT PROVIDED</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	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 the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
5. Amount of Claim Entitled to 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 priority and state the amount.		
<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 \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, 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 checked="" 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 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>2474.77</u>
*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)		



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**7. Documents:** Attached are 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. 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 the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

**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 3005.)  
(See Bankruptcy Rule 3004.)

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: Carrie Cimperman

Title: \_\_\_\_\_

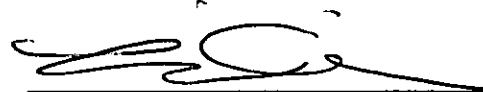
Company: \_\_\_\_\_

~~7607518503~~ Telephone number (if different from notice address above):

9518367921 7607518503

temeculaacupuncture@gmail.com

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_



(Signature)

5/15/2012

(Date)

*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.*

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.*

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:**

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).**

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

**AMERICAN LASER CENTERS CLASS ACTION CLAIM FORM**

For Use in *Souttaphonh v. ALC-Partner, Inc.*, Orange County Superior Court Case No. 07CC01378

Complete this form fully, attach any supporting documents, and mail certified mail return receipt for your protection to: Lakeshore Law Center, Mr. Jeffrey Wilens, Esq., 18340 Yorba Linda Blvd., Suite 107-610, Yorba Linda, CA 92886. You can also fax to 714-854-7206 & call to verify receipt

714-854-7205.

**SUBMIT CLAIM FORM BY MAY 9, 2011**

Print Name: Carrie Cimperman

Mailing Address: 15135 Woods Valley Rd  
Valley Center CA 92082

Telephone #: 951-836-6446

Location of Clinic Where You Signed Up: Temecula, CA

Former Address (if different) When You Signed Up: 26352 Arboretum Way UWA 3505 Murrieta CA 92563

Amount paid for service: \$ 2474.77 (Brazilian + upper lip)


Date refund requested: 4/10 - 8/31/2010

Refund amount requested: \$ 2474.77 at first then tried for partial "fair"

Date refund request denied: 4/10, 5/10, 6/14/2010, 6/16/2010, 7/9/2010, 7/15/2010, 7/16/2010 refund  
*Never received a response.*

I declare under penalty of perjury under the laws of California that the above statements are true and correct:

Date: 3/11/11

Signature: 

2. **Your Rights**

Following is a statement of your rights with respect to your protected health/personal information.

**You have the right to inspect and copy your protected health/personal information.** Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health/personal information that is subject to law that prohibits access to protected health/personal information.

**You have the right to require a restriction of your protected health/personal information.** This means you may ask us not to use or disclose any part of your protected health/personal information for the purposes of treatment or healthcare operations. You may also request that any part of your protected health/personal information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If our medical director believes it is in your best interest to permit use and disclosure of your protected health/personal information, your protected health/personal information will not be restricted. You then have the right to use another service provider.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively, i.e., electronically.

**You may have the right to amend your protected health/personal information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to our statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health/personal information.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

**Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective on/or before **April 14, 2003.**

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We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health/personal information. If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer in person or by phone at our Main Phone Number.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name: Carrie Cimperman Signature: [Handwritten Signature] Date: 3-5-07

From:  
Carrie Cimperman  
27450 Ynez Rd  
Suite 110C  
Temecula, CA 92591 760\*751\*8503  
951\*836\*7921

12/05/11 9:23  
CARRIE CIMPERMAN  
27450 YNEZ RD  
SUITE 110C TEMECULA, CA 92591

This letter is in regards to my claim.

As of May 20, 2011, a settlement was finalized and I was awarded \$2474.77. I NEVER received my check. In my research I come to find that ALC is in bankruptcy. I am hoping to receive my settlement as agreed.

Thank you  
Carrie Cimperman  
May 31, 2012



**New Reusable Envelope**

Use this envelope twice!

Align top of this shipping label or ASTRA label here

**RECEIVED**  
JUN 08 2012

Company: BMC GROUP Date: 07Mar12  
Name: Weight: 1 LBS  
Address: 18675 East Lake State, MN  
City: CHANHASSEN Zip: 55317  
Svcs: STANDARD OVERNIGHT Master: 5113 0600 4183  
TRK#: 5113 0600 4183

SHIP TO: **BMC GROUP**  
ACTING: 1.0 LB MAN  
CAD: 482272/CAFE2511

ORIGIN ID: LGBA (302) 252-2900  
RENEE KUESEL  
CLERK, UNITED STATES BANKRUPTCY CRT  
824 NORTH MARKET STREET  
3RD FLOOR  
WILMINGTON, DE 19801  
UNITED STATES\_US

BILL SENDER

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**RECEIVED**

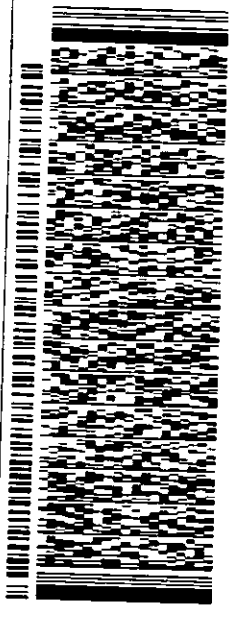
**BMC GROUP**  
18675 EAST LAKE DRIVE

JUN 08 2012

**BMC GROUP**

**CHANHASSEN MN 55317**  
(310) 321-5555

REF: COACH CLAIMS



RETURNS MON - FRI 9.  
STANDARD OVERNIGHT

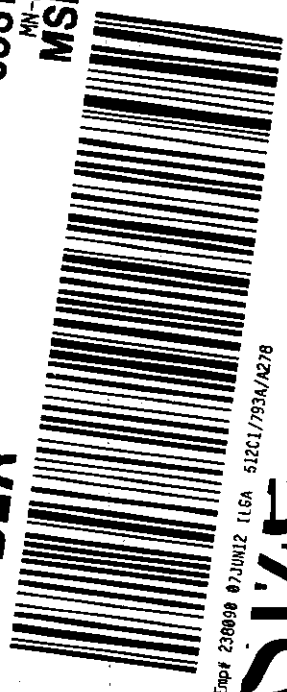
TRK# 5113 0600 4183  
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**FedEx**  
TRK# 5113 0600 4183  
0221

**XH FBLA**

55317  
FRI - 08 JUN AT  
STANDARD OVERNIGHT

55317  
MN-US  
MSP



Emp# 238898 07JUN12 TL6A 512C1/793A/A278

The <sup>RT</sup>65 6 <sup>FZ</sup> **B On** 4183 06.08

**Legal Size**