

RECEIVED

APR 10 2019

BMC GROUP

**Fill in this information to identify the case:**

Debtor 1 Light Rx

Debtor 2 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the Eastern District of Michigan Federal Court

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?  
 Name of the current creditor (the person or entity to be paid for this claim) Meghan Dus  
 Other names the creditor used with the debtor Meghan Hurt

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)

<p>Where should notices to the creditor be sent?</p> <p>Name <u>Meghan Dus</u></p> <p>Number <u>5591</u> Street <u>Bowland Pl N Apt 243</u></p> <p>City <u>Dublin</u> State <u>OH</u> ZIP Code <u>43016</u></p> <p>Contact phone <u>812-319-1704</u></p> <p>Contact email <u>Mdus16@gmail.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one):        _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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4. Does this claim amend one already filed?  
 No  
 Yes. Claim number on court claims registry (if known) Docket # 19-42510 Filed on 2-22-2019  
 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? \$ 4,000 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.  
Goods sold in a package that was never fully used.

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. \$ \_\_\_\_\_

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:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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.

\$ \_\_\_\_\_

\* 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:

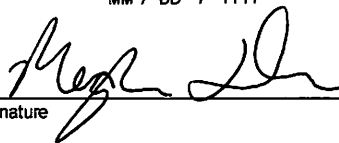
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 04/05/2019  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name Meaghan Katherine Dus  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 5591 Boulevard Pl N Apt 243  
Number Street

Dublin OH 43066  
City State ZIP Code

Contact phone 812-319-1764 Email mdus16@gmail.com

*McGowan/Hmw*

COLUMBUS LASER SPA  
8729 SANCUS BLVD.  
COLUMBUS, OH 43240  
614-886-5273

07/30/2018 09:16:08  
MID: XXXXXXXXXXXX0968  
Device ID: 7101  
Terminal ID: PD061.  
CREDIT CARD  
MP SALE

CARD: XXXXXXXXXXXX0749  
TRANS # 001 8  
Batch #: 021212  
Approval Code: NCUK0BYD90730  
TRANS ID: Manual  
Entry Method: Online  
Node:  
Aux Codes: Y  
Card Code: N

SALE AMT \$4000.00

THANK YOU  
CUSTOMER COPY

**Premier Laser Spa: Treatment and Financial**

**Premier Laser Spa**

Client Name: Meghan Hurt Date: 7/30/15

Treatment Area	Price	Discount	Subtotal
Brazilian	4776	pkg discount w/ husband's tx areas	
U. ARMS	3576		

LaserFast Package of 8 with Lifetime Guarantee    
  LaserFast Package of 8 No Lifetime Guarantee    
  LaserFast per treatment No Lifetime Guarantee

**Total Price:**  
4,000  
 Husband's included.  
*0.16 per 100g 11/14/15*

**Notes:**  
package w/ husband's: Brendan Hurt.

MH (client initials) I fully understand and agree to the treatment areas that will be treated.  
MM I understand that blonde, grey, white, or red hair does not respond to laser hair removal (LHR) treatments.  
MH I understand that I must maintain the timing intervals as prescribed by my laser technician in the LaserFast protocol in order to maintain my guarantee with Lifetime Premier Pass. Face/Neck: 4-7 weeks, below neck: 6-10 weeks. We cannot guarantee an appointment you cancel will be rescheduled within your treatment timing intervals. I must adhere to the pre and post treatment instruction before each treatment and in between treatments for safe and effective treatments.  
MH I understand that I am not entitled to a refund if I experience any of the listed possible side effects on my consent form and that I have been advised of these possible side effects.  
MM I will refrain from tanning and understand that my skin must be in its natural color while receiving LHR  
MM If the medical director or his or her licensed designee determines that I am not an appropriate candidate to receive LHR services and treatment has not commenced, I will receive a full refund. If treatment has commenced, I will receive a pro-rated refund based on number of completed treatments. If treatments have not commenced and choose not to commence treatment then refund requests can be made in writing and are subject to a 30% administration fee. We agree to refund this amount within 15 days of receipt of written request.  
 Client Signature: Meghan Hurt Date: 7-31-15  
 Parent/Guardian Signature if Client under 18: \_\_\_\_\_ Date: \_\_\_\_\_  
 Staff Signature: [Signature] Date: 7/30/15  
MH (client initials) I have received a copy of this signed form, the pre and post treatment instructions, and if applicable, my signed LaserFast guarantee.

# BODY CONTOUR VENTURES, LLC

## Frequently Asked Questions

### First Day Motions and Orders

**DEADLINE TO FILE A CLAIM**  
 General Bar Date – July 1, 2019  
 Governmental Bar Date – September 30, 2019

Chapter: 11  
 Filing Date: 2/22/2019  
 Primary Case Docket #: 19-42510  
 Total Related Debtors: 28 Click [here](#) to view the Debtor(s) Voluntary Petition(s) and Schedules and Statements  
 Debtor's Address: LightRx  
 34405 W. 12 Mile Road, Suite 200  
 Farmington Hills, MI 48331  
 Court: United States Bankruptcy Court, Eastern District of Michigan  
 211 West Fort Street  
 Detroit, MI 48226  
 Court Docket: Click [here](#) to view and search the court docket. To search by docket number, date or description, go to the court docket, then pick a field to search in the Advanced Search box at the top of the page.  
 Judge: Honorable Philip J. Shefferly  
 Bar Dates: General Bar Date - July 1, 2019  
 Governmental Bar Date – September 30, 2019

Where to Send Claims: **If by Regular Mail:** BMC Group  
 Attn: LightRx Claims Processing  
 PO Box 90100  
 Los Angeles, CA 90009  
**If by Messenger or Overnight Delivery:** BMC Group  
 Attn: LightRx Claims Processing  
 3732 West 120th Street  
 Hawthorne, CA 90250

United States Trustee: Office of The United States Trustee  
 211 West Fort Street, Suite 700  
 Detroit, MI 48226

Hearings: Final Hearing DIP Financing  
 March 27, 2019 at 2:00 PM Eastern Time  
 Location:  
 United States Bankruptcy Court  
 Courtroom 1975  
 211 W. Fort St.  
 Detroit, MI 48226

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 swolfson@wolfsonbolton.com

Attorneys for Unsecured Creditors' Committee: TBD

Important Documents: First Day Motions and Orders

BMC Group presents documents in PDF format. Click [here](#) to [learn more about PDF format](#).