ASSISTED LIVING CONCEPTS INC Form SC 13G/A February 13, 2009

SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D.C. 20549

Under the Securities Exchange Act of 1934

SCHEDULE 13G

INFORMATION STATEMENT PURSUANT TO RULES 13d-1 AND 13d-2 UNDER THE SECURITIES EXCHANGE ACT OF 1934 (Final Amendment)

Assisted Living Concepts, Inc. (Name of Issuer)

Class A Common Stock, \$0.01 par value (Title of Class of Securities)

04544X102 (CUSIP Number)

December 31, 2008 (Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

" Rule 13d-1(b) ý Rule 13d-1(c)

" Rule 13d-1(d)

Page 1 of 15 Pages

SCHEDULE 13G

CUSIP No. 04544X102		Page 2 of 18 Pages
1)	NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON	
2)	Scoggin Capital Management, L.P. II CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) " (b) ý

- 3) SEC USE ONLY
- 4) CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

	5)	SOLE VOTING POWER
NUMBER OF SHARES	6)	0 SHARED VOTING POWER
BENEFICIALLY OWNED BY EACH	7)	0 SOLE DISPOSITIVE POWER
REPORTING PERSON WITH	8)	0 SHARED DISPOSITIVE POWER

0

9) AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

0

- 10) CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES
- 11) PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

0.0%

12) TYPE OF REPORTING PERSON

PN

SCHEDULE 13G

CUSIP No. 04544X102

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- NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON
 Scoggin International Fund, Ltd.
 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) " (b) ý
- 3) SEC USE ONLY
- 4) CITIZENSHIP OR PLACE OF ORGANIZATION

Commonwealth of the Bahamas

	5)	SOLE VOTING POWER
NUMBER OF SHARES	6)	0 SHARED VOTING POWER
BENEFICIALLY OWNED BY EACH	7)	0 SOLE DISPOSITIVE POWER
REPORTING PERSON WITH	8)	0 SHARED DISPOSITIVE POWER

0

9) AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

0

- 10) CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES
- 11) PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

0.0%

12) TYPE OF REPORTING PERSON

CO

SCHEDULE 13G

Page 4 of 18 Pages

- NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON
 Scoggin Worldwide Fund, Ltd.
 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) " (b) ý
- 3) SEC USE ONLY
- 4) CITIZENSHIP OR PLACE OF ORGANIZATION

Cayman Islands

2	5)	SOLE VOTING POWER
NUMBER OF SHARES	6)	0 SHARED VOTING POWER
BENEFICIALLY OWNED BY EACH	7)	0 SOLE DISPOSITIVE POWER
REPORTING PERSON WITH	8)	0 SHARED DISPOSITIVE POWER

0

9) AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

0

- 10) CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES
- 11) PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

0.0%

12) TYPE OF REPORTING PERSON

CO

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SCHEDULE 13G

CUS	SIP No. 04544X102			Page 5 of 18 Pages
1)	NAME OF REPOR' S.S. OR I.R.S. IDEN	TING PERSON ITIFICATION NO. OF	ABOVE PERSON	
2)	Old Bell Associates LLC CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) "			
3)	(b) ý SEC USE ONLY			
4)	CITIZENSHIP OR PLACE OF ORGANIZATION			
	Delaware	5)	SOLE VOTING POWEI	R
	NUMBER OF SHARES	6)	0 SHARED VOTING POV	WER
	BENEFICIALLY OWNED BY EACH	7)	0 SOLE DISPOSITIVE PO	OWER
	REPORTING PERSON WITH	8)	0 SHARED DISPOSITIVI	E POWER
9)	AGGREGATE AM	OUNT BENEFICIALL	0 Y OWNED BY EACH RE	PORTING PERSON
10)	0 CHECK BOX IF TH	IE AGGREGATE AMO	DUNT IN ROW (9) EXCL	UDES CERTAIN SHARES
11)	" PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)			
12)	0.0% TYPE OF REPORT	ING PERSON		

12) TYPE OF REPORTING PERSON

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SCHEDULE 13G

CUS	SIP No. 04544X102			Page 6 of 18 Pages
1)	NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON			
2)	A. Dev Chodry CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) " (b) ý			
3)	SEC USE ONLY			
4)	CITIZENSHIP OR PLACE OF ORGANIZATION			
	USA	5)	SOLE VOTING POWE	R
	NUMBER OF SHARES	6)	0 SHARED VOTING PO	WER
	BENEFICIALLY OWNED BY EACH	7)	0 SOLE DISPOSITIVE PO	OWER
	REPORTING PERSON WITH	8)	0 SHARED DISPOSITIV	E POWER
9)	AGGREGATE AMO	OUNT BENEFICIALLY	0 Y OWNED BY EACH RE	PORTING PERSON
10)	0 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES			
11)	" PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)			
	0.007			

0.0%

12) TYPE OF REPORTING PERSON

IN

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 NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON
 Scoggin, LLC CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) " (b) ý
 SEC USE ONLY
 CITIZENSHIP OR PLACE OF ORGANIZATION

New York NUMBER OF SHARES BENEFICIALLY OWNED BY