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2005

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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 <u>*</u> Rhinelander Mel			2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol ASSISTED LIVING CONCEPTS INC [ALC]				
(Last)	(First)	(Middle)	11/02/2006		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
	CHIGAN S' (Street) KEE, WIÂ				(Check X_ Director Officer (give title below	Other	Owner r	 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)	(State)	(Zip)		Table I - N	Non-Derivative Securities Beneficially Owned				
1.Title of Sec (Instr. 4)	urity			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ture of Indirect Beneficial ership : 5)	
Class A Common Stock, par value \$0.01 per share				0		D	Â		
Class B Co share	mmon Stoc	k, par value	e \$0.01 per	0		D	Â		
Reminder: Re owned directl			ach class of sec	urities benefici	ially S	EC 1473 (7-02	2)		
	infori requi	mation cont red to respo	pond to the o ained in this ond unless th MB control n	form are not e form displ					

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

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

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			(Instr. 4)		Price of	Derivative
Date Exe	e rcisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / AddressDirector10% OwnerOfficerOtherDirector10% OwnerOfficerOtherRhinelander Mel
111 W MICHIGAN ST
MILWAUKEE, WIÂ 53203Â XÂÂÂSignatures
Mel Rhinelander11/02/2006Image: State of the state of

<u>**</u>Signature of Date Reporting Person

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.