

Fill in this information to identify the case:

Debtor 1 Rania Ahmed

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: Eastern District of Michigan

Case number 19-42510

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Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached 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. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Rania Ahmed
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Rania Ahmed</u> Name</p> <p><u>664 Lowell Street</u> Number Street</p> <p><u>Lexington MA 02420</u> City State ZIP Code</p> <p>Contact phone <u>414 326 6154</u></p> <p>Contact email <u>rania.shariff@gmail.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 840 Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
attached bank statement with the paid amount

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Services to treating facial spots which was not delivered

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 05 20 2019
MM / DD / YYYY

Rania Ahmed
Signature

Print the name of the person who is completing and signing this claim:

Name Rania Ahmed
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 664 Lowell street
Number Street

Lexington MA 02420
City State ZIP Code

Contact phone 414 326 6154 Email raniasahar112@gmail.com



Reward Points Summary

Reward Points as of 09/25/2018	
Reward Points Activity*	0
Reward Points Balance	4,855

*This item includes points redeemed, expired and adjusted.

	This Statement	Year to Date
Reward Points Earned		
Points Earned on All Purchases	2,714	33,059
Total Earned	2,714	33,059

Important Messages

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

If you believe we have inaccurately reported information to any Consumer Reporting Agency, you may submit a dispute by writing to us. In order for us to assist you with your dispute, you must provide your name, address, phone number, account number, the specific information you are disputing, the explanation of why it is incorrect, and any supporting documentation (e.g., affidavit of identity theft), if applicable, to:

Elan Financial Services
 Consumer Recovery Department
 Attn: CBR Disputes
 P.O. Box 108
 St Louis, MO 63166-0108

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount
08/31	08/31	ET	PAYMENT THANK YOU	\$1,000.00CR
TOTAL THIS PERIOD				\$1,000.00CR

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount
08/30	08/29	9638	LRX BOSTON BURLINGTON BURLINGTON MA	\$840.00
09/11	09/09	0220	MLS PROPERTY INFORMATI 508-8451011 MA	\$21.99
09/11	09/10	8730	UBER TRIP AUZ5V HELP.UBER.COM CA	\$4.40
09/11	09/10	1012	UBER TRIP GWK3V HELP.UBER.COM CA	\$3.14

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount
09/12	09/10	6784	GREATER BOSTON REAL ES 617-423-8700 MA	\$229.00
09/12	09/10	5981	BCBSBOSTONCAFE11304524 BOSTON MA	\$3.02
09/12	09/10	6823	BCBSBOSTONCAFE11304524 BOSTON MA	\$4.01
09/12	09/11	6476	BJ'S FUEL #9050 STONEHAM MA	\$35.03
09/12	09/11	6393	DOLLAR TREE WOBURN MA	\$5.31
09/12	09/11	4182	UBER TRIP 2ROD2 HELP.UBER.COM CA	\$6.14
09/12	09/11	0016	UBER TRIP CG3FH HELP.UBER.COM CA	\$3.43
09/13	09/11	9015	GODIVA 530 BOSTON MA	\$34.32
09/13	09/12	1194	UBER RY4EL HELP.UBER.COM CA	\$14.99
09/13	09/12	2080	UBER TRIP N4TCU HELP.UBER.COM CA	\$3.18
09/13	09/12	6032	UBER TRIP ZCRQA HELP.UBER.COM CA	\$4.49
09/14	09/12	8233	BCBSBOSTONCAFE11304524 BOSTON MA	\$4.82
09/14	09/12	8704	BCBSBOSTONCAFE11304524 BOSTON MA	\$3.93
09/14	09/13	6112	UBER TRIP E73VU HELP.UBER.COM CA	\$2.65
09/14	09/13	1057	UBER TRIP GPTY HELP.UBER.COM CA	\$4.08
09/17	09/13	1529	BCBSBOSTONCAFE11304524 BOSTON MA	\$8.61
09/17	09/13	6458	PAPYRUS #2183 BOSTON MA	\$68.00
09/18	09/17	5624	UBER TRIP F46PP HELP.UBER.COM CA	\$2.91
09/18	09/17	6995	UBER TRIP DXJEQ HELP.UBER.COM CA	\$3.75
09/18	09/18	0724	Amazon Prime Amzn.com/bill WA	\$14.14
09/19	09/18	8653	UBER TRIP XVYGX HELP.UBER.COM CA	\$3.91
09/19	09/18	6127	UBER TRIP ZA7FC HELP.UBER.COM CA	\$4.51
09/20	09/19	5140	UBER TRIP ZXQLW HELP.UBER.COM CA	\$3.02
09/20	09/19	0066	UBER TRIP S6GY6 HELP.UBER.COM CA	\$4.28
09/25	09/24	1945	UBER TRIP 5DH3F HELP.UBER.COM CA	\$3.11
09/25	09/24	0152	UBER TRIP MT5NK HELP.UBER.COM CA	\$3.75
09/26	09/25	8862	UBER TRIP 7XFWL HELP.UBER.COM CA	\$4.95
09/26	09/25	4471	UBER TRIP OIAGD HELP.UBER.COM CA	\$4.08
TOTAL THIS PERIOD				\$1,356.95

