Edgar Filing: ASSISTED LIVING CONCEPTS INC - Form 3

ASSISTED LIVING CONCEPTS INC

Form 3

November 02, 2006

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * EXTENDICARE HEALTH SERVICES INC			2. Date of Event Requiring Statement (Month/Day/Year) 11/02/2006		3. Issuer Name and Ticker or Trading Symbol ASSISTED LIVING CONCEPTS INC [ALC]				
	(Last) (First) (Middle) 1 W MICHIGAN ST					4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Origin Filed(Month/Day/Year)
(Street) MILWAUKEE, WI 53203					(Check all applicable) DirectorX 10% Owner Officer Other (give title below) (specify below)			Owner	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(City) (St	tate)	(Zip)		Table I - N	on-Deri	ivativ	e Securiti	es Bei	neficially Owned
1.Title of Security (Instr. 4)				2. Amount of Beneficially ((Instr. 4)		(]] (3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•
Class A Common Stock, par value \$0.01 per share				2,500			D	Â	
Reminder: Report or owned directly or in	directly. Persons informa requirec	s who resp tion conta d to respor	ond to the c ined in this f ad unless the B control nu	ollection of orm are not e form displa		SEG	C 1473 (7-02)	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year) 2. Date Exercisable and Securities Underlying Derivative Security (Instr. 4) 3. Title and Amount of Securities Underlying Or Exercisable and Instr. 4) Conversion of Exercisable and Securities Underlying Or Exercisable and Instr. 4) Expiration Date (Month/Day/Year) Or Exercisable and Instr. 4) Expiration Date (Month/Day/Year) Or Exercisable and Instr. 4) Expiration Date (Month/Day/Year) Or Exercisable and Instr. 4)	sion Ownership Cise Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Expiration Title Exercisable Date

Amount or Security Number of Shares Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

EXTENDICARE HEALTH SERVICES INC 111 W MICHIGAN ST MILWAUKEE, WIÂ 53203

ÂXÂÂ

Signatures

Extendicare Health Services, Inc.

11/02/2006

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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