

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 04/10/2019
Claim # 496

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?** Amber Bormann
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor AMBER

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Amber Bormann</u> Name <u>641 N Pleasant View Rd 251</u> Number Street <u>Middleton WI 53562</u> City State ZIP Code Contact phone <u>(563) 321-2508</u> Contact email <u>chanell_3@hotmail.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	 Name Number Street City State ZIP Code Contact phone _____ Contact email _____

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?** \$ _____ 285.00. **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.

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)?

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).

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

\$ 0.00

\$ 0.00

\$ 255.00

\$ 0.00

\$ 0.00

\$ 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 04/10/2019
MM / DD / YYYY

Amber C Bormann
Signature

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

Name Amber Bormann
First name Middle name Last name

Title Director of Sales

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 - Complaints with State of Wisconsin toward LightRx.pdf

Description - Letters from Department of Workforce Development Equal Rights Division - Labor Standards Bureau/Investigator towards LightRx

Department of Workforce Development
Equal Rights Division
819 N. 6th Street, Rm. 723
Milwaukee, WI 53203-1687
Telephone: (414) 227-4384
Fax: (414) 227-4084
TTY: (414) 227-4081



Scott Walker, Governor
Raymond Allen, Secretary

November 5, 2018

NOTICE OF COMPLAINT

LightRx Face and Body
1701 Deming Way, Ste 114
Middleton, WI 53562

Re: ERD Case No. LS201801774

Dear Employer:

A complaint has been filed under Wisconsin Statutes section 109.09 by Amber Bormann who claims you are indebted to her for an unpaid bonus, unpaid expenses and unpaid PTO pay. A copy of the complaint is enclosed.

The Department is obligated under this statute to gather and review facts involved in this complaint. If you believe the complaint is incorrect, please submit your position in writing along with any documentation that might disprove the complaint and support your position.

If you agree that the complaint is valid and wish to resolve this matter, I request you forward a check made out to the complainant for the claimed wages, less standard deductions. You must also include a check stub or similar statement showing the amount of and reason for each deduction from wages. Payment should be sent to my attention, but the check must be made payable to the complainant. If you send a check for a different amount than the one claimed, please provide documentation detailing how you arrived at the amount you believe is due.

In either case, an answer is required **in writing** on or before **November 20, 2018**. The website address where you can view information concerning the labor standards complaint process is http://dwd.wisconsin.gov/er/labor_standards/complaint_process.htm If you are unable to access this information and would like a copy of the publication sent to you, please contact me.

Sincerely,
LABOR STANDARDS BUREAU

Brian Buchanan
Labor Standards Investigator
brian.buchanan@dwd.wisconsin.gov // 414-227-4018

cc: Complainant

Department of Workforce Development
Equal Rights Division
819 N. 6th Street, Rm. 723
Milwaukee, WI 53203-1687
Telephone: (414) 227-4384
Fax: (414) 227-4084
TTY: (414) 227-4081



Scott Walker, Governor
Raymond Allen, Secretary

December 10, 2018

Amber Bormann
641 N Pleasant View Rd #251
Middleton, WI 53562

Re: ERD Case No. LS201801774

Dear Ms. Bormann:

You filed a complaint with this Department on November 2, 2018 claiming unpaid bonus, unpaid expenses and unpaid PTO pay. As of the date of this letter, we have not received a response from your employer, LightRx Face and Body.

You indicated that you have received some payments directly from your former employer. At this time, please provide a breakdown of what amounts you believe you are still owed at this time. You can include any supporting documentation you may have, but there is no need to resubmit documentation you have already provided to me. Also, please keep in mind that this Department does not have jurisdiction to include bank fees or other outside expenses you may have incurred; it can only investigate actual wages owed to you by your former employer, so there is no need to include such fees in the accounting you provide.

Provide any additional information or documentation that will help establish the amounts you are claiming you are owed. If you wish to continue to pursue your claim, your written response is due on or before December 26, 2018. Provide any other pertinent information you wish to be considered. If I do not receive a response by that date, I will take no further action and close the Department's file on this case.

Sincerely,
LABOR STANDARDS BUREAU

Brian Buchanan
Labor Standards Investigator
brian.buchanan@dwd.wisconsin.gov // 414-227-4018

Department of Workforce Development
Equal Rights Division

Street Address

819 N. 6th Street, Rm. 723
Milwaukee, WI 53203
Telephone: (414) 227-4384
Fax: (414) 227-4084

Mailing Address

PO Box 7997
Madison, WI 53707



Tony Evers, Governor
Caleb Frostman, Secretary

January 9, 2019

LightRx Face and Body
1701 Deming Way, Ste 114
Middleton, WI 53562

Amber Bormann
641 N Pleasant View Rd #251
Middleton, WI 53562

Re: ERD Case No. LS201801774

Dear Employer and Ms. Bormann:

I have completed my investigation of the wage claim filed by Amber Bormann against LightRx Face and Body ("Employer"). My decision is as follows.

Wisconsin's Wage Payment and Collection Law, Wisconsin Statutes Chapter 109, states that this Department has the authority to investigate and equitably resolve complaints for unpaid wages between employees and employers. The law requires that wages be paid as agreed.

Ms. Bormann filed a complaint with the Department on November 2, 2018 claiming unpaid wages. Ms. Bormann has acknowledged receiving payments since filing her original complaint, but she still claims she is owed \$255.

Employer has not responded to multiple notices of the complaint filed by Ms. Bormann. Therefore, this Department must assume that Employer does not dispute the information provided by the complainant. When an employer does not provide requested records, the Department must rely upon the best available information, including the reasonable records of the employee.

Ms. Bormann is owed \$255 for an unpaid bonus and unpaid expenses.

Employer, by no later than **January 19, 2019**, please send a check to my attention, but made payable to Ms. Bormann in the amount of \$255 less any standard, legally required deductions. You must also include a check stub or a similar statement showing the amount of and reason for any deductions from these wages. I will forward the check to Ms. Bormann and send you acknowledgement of the payment.

If I do not receive payment for wages due by the above date, I may prepare the case file on this matter for litigation. Any referral to court will include a request for the maximum penalty for the late payment of wages.

Sincerely,
LABOR STANDARDS BUREAU


Brian Buchanan

Labor Standards Investigator

brian.buchanan@dwd.wisconsin.gov // 414-227-4018