| Fill in this information to identify the case: |  |  |  |  |
|--|--|--|--|--|
| Debtor 1                                       | Body Contour Ventures, LLC   |  |  |  |
| Debtor 2<br>(Spouse, if filing                 | 3)   |  |  |  |
| United States                                  | Bankruptcy Court for the: Eastern District of Michigan, Detroit Division |  |  |  |
| Case number                                    | 19-42510-pjs   |  |  |  |

E-Filed on 04/11/2019 Claim # 521

## 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.

| ľ  | art 1: Identify the C  | iaiiii  |   |                         |   |          |          |  |  |
|----|--|---|---|-------------------------|---|----------|----------|--|--|
| 1. | Who is the current   | Hc processing center  Name of the current creditor (the person or entity to be paid for this claim) |   |                         |   |          |          |  |  |
|    | creditor?  |   |   |                         |   |          |          |  |  |
|    |  | Other names the creditor u  | 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?   |   |                         | Where should payments to the creditor be sent? (if different) |          |          |  |  |
|    |  | Luisanna lajara   |   |                         | ±,  |          |          |  |  |
|    |  | Name  |   |                         | Name  |          |          |  |  |
|    |  | 55 parkside cir Number Street Number Street   |   |                         |   |          |          |  |  |
|    |  | Willingboro   | NJ  | 08046                   |   |          |          |  |  |
|    |  | City  | State   | ZIP Code                | City  | State    | ZIP Code |  |  |
|    |  | Contact phone (267) 597   | 7-2826  |                         | Contact phone   |          |          |  |  |
|    |  | Contact email luisannal   | ajara@hotmail.d                               | com                     | Contact email   |          |          |  |  |
|    |  | Uniform claim identifier for  |   | . , , ,                 | use one):<br>   |          |          |  |  |
| 4. | Does this claim amend one already filed?   | ☑ No<br>☐ Yes. Claim numbe  | r on court claim                              | s registry (if known) _ |   | Filed on | D / YYYY |  |  |
| 5. | Do you know if anyone else has filed a proof of claim for this claim?  | ☑ No<br>☐ Yes. Who made th  | ne earlier filing?                            |                         |   |          |          |  |  |

| 6. | Do you have any number you use to identify the debtor? | e to identify the Yes, Last 4 digits of the debtor's account or any number you use to identify the debtor:   |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|
| 7. | How much is the claim?                                 | \$   |  |  |  |  |  |  |
| В. | 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.  Money Loaned   |  |  |  |  |  |  |
| 9. | Is all or part of the claim secured?                   | 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:  |  |  |  |  |  |  |

