

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
(State)
Case number 19-42510

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? Santander Consumer USA Inc. d/b/a/ Chrysler Capital as servicer for CCAP Auto Lease Ltd.
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?
Santander Consumer USA Inc. d/b/a/ Chrysler Capital as servicer for CCAP Auto Lease Ltd.
Name
P.O. Box 961275
Number Street
Fort Worth TX 76161
City State ZIP Code
Contact phone (855) 563-5635
Contact email BK_POCTeam@chryslercapital.com
Where should payments to the creditor be sent? (if different)
Santander Consumer USA Inc. d/b/a/ Chrysler Capital as servicer for CCAP Auto Lease Ltd.
Name
P.O. Box 961278
Number Street
Fort Worth TX 76161
City State ZIP Code
Contact phone (855) 563-5635
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: 0234 _____

7. How much is the claim? \$ 5,286.90. Does this amount include interest or other charges?
 No a. \$ 5,249.16 in remaining monthly lease payments
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). b. \$ 37.74 in other charges
c. \$ 749.88 in monthly lease payment

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.
Lease

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: \$ 0.00
Amount of the claim that is secured: \$ 0.00
Amount of the claim that is unsecured: \$ 5,286.90 (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: \$ 787.62
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. \$ 787.62

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 all that apply:

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/16 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 04/05/2019
MM / DD / YYYY

/s/ Amy Hudson

Signature

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

Name Amy Hudson
First name Middle name Last name

Title Bankruptcy Representative

Company Santander Consumer USA Inc. d/b/a/ Chrysler Capital as servicer for CCAP Auto Lease Ltd.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____



Case Number: 19-42510

Filer(s) Name:

BODY CONTOUR VENTURES LLC

Account No: 0234

Original Claim #:

Payoff Itemization

Filing Date: 2/22/2019

Total Principal:	<u>\$5,249.16</u>
Total Interest:	<u>\$ 0.00</u>
Total Extension Fees:	<u>\$ 0.00</u>
Total Late Fees:	<u>\$37.74</u>
Total NSF Fees:	<u>\$ 0.00</u>
Total Legal Fees:	<u>\$0.00</u>
Total Repo Fees:	<u>\$0.00</u>

Payoff \$5,286.90

Amount of arrearage, as of the time case was filed, included in the secured claim, if any: \$787.62

Monthly Payment Lease Single Payment Lease

Lessee(s) (and Co-Lessee) Name(s) and Address(es)
Lessee's Garage Address (where the Vehicle will be primarily located)
SZOTT M59 DODGE LLC
2565 HIGHLAND RD
HIGHLAND, MI 48357

No. 06/20/2016
County
Business, commercial or agricultural purpose lease

Description of the Leased Property (Vehicle)
Year 2016 Make RAM Model PROMASTER 15 Style van
Vehicle Identification Number 3C6TRV8G6E125929
Odometer Mileage 130

Trade-In Vehicle and Its Allowance
Year N/A Make N/A Model N/A
Gross Amount of Trade-In Allowance \$ N/A

Federal Consumer Lending Act Disclosures

Table with 4 columns: 1. Amount Due at Lease Signing or Delivery, 2. Payments, 3. Other Charges, 4. Total of Payments

Table with 2 columns: a. Capitalized Cost Reduction, b. Itemization of Amount Due at Lease Signing or Delivery

Your Payment is Determined as Shown Below:
Gross capitalized cost, Residual Value, Depreciation and any amortized amounts, Total base payments, Lease payments, Base Payment, Sales/tax, Total payment

Excessive Wear and Use. You may be charged for excessive wear based on our standards for normal use and mileage in excess of 15000 miles per year at the rate of \$.25 per mile.

Purchase Option at End of Lease Term. If the box in this line is checked, you have the option to purchase the Vehicle at the end of the Lease Term for \$ 15434.45 and a purchase option fee of \$ 350.00.

Other Important Terms. See Lease documents for additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, insurance, and any security interest if applicable.

Itemization of Gross Capitalized Cost
Agreed upon value of the vehicle \$ 38591.58
Sales Tax and any other applicable taxes \$ N/A
Title, License and Registration \$ N/A

Additional Protections

Service Contract, Gap Waiver or Gap Coverage, Mechanical Breakdown Protection (MBP), Extended Warranty

Additional Terms

Vehicle Return Fee, Disposition Fee, Official Fees and Taxes, Service Charge for Unclaimed Security Deposit Refunds

By signing this Lease, you acknowledge receiving a copy of the above written warranties. You understand that we (the Lessor) make no express or implied warranties other than those described above (if any).

Other Terms

N/A

Notices

This is a LEASE AGREEMENT. THIS IS NOT A PURCHASE AGREEMENT. PLEASE REVIEW THESE MATTERS CAREFULLY AND SEEK INDEPENDENT PROFESSIONAL ADVICE IF YOU HAVE ANY QUESTIONS CONCERNING THIS TRANSACTION.

Signatures

Signature of Lessee: BODY CONTOUR VENTURES LLC
Signature of Lessor: CHRYSLER CAPITAL
Date: 06/20/2016

Lessee's Acceptance. By signing below, Lessee agrees to the terms and conditions of this Lease.
Lessee DL Inspection. The Lessor inspected each Lessee's driver's license and compared and verified the signature on each license with a signature of each Lessee.

**SANTANDER CONSUMER USA INC.
SECRETARY'S CERTIFICATE**

I, Eldridge A. Burns, Jr., Secretary of SANTANDER CONSUMER USA INC. (the "Corporation"), a private corporation duly organized and existing under the laws of the State of Illinois, do hereby certify that on February 6, 2013, Chrysler Group LLC granted to the corporation a non-transferable, royalty-free license to use the "*Chrysler Capital*", "*Chrysler*", "*Dodge*", "*Jeep*", "*RAM*", "*Chrysler Capital*" and "*Mopar*" word trademarks, and their corresponding brand logos.

IN WITNESS WHEREOF, I have hereunto signed my name effective as of the 11th day of February 2013.



Eldridge A. Burns, Jr.
Chief Legal Officer and Secretary

Eastern District of Michigan Claims Register

19-42510-pjs Body Contour Ventures, LLC

Judge: Phillip J Shefferly **Chapter:** 11
Office: Detroit **Last Date to file claims:** 07/01/2019
Trustee: **Last Date to file (Govt):** 09/30/2019
Creditor: (25881138) **Claim No:** 37 *Status:*
 CCAP Auto Lease Ltd. *Original Filed* *Filed by:* CR
 P.O. BOX 961275 *Date:* 04/05/2019 *Entered by:* Amy M. Hudson
 FORT WORTH, TX 76161 *Original Entered* *Modified:*
 Date: 04/05/2019

Amount claimed: \$5286.90
 Secured claimed: \$0.00

History:

[Details](#) [37-1](#) 04/05/2019 Claim #37 filed by CCAP Auto Lease Ltd., Amount claimed: \$5286.90 (Hudson, Amy)

Description:

Remarks:

Claims Register Summary

Case Name: Body Contour Ventures, LLC
Case Number: 19-42510-pjs
Chapter: 11
Date Filed: 02/22/2019
Total Number Of Claims: 1

Total Amount Claimed*	\$5286.90
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured	\$0.00	
Priority		
Administrative		