Fill in this information to identify the case:

Debtor 1: Body Contour Ventures, LLC

Debtor 2 (Spouse, if filing):

United States Bankruptcy Court for the: Eastern District of Michigan, Detroit Division

Case number: 19-42510-pjs

E-Filed on 03/11/2019
Claim # 20

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?**

   Sloane E. Boczulak
   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)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
Sloane E. Boczulak Name	_____ Name
2392 Depot Street Number Street	_____ Number Street
Spring Hill TN 37174 City State ZIP Code	_____ City State ZIP Code
Contact phone (615) 815-5277	Contact phone _____
Contact email sloane909@gmail.com	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

_ _

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?** $ 1,799.40 . **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).

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 Performed

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.** $ 0.00

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)?**

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

☑ No

☐ Yes. *Check one:*

	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).	$ 0.00
☐ 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).	$ 0.00
☐ 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).	$ 0.00
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$ 0.00
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$ 0.00
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$ 0.00

* 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 03/11/2019
MM / DD / YYYY

Sloane E. Boczulak
Signature

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

Name: Sloane Boczulak
First name | Middle name | Last name

Title: _____

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

Address: _____
Number Street

_____
City | State | ZIP Code

Contact phone _____ Email _____

Attachment 1 - SBoczulak_19-42510.pdf
Description - Copy of original consultation receipt and BBB claim file

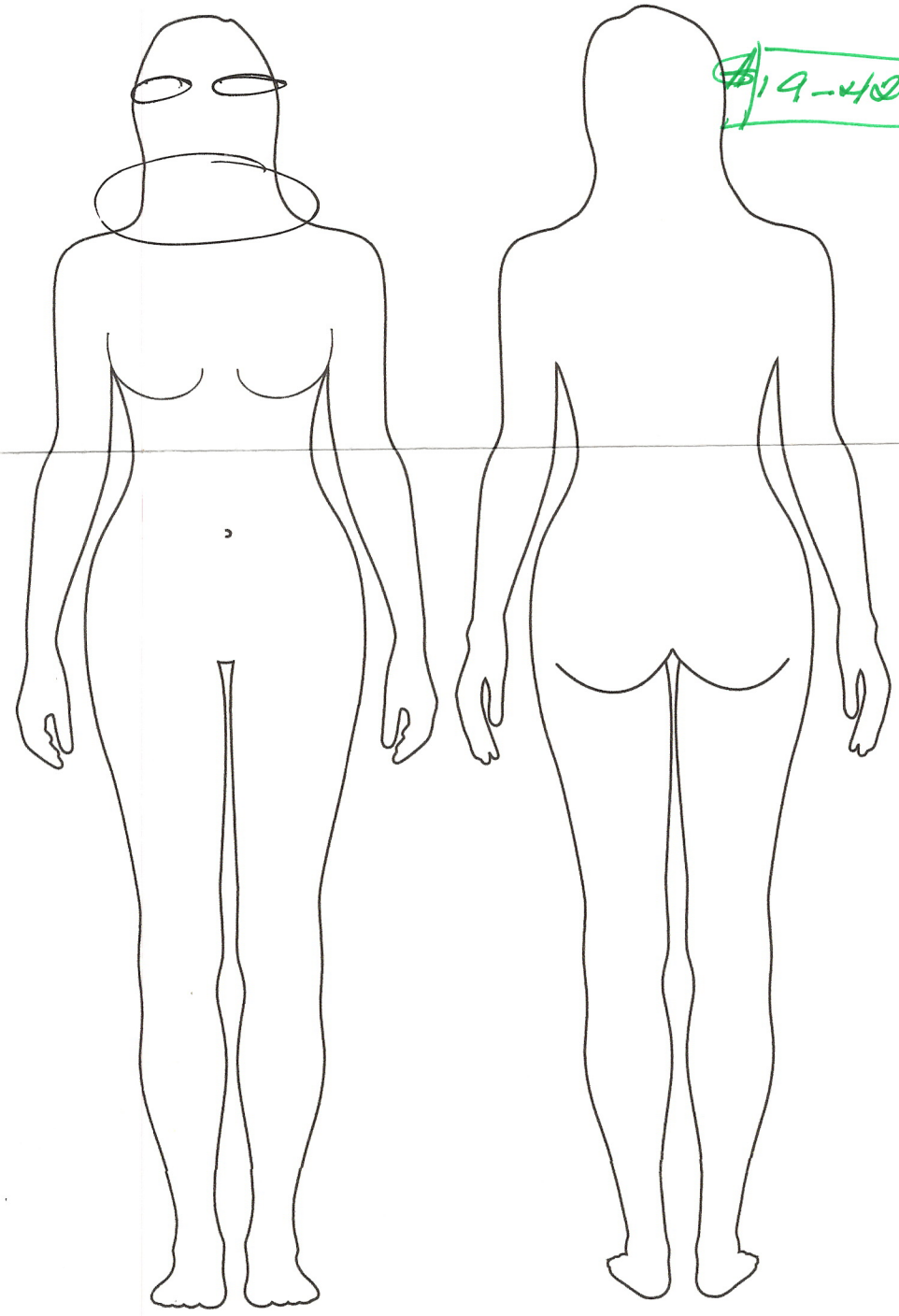
LIGHTRX FACE & BODY

CUSTOM TREATMENT PLAN

Client Name: Sloane Date: 10/1/2018

Staff Name: Tori Date:

