Fill in this information to identify the case:						
Debtor 1	BODY CONTOUR VENTURES LLC					
Debtor 2 (Spouse, if filing	g)					
United States	Bankruptcy Court for the: EASTERN	District of MICHIGAN				
Case numbe	19-42510	(State)				

Official Form 410

Proof of Claim

art 1: Identify the 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.

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 o	creditor used with the debtor					
	Has this claim been acquired from someone else?	No Yes. From	whom?	ini eloti kilondi iviikloleidelinei				
	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)			
	Federal Rule of	Santander Consumer USA Inc. d/b/a/ Chrysler Capital as servicer for CCAP Auto Lease Ltd.				r USA Inc. d/b/a/ Chrysler Cap	ital as servicer to	CCAP Auto Lease Ltd
	Bankruptcy Procedure	Name			Name	D.O. D 004070		
	(FRBP) 2002(g)	P.O. Box 961275 Number Street		P.O. Box 961278 Number Street				
		Fort Worth	TX	76161	Fort Worth	TX		76161
		City	State	ZIP Code	City	State		ZIP Code
		Contact phone	(855) 563-5635		Contact phone	(855) 563-5635		_
		Contact email	BK_POCTeam@chryslercapital.com		Contact email			-
		Uniform daim ider	ntifier for electronic payments in ch	apter 13 (if you us	se one): 			
	Does this claim amend one already filed?	No Yes. Claim	number on court claims regist	ry (if known)		Filed on	MM / DD	/ YYYY
_	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who r	made the earlier filing?					D RAM - STATE OF THE STATE OF T

Page 1 of 7

Official Form 410

	nave any number to identify the	☐ No ☐ Yes.	Last 4 digits of the debtor's accou	nt or any number you	use to identi	fy the debtor: <u>0234</u>
7. How mu	ch is the claim?	\$ <u>5,28</u>	6.90	Does this amount inc	clude interes	et or other charges?
	tach statement item s required by Bankr	-	est, fees, expenses, or other a 3001(c)(2)(A).	a. \$ 5,249.16 b. \$ 37.74 c. \$ 749.88	in oth	naining monthly lease payments er charges nthly lease payment
What is claim?	the basis of the	Attach re	s: Goods sold, money loaned, lead dacted copies of any documents solosing information that is entitled	supporting the claim r	equired by Ba	
is all or secured	part of the claim ?	No Yes.	Attachment (Off Motor vehicle Other. Describe: Basis for perfection: Attach redacted copies of docum	ecured by the debtor's icial Form 410-A) with	n this <i>Proof o</i>	idence, file a Mortgage Proof of Claim f Claim. To perfection of a security interest (for or other document that shows the lien has
			Value of property:	\$_0.00		-
			Amount of the claim that is see	cured: \$ <u>0.00</u>		
			Amount of the claim that is un	secured: \$ 5,286.9	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 da	ite of the pet	ition: \$ <u>787.62</u>
			Annual Interest Rate (when case Fixed Variable	se was filed)	%	
). Is this c lease?	aim based on a	□ No				. 707 62
		■ Yes.	Amount necessary to cure any	default as of the dat	e of the petit	tion. \$ <u>787.62</u>
ls this c	aim subject to a	■ No				
right of						

12. Is all or part of the claim entitled to priority under	■ No					
11 U.S.C. § 507(a)?	Yes. Check		Amount entitled to priority			
A claim may be partly priority and partly	Domest 11 U.S.	\$				
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$1 personal	\$				
China to phony.	bankrup	salaries, or commissions (up to \$12,850*) earned within 180 days before the otcy petition is filed or the debtor's business ends, whichever is earlier. C. § 507(a)(4).	\$			
	☐ Taxes o	or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$			
	☐ Contrib	utions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$			
	_	Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$			
		are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or aft	ter the date of adjustment.			
Part 3: Sign Below						
The person completing	Check the appro	ppriate box:				
this proof of claim must sign and date it.	■ I am the cre	editor				
FRBP 9011(b).	_	editor's attorney or authorized agent.				
If you file this claim	_	stee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.				
electronically, FRBP	_	antor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.				
5005(a)(2) authorizes courts 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					
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.					
fraudulent claim could be fined up to \$500,000,	I have examined and correct.	I the information in this <i>Proof of Claim</i> and have a reasonable belief that the inf	ormation is true			
imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the foregoing is true and correct.				
3571.	Executed on date	e 04/05/2019				
	Excodica on da	MM / DD / YYYY				
	/s/ Amy h	ludson				
	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	or CCAP Auto Lease Ltd.			
		Identify the corporate servicer as the company if the authorized agent is a servicer.				
	Address	N. day of the state of the stat				
		Number Street				
		City State ZIP Code				
	Contact phone	Email				

