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 04/08/2019 Claim # 449

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.

ŀ	art 1: Identify the C	laim					
1.	Who is the current creditor?	LightRx 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? V 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? Madison Sargeant			Where should payments to the creditor be sent? (if different)		
		Name 1197 Boylston St			Name		
	(11tb1) 2002(g)	Number Street			Number Street		
		Boston	MA	02215			
		City	State	ZIP Code	City	State	ZIP Code
		Contact phone 8178058	3279		Contact phone		
		Contact email madisar	geant@gmail.co	<u>m</u>	Contact email		
		Uniform claim identifier fo	ise one):				
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numb	er on court claim	ns registry (if known) _		Filed on	D / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made t	he earlier filing?				

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?	\$ Does this amount include interest or other charges? If No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).						
3.	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? I 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	☑ No						
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check one:				Amount entitled to priority		
A claim may be partly priority and partly	Domesti 11 U.S.C	\$0.00					
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		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).					
, ,	bankrupt	salaries, or commissions (up to toy petition is filed or the debto C. § 507(a)(4).	s \$12,850*) earned within r's business ends, whicher	180 days before the ver is earlier.	\$0.00		
	☐ Taxes or	penalties owed to governmen	tal units. 11 U.S.C. § 507(a)(8).	\$		
	☐ Contribu	tions to an employee benefit p	lan. 11 U.S.C. § 507(a)(5)		\$0.00		
	Other. S	pecify subsection of 11 U.S.C.	§ 507(a)() that applies.		\$0.00		
	* Amounts a	re subject to adjustment on 4/01/19	and every 3 years after that t	for cases begun on or af	ter the date of adjustment.		
Part 3: Sign Below							
The person completing this proof of claim must	Check the approp	oriate box:					
sign and date it.	I am the cree	ditor.					
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.						
If you file this claim electronically, FRBP	$\overline{}$	stee, or the debtor, or their auth					
5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules specifying what a signature							
is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.						
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct. Executed on date MM / DD / YYYY						
3571.							
	Madison Sarge Signature						
	Print the name of	of the person who is complet	ing and signing this clai	m:			
	Name	Madison Sargeant First name	Middle name	Last name			
	T'0.	i iist name	Middle Hame	Last Hame			
	Title						
Company Identify the corporate servicer as the company if the authorized agent is a servicer.							
	Address	Number Street					
		City	Sta	ate ZIP Code			
	Contact phone		En	nail			

Attachment 1 - Proof of Purchase.pdf Description - € 02/08/2018

LRX DALLAS GALLER 02/07 PURCHASE CEDAR PARK TX





-597.00

Edit Description

Type: Debit card

Purchaser: MADISON L SARGEANT

Description: LRX DALLAS GALLER 02/07 PURCHASE CEDAR PARK TX

Merchant category: Medical Services and Health Practitioners - Not Elsewhere

Classified

Merchant category code: 8099

Merchant name: <a>B LRX DALLAS GALLER Edit

Transaction category: <a> Health: Healthcare/Medical Edit

Print transaction details

Attachment 2 - Basis of claim -- LightRx.pdf Description -

Basis of claim:

I made a purchase for services totaling \$597. This came out to 6 treatments. I received 4, and made an appointment at the closest office to me (Newbury St., Boston) to use the 5th. The store location closed down—I was not informed of this. I filed for a refund for the last two (totaling \$198) and was told I would receive it in 30 days. Then I was told 60 days after the 30-day mark. Then 90 days after the 60-day mark. It wasn't until four months later I was informed the company had gone bankrupt, and was pointed to this process.