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12



EASTERN FEDERAL COURT #
bmcgroup.com/lightrx
top - file a claim
19-42510

NOTES:

Ultherapy under eye - $1399
70% off - $419.70

full neck - $4599
70% off + $1379.70

70% off for full neck + Under eye =
$1799.40

Better Business Bureau®

Start With Trust | Online Complaint System

Your Information

Title:
First Name: Sloane
Last Name: Boczulak
Country: UNITED STATES
Address: 2392 Depot Street
City/Town: Spring Hill
State/Province/Region: TN
ZIP/Postal Code/Postcode: 37174
Daytime Phone: 615-815-5277
Evening Phone: 615-815-5277
Email: sloane909@gmail.com
Age: 53
Gender: Female

Business Information

Name: Light RX Nashville
Address: 995 Meridian Blvd. #102
City: Franklin
State: TN
Zip/Postal Code: 37067

Complaint Information

Complaint Type: Refund / Exchange Issues

Description of Complaint: On October 1, 2018, I visited Light Rx as a referral. I met with Tori (the owner/manager was not in) and she provided consultation and a quote. In order to receive the discount, I had to pay in full upfront. She did not ask me about any health concerns nor was I aware that their services could not be conducted on someone currently taking oral chemotherapy. When I called back to schedule services the manager explained they had a corporate policy and they would refund my money. I waited 30 days. No response, no refund. I called back and they had replaced the manager. The new manager is very responsive. However, it's now January 16, 2019 and I have not received my refund. While I'm aware corporations have policies, they are fully responsible as their employee did not ask the right questions during the consultation. Her lack of training and the company's lack of urgency in refunding the payment are bad business practices.

Desired Settlement: Refund

Desired Outcome Description: I would like my full refund immediately. I've waited more than 4 months now.

Additional Complaint Details

Product/Service Purchased: ULtherapy
Purchase Date: 10/1/2018
Date Problem First Occurred: 10/8/2018
Purchase Price: $1,799.40
Disputed Amount: $1,799.40
Payment Made: Yes
Payment Method: Credit Card
Sales Person Name: Tori
First Date you complained to the company: 10/8/2018
File Uploaded: 24401937_LightRx-Nashville.jpg

HELP

Please review your complaint. If any information is inaccurate, you may return to the step in question and make corrections. All your information will be saved when you go back through the process. To go back to a previous step, click the step you want to go to in the progress bar at the top of this page.

The BBB of Middle Tennessee will handle your complaint.

You may print this page for your records. You will also receive an email confirmation of your complaint.

You may print this information for your records. You will also receive an email confirmation of your complaint.

Notice

THE TEXT OF YOUR COMPLAINT MAY BE PUBLICLY POSTED ON THE BBB WEB SITE (BBB reserves the right to not post in accordance with BBB policy). PLEASE DO NOT INCLUDE ANY PERSONALLY IDENTIFIABLE INFORMATION IN DESCRIBING THE NATURE OF YOUR COMPLAINT. BY SUBMITTING YOUR COMPLAINT, YOU ARE REPRESENTING THAT IT IS A TRUTHFUL ACCOUNT OF YOUR EXPERIENCE WITH THE BUSINESS. BBB MAY EDIT YOUR COMPLAINT TO PROTECT PRIVACY RIGHTS AND TO REMOVE INAPPROPRIATE LANGUAGE.

Waivers

☑ I authorize the business to communicate with the BBB about my complaint and disclose to BBB any personal information related to the complaint including the following if applicable: (a) information about a transaction or payment, (b) student records, and (c) information about an alleged debt. (required)

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION TO THE BETTER BUSINESS BUREAU

The Health Insurance Portability and Accountability Act (HIPAA), certain state laws and other government health protection legislation require all health care providers and health insurance plans to maintain the confidentiality of protected patient health information. Accordingly, to assist you in resolving your complaint, we need your written authorization and signature below.

I authorize the business to release to the BBB protected health information, which may include medical, payment or insurance records, related to the complaint I have filed with the BBB so that the BBB at my request may assist in the resolution of my complaint.

I understand that:

1. This authorization to disclose or use my information for complaint resolution purposes expires upon the closing of my complaint.
2. I may revoke this authorization by giving written notice to the business and BBB.
3. If I revoke this authorization, then the BBB might not be able to proceed with its efforts to assist me in resolving my complaint.
4. My treatment, payment, insurance enrollment and eligibility for benefits are not conditioned on signing this authorization, but the information I have authorized may be necessary for BBB assistance.
5. The BBB may re-disclose the information it receives consistent with the BBB Privacy Policy, in which case HIPAA or state law may no longer protect this information.

☑ I consent (required)

If all of the above information is correct, click the Submit button below.

Privacy Policy | Terms of Service | Trademarks | BBB Directory
© 2018 Council of Better Business Bureaus, Inc.
Select Language

Attachment 2 - SBoczulak_Bank.pdf
Description -

1799.40

10/01/2018 - 10/31/2018
1 match.

Download File | View Report

Fewer options

from 10/01/2018 to 10/31/2018

Add another filter

168 results. Reset Search

Date	Description	Category	Credit	Debit	Balance
10/02/2018	995 MERIDIAN BLVD SUITE LRX NASHVILLE, FRAKLIN TN 100118 Card#8767	Select one		1,799.40	9,605.82