Payoff Itemization

CHRYSLER CAPITAL

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: \$5,249.16 Total Interest: \$0.00 Total Extension Fees: \$ 0.00 Total Late Fees: \$37.74 Total NSF Fees: \$ 0.00 Total Legal Fees: \$0.00 Total Repo Fees: \$0.00

> **Payoff** \$5,286.90

> > \$787.62

Amount of arrearage, as of the time case was

filed, included in the secured claim, if any:

SZOTT MS9 DODG 2565 HIGHLAND HIGHLAND, MI	GE LLC RD 48357	BOOY CONTOUR 34405 W 12 MI FARMINGTON HI	VENTURES LLC LE STE 200 LLS MI 48331	principally located)	(where the Vehicle will be
is 06/20/2016		County Refer to the attached add	tendum for paditional Lessive	and their signatures.	
Business, commercial or Description of the	egricultural purpose lease. Leased Property (Vehicle)			
Year Make	Model	Style		ntification Number	Odorneter Mileage
2016 RAM 02 Now	PROMASTER	15 van	Equipped Wift:	XGE125929	_130
Used Demo					
ou acknowledge that you have	re received and examined the t	Vehicle described above, that the	w Vehicle is equipped as des	cribed and is in good operating	order and condition. You accor
Trade-In Vehicle a					
rear N/A Mare 1		Aodel N/A	Grous Amount of Trac	te-In Allowance: §	N/A
Prior Credit or Lease Balano	*-sN//	A "Net Trade-In A	lowance = g	0.00 _ (Fless than zero, e	enter zero)
Amount Due at	Leasing Act Disci 2. Payments	osures	3. Other Charges (N		4. Total of
Lease Signing or	a. Monthly Payments. You		single payment)		Payments
Delivery (Remized below) *	5 749.88 06/20/2016 w		Disposition fee (if you do punchase the Vehicle)	\$ 395.00	
5413.92	payments of \$ 74		N/A	s N/A	
	20TH_of each month		N/A	5 N/A	total plus Section 3 total
	payments is \$292 b. Single Payment. Your p	45.32 syment of	N/A	1 N/A	minus 5(b) and 5(d))
	5N/A_		N/A	\$N/A	
Amount due at Lease sig	R/A	* Itemiration of Am	Total nount Due at Lease Sig	\$ 395 00	
Capitalized Cost Reduction	5 4000.0		*5 25		COLUMN DESCRIPTION
First Moothly Payment	* \$ 749.8	BR / CVR	*5 2	4_04 How the amount d	tue at Lease signing or lid:
: Single Payment I. Refundable Security Depos	* 5 N/	A I N/A	*5	N/A Nei Trade-In N/A allowance** N/A Rebass and non-	\$0.00
Registration fees Title fees	*\$ 161.0	00 m N/A	*1		*54000_00
Title tees Acquisition See	+ 5 15.0 + 5 N/		- t s	M/A in cash	*41413.92
Documentation fees	+1 210.0	O Total	* s 541	3_92 <>Total	*15413_92
		Your Payment is Deter	mined as Shown Belo	w:	
hous capitalized cost. The heticle (538591 _5	58) and any flems you pay		Rent charge. The amount of depreciation and any amort	narged in addition to the load amounts	*1 7837.64
ver the Lease Terrt (such as nd any outstanding prior cre-	s service contracts, insurance, dit or lease balance).	s 39186.58	Total of base payments. T amortized amounts plus the	ne depreciation and any nent charge.	=1 27589.77
apitalized cost reduction, allowance, rebate, non-casi	The amount of any net trade- h credit, or cash you pay that		Lease Term. The number of 39	rioritis in your Lease	
duces the gross capitalized djusted capitalized cost. T	CHEE	- s4000.00	Lease payments. The run	ber of payments in your Lease.	*39
our base payment. lesidual Value, The value of	the Valide at the and of the	-\$35186_58_	Base Payment Sales/use tax		*5
asse used in calculating you repreciation and any amort	r base payment. tiged amounts. The amount	15434.45	N/A	25	*sN/A
harged for the Vehicle's deci war and for other items paid	over the Lease Term.	=119752_13	Total payment		*5 749.88
Early Termination, You may	have to pay a substantial ch	harge if you end this Lease as	rly. The charge may be up to	a several thousand dollars. T	he actual charge will depon
		e Lease, the greater this char live wear based on our standard			miles per year at the ra
48 .25 permile.	(Excess Misage Charge)				
		this line is checked, you have t		sicle at the end of the Lease Ter	m for
Purchase Option at En	d of Lease Term. If the box in not a purchase colors like of \$		ne option to purchase the Veh	icle at the end of the Lease Ten of include official fees such as th	
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- u agree to allow the Vehicle only to be operated by licensed drivers for lawful poses and in a lawful manner.

- practice that is otherwise prohibitor Such promission must be given in writing poor to an Arbitration Agreement.

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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

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		