

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 03/14/2019
Claim # 91

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?	<u>Misty Slagle</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Misty Slagle</u> Name <u>13229 Rolling Hills lane</u> Number Street <u>Dallas TX 75240</u> City State ZIP Code Contact phone <u>(469) 360-8866</u> Contact email <u>ms@sentrynow.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? \$_____ 4,000.00. 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.

Credit Card _____

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)?

☒ No

☐ Yes. Check one:

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

Amount entitled to priority

\$ 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 03/14/2019
MM / DD / YYYY

Misty Slagle
Signature

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

Name Misty Slagle
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 - uPortal 360.pdf

Description -

Issued by: **Statement in reference to your account with: Light RX Face & Body of Frisco**

Account#: TXU343SLOA01

12/27/2018 - 01/11/2019

Summary of Account Activity

Previous Balance	\$0.00
- Payments, Credits, Other	\$0.00
+ New Purchases	\$4,000.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00

New Balance	\$4,000.00
Credit Limit	\$8,500.00
Credit Available	\$4,500.00
Statement Date	01/11/2019
Days in Billing Cycle	16

Questions?

(888) 233-2302
or go online: universalaccountservicing.com

Payment Information

Min Monthly Payment	\$119.20
Past Due Amount Due Immediately	\$0.00
Minimum Payment Due	\$119.20
Payment Due Date	02/05/2019

PAYMENT METHOD ON FILE, DO NOT SEND PAYMENT

Write to us:

Mail Payments to: - PO Box 901571, Kansas City, MO 64190
For other Correspondence: - PO Box 901571, Kansas City, MO 64190

Interest Charge Calculation for Unexpired Deferred Interest Plans, if Any

*PROMOTION PLAN NOTICE: Your promotion plan(s) expiration date(s) may differ from your payment due date. To avoid Total Deferred Interest charges, pay your Minimum Payments Due on-time each month and your Balance Subject to Deferred Interest by the promotion expiration date. Any amount shown as a Balance Subject to Deferred Interest is an "average daily balance." See the section below called Balance Subject to Interest Rate for more information about the "daily balance" method we use to figure account interest charges.

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

Type of Balance	Purchase Description	APR	Promo Expiration Date*	Balance Subject to Deferred Interest*	Deferred Interest Charges	Total Deferred Interest Charges
Promo	Sculpsure Legacy	18.9%	12/28/2019	\$4,000.00	\$33.14	\$33.14

Notices

Pay Online: uportal360.com - Account Number: TXU343S - Access Code: 521513 -

Statement in reference to your account with: Light RX Face & Body of Frisco

Account#: TXU343SLOA01

12/27/2018 - 01/11/2019

Transactions			
Payments, Credits, Other			
Transaction Date	Post Date	Description	Amount

Purchases			
Date	Ref#	Description	Amount
12/27/2018	CRG1812280000171475	Sculpsure Legacy	\$4,000.00

Fees			
	Date	Description	Amount
		TOTAL FEES FOR THIS PERIOD:	\$0.00

Interest Charged	
Interest Charges on Purchases	\$0.00
TOTAL INTEREST FOR THIS PERIOD:	\$0.00

Total Fees and Interest Charged for the Year to Date	
Description	Amount
Total fees charged to date in 2019	\$0.00
Total interest charged to date in 2019	\$0.00

Interest Charge Calculation for Purchases			
*Any amount shown as a Balance Subject to Interest Rate is an "average daily balance." See the section below called Balance Subject to Interest Rate for more information about the "daily balance" method we use to figure account interest charges.			
Type of Balance	APR	*Balance Subject to Interest Rate	Interest Charge
Purchases	18.9%	\$0.00	\$0.00

Statement in reference to your account with: Light RX Face & Body of Frisco

Account#: TXU343SLOA01

12/27/2018 - 01/11/2019

What To Do If You Think You Have Found a Mistake on your Statement

If you think there is an error on your statement, write to us on a separate sheet of paper and send to , PO Box 901571, Kansas City, MO 64190.