2018 Totals Year-to-Date	
Total Fees Charged in 2018	\$0.00
Total Interest Charged in 2018	\$0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	\$0.00	\$0.00	YES	\$0.00	15.74%	
**PURCHASES	\$1,356.95	\$0.00	YES	\$0.00	15.74%	
**ADVANCES	\$0.00	\$0.00	YES	\$0.00	25.74%	

PROOF OF CLAIM FILING INFORMATION FOR

BODY CONTOUR VENTURES, LLC

CASE NO. 19-42510

US BANKRUPTCY COURT, EASTERN DISTRICT OF MICHIGAN

(See Attached Schedule of All Debtors)

General Bar Date: July 1, 2019

Governmental Bar Date: September 30, 2019

General Administrative Bar Date: TBD

You may file your claim online at: www.bmcgroup.com/LightRx (click on File A Claim tab) or send completed Proofs of Claim to:

If by Regular Mail:

BMC Group
Attn: LightRx Claims Processing
PO Box 90100
Los Angeles, CA 90009

If by Messenger or Overnight Delivery:

BMC Group
Attn: LightRx Claims Processing
3732 West 120th Street
Hawthorne, CA 90250

BODY CONTOUR VENTURES, LLC

SCHEDULE OF DEBTORS

Debtor Name	Case Number
Body Contour Ventures, LLC	<u>19-42510</u>
BCA Acquisitions, LLC	<u>19-42511</u>
American Aesthetic Equipment, LLC	<u>19-42512</u>
Knoxville Laser Spa LLC	<u>19-42513</u>
LRX Alexandria, LLC	<u>19-42514</u>
LRX Birmingham, LLC	<u>19-42515</u>
LRX Charlotte, LLC	<u>19-42516</u>
LRX Chicago, LLC	<u>19-42517</u>
LRX Colorado Springs, LLC	<u>19-42518</u>
LRX Dearborn, LLC	<u>19-42519</u>
LRX East Lansing, LLC	<u>19-42520</u>
LRX Grand Blanc, LLC	<u>19-42833</u>
LRX Hoffman Estates, LLC	<u>19-42521</u>
LRX Las Vegas Summerlin, LLC	<u>19-42522</u>
LRX Mesa, LLC	<u>19-42523</u>
LRX Naperville, LLC	<u>19-42524</u>
LRX Novi, LLC	<u>19-42525</u>
LRX Orland Park, LLC	<u>19-42526</u>
LRX Plymouth-Canton, LLC	<u>19-42527</u>
LRX Stone Oak, LLC	<u>19-42528</u>
LRX Towson, LLC	<u>19-42530</u>
LRX Troy, LLC	<u>19-42531</u>
Premier Laser Spa of Greenville LLC	<u>19-42532</u>
Premier Laser Spa of Indianapolis LLC	<u>19-42533</u>
Premier Laser Spa of Louisville LLC	<u>19-42534</u>
Premier Laser Spa of Pittsburgh LLC	<u>19-42535</u>
Premier Laser Spa of St. Louis LLC	<u>19-42536</u>
Premier Laser Spa of Virginia LLC	<u>19-42537</u>