In your letter please include the following information:

- Your Name and Account number
- Amount of the error in question
- A description of the problem and information that supports your claim

You must contact us within 60 days from when the error appeared on your statement.

All correspondence of potential errors must be in written format. You may choose to call us, however we are not required to investigate ar potential errors and calling may result in paying the full amount in question.

While we investigate your claim, the following statements are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. If we determine that we have indeed made an error all, charges and fees will be reversed for the amount in question.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit if applicable.

Balance Subject to Interest Rate

We calculate the interest charges for each Account balance by applying the "daily periodic rate" for that balance to the "daily balance" of that balance. We do this for each day in the billing cycle and then add together the resulting interest charges. This gives us the total interest charges for that balance for that billing cycle. The "daily periodic rate" is a daily interest rate. The daily periodic rate for a given balance is equal to the APR for that balance divided by 365.

We calculate the "daily balance" for each balance. We do this by starting with the beginning amount of that balance. We add any new purchases for that day, excluding any unpaid interest charges and fees, and subtract any payments or credits. This gives us the "daily balance." We may exclude new purchases from the daily balance that are subject to interest charges, if the law, our Agreement or the Promotional Terms require us to do so. If this happens, we will include these purchases in the daily balance subject to interest charges as soon as the law, our Agreement or the Promotional Terms allow.

Although we use the "daily balance" method to figure account interest charges, any amount the statement shows as the Balance Subject to Interest Rate or the Balance Subject to Deferred Interest is an "average daily balance." Except for minor differences due to rounding, interest charges may be determined by (1) multiplying each average daily balance by the number of days in the billing cycle, (2) multiplying each result by the applicable daily periodic rate, and (3) adding these products together.

Annual Percentage Rate: 18.9%

About Your Payment: You agree to pay at least the Minimum Payment Due in time to be credited to your Account as of the Payment Due Date. You may pay more than the Minimum Payment Due, and you may pay the entire New Balance at any time.

Payments should be mailed with a single coupon to the Remit Address shown on the coupon. Payments must be made by a single check or money order payable in U.S. dollars and drawn on a U.S. Institution. Payments may also be made using our optional payment by phone or online services using the phone number or the web address on the front of this statement. Payments received on any day at the payment address shown on the front by 5:00 p.m. in the time zone of the Account address will be credited to your Account as of the date of receipt. Payments submitted by phone or online by 5:00 p.m. Pacific Time will be credited to your Account as of the date of receipt. All payments received after 5:00 p.m. of the time zone indicated will be credited the next day. A processing fee may apply to agent assisted phone payments as well as online payments if applicable. Crediting payments to your Account may be delayed up to five (5) business days if the payment is not made as described above, or, is not mailed to and received at the address provided for remittance; is not accompanied by payment coupon or more than one coupon; is received in an envelope other than the envelope provided for remittance; is stapled, folded, paper clipped or taped, or multiple checks for payment. Requests for credit balance refunds should be mailed to the correspondence address shown on the front of your billing statement.

By sending us a check for payment on your Account you authorize us to make a one-time electronic funds transfer (EFT) from your bank account or to process the payment as a check transaction. When we use information from your check to make an EFT, funds may be withdrawn from your Account as early as the date received, and you will not receive your check back from your financial institution. If you do not want your checks to be converted to an EFT, please call customer service at the phone number on the back of your card.

Payment by Phone: When you use our optional payment by phone service, you authorize us to initiate an electronic funds transfer from your designated bank account or to process the payment as a check transaction. You must authorize the amount and timing of each payment. Please retain this authorization for your records.

Negative Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report. If any specific information related to your Account, transactions or credit experience with us is inaccurate, you may notify us and request us to correct the inaccurate information (after confirmation of the alleged error) reported to any credit reporting agency by writing to us at the correspondence address on the front of this statement.