| entitled to priority under 1U.S.C. \$ 507(a)(7) A claim may be party prority and party provided and party provided and party profit and                    | 12. Is all or part of the claim                  | <b>☑</b> No  |  |  |                                 |                     |                      |        |
|---|--|--|--|--|---------------------------------|---------------------|----------------------|--------|
| priority and partly nonplinity. For example, in some categories, the surfmits the amount entitled in priority.    Up to \$2.850" of deposits toward purchase, lease, or rental of property or services for surfmits the amount entitled in priority.    Up to \$2.850" of deposits toward purchase, lease, or rental of property or services for surfmits and surfmits or household use :11 U.S.C. \$507(a)(7).    Wages, salaries, or commissions (up to \$1.2850") earned within 150 days before the bark-putcy prefit in 51 if 64 of the debtor's businesse ends, withchever is earlier.  11 U.S.C. \$507(a)(4).    Taxes or penalties owed to governmental units. 11 U.S.C. \$507(a)(5).    Contributions to an employee benefit plan. 11 U.S.C. \$507(a)(5).    Amounts are subject to sidustment on 401/19 and every 3 years after that for cases begun on or after the date of adjustment.    Part 3.   Sign Bolow   |  | ☐ Yes. Check one:  |  |  |                                 | Amount entitle      | d to priority        |        |
| in some categories, the law limits the amount entitled to priority.    Wages, salaries, or commissions (up to \$12,860°) earned within 180 days before the beniruptory petition is filled or the debtor's business ends, whichever is earlier.   S  | priority and partly                              |  |  |  |                                 |                     | \$                   | 0.00   |
| Wages, salaries, or commissions (up 16 \$12,850*) earned within 180 days before the barricuptor puttinn is filled or the debtor's business ends, whichever is earlier.    Tuscs or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ 0.00   Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(8). \$ 0.00   Other. Specify subsection of 11 U.S.C. § 507(a)(1) that applies. \$ 0.00   The preson completing this proof of claim must sign and date it.   FRP 901(b).   I am the creditor.   I am the reditor.   I am the rustee, or the debtor, or their authorized agent.   I am the graditor's attorney or authorized agent.   I am a guarantor, surely, endorser, or other codebort. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am a guarantor, surely, endorser, or other codebotto. Bankruptcy Rule 3005.   I am 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.                    | in some categories, the law limits the amount    |  |  |  |                                 |                     |                      |        |
| Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ 0.00   |  | bankrup  | tcy petition is filed or the debto                                 | o \$12,850*) earned wi<br>or's business ends, wh | thin 180 days<br>ichever is ear | before the<br>lier. | \$                   | 0.00   |
| City State   City   State   City                         |  | ☐ Taxes o  | es or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). |  |                                 |                     |                      | 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.  * 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.  * Check the appropriate box:    I am the creditor;   I am the trustee, or the debtor, or their authorized agent.   I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.   I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  * A person who files are a guarantor, surety, endorser, or other codebtor credit for any payments received toward the debt.  A person who files are a guarantor, surety, endorser, or other codebtor credit for any payments received toward the debt.  A person who files are a guarantor, surety, endorser, or other codebtor 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.    I declare under penalty of perjury that the foregoing is true and correct.   I declare under penalty of perjury that the foregoing is true and correct.   Luisanna lajara   Signature   |  | ☐ Contribu   | itions to an employee benefit p                                    | olan. 11 U.S.C. § 507(a                          | a)(5).                          |                     | \$                   | 0.00   |
| 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 focal rides specifying what a signature to establish focal rides specifying what a signature is a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of Claim serves as an acknowledgment that when calculating the amount of th                   |  | Other. S   | specify subsection of 11 U.S.C                                     | . § 507(a)() that app                            | olies.                          |                     | \$                   | 0.00   |
| The person completing this proof of claim must sign and date it.    Check the appropriate box:  |  | * Amounts a  | re subject to adjustment on 4/01/1                                 | 9 and every 3 years after                        | that for cases I                | pegun on or afte    | er the date of adjus | tment. |
| The person completing this proof of claim must sign and date it.    Check the appropriate box:  |  |  |  |  |                                 |                     |                      |        |
| 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.  Luisanna lajara  Signature  Print the name of the person who is completing and signing this claim:  Luisanna Lajara  First name  Middle name  Last name  Title  Company  Address  Address  I am the creditor, or their authorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3005.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent and 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 <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.  I have examined the information in 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 the Information in this <i>Proof of Claim</i> serves as an acknowledgment that when calculating | Part 3: Sign Below                               |  |  |  |                                 |                     |                      |        |
| 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.  Luisanna lajara  Signature  Print the name of the person who is completing and signing this claim:  Luisanna Lajara  First name  Luisanna Lajara  Title  Company  I am the creditor.  I am the creditor.  I am the creditor.  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 <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.  I have examined the information in this <i>Proof of Claim</i> 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  O4/11/2019  Luisanna lajara  Signature  Print the name of the person who is completing and signing this claim:  Name  Luisanna Lajara  First name  Middle name  Last name  Title  Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  Address  Address  City  State  ZIP Code   |  | Check the appro  | priate box:  |  |                                 |                     |                      |        |
| 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.  Luisanna lajara  Signature  Print the name of the person who is completing and signing this claim:  Name  Luisanna Lajara  First name  Middle name  Last name  Last name  Last name  Address  Number  Street  City  State  Zip Code   | sign and date it.                                | I am the cre   | ditor.   |  |                                 |                     |                      |        |
| electronically, FRBP 5005(a)(2) authorizes courts osstablish 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.  I declare under penalty of perjury that the foregoing is true and correct.    Luisanna lajara   Signature  | , ,  |  | •  | ŭ  |                                 |                     |                      |        |
| Soussal(2) authorizes during 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.  Luisanna lajara  Signature  Print the name of the person who is completing and signing this claim:  Luisanna Lajara  First name  Middle name  Last name  Title  Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Number  Street  City  State  ZIP Code  |  |  |  |  |                                 |                     |                      |        |
| specifying what a signature is.  A person who files a fraudulent claim could be fined up to \$500,000, mprisoned for up to 5 years, or both.  18 U.S.C. §\$ 152, 157, and 3571.  Luisanna lajara Signature  Print the name of the person who is completing and signing this claim:  Name  Luisanna Lajara  First name  Middle name  Last name  Title  Company  I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the authorized agent is a servicer.  I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  O4/11/2019  MM / DD / YYYYY  Luisanna lajara  First name  Middle name  Last name  Title  Company  Address  Address  Address  I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the authorized sa an acknowledgment that when calculating the authorized and acknowledgment that when calculating the authorized acknowledgment that when calculating the acknowledgment that when calculating the authorized acknowledgment that when calculating the acknowledgment that when calculating the authorized acknowledgment that when calculating the acknowledgment that when calculating the acknowledgment that the information is true and correct.  Executed on date information in this Proof of Claim and have a reasonable belief that the informatio                  |  | ■ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.   |  |  |                                 |                     |                      |        |
| 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.  Luisanna lajara Signature  Print the name of the person who is completing and signing this claim:  Name  Luisanna Lajara First name  Middle name  Last name  Title  Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  Address  Address  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  04/11/2019  Luisanna Lajara First name  Middle name  Last name  Title  Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  City  State  ZIP Code  | specifying what a signature                      | Lunderstand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the |  |  |                                 |                     |                      |        |
| Tradulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. It declare under penalty of perjury that the foregoing is true and correct.    I declare under penalty of perjury that the foregoing is true and correct.  |  |  |  |  |                                 |                     |                      | 9      |
| 18 U.S.C. §§ 152, 157, and 3571.  Executed on date      O4/11/2019  | fraudulent claim could be fined up to \$500,000, |  |  |  |                                 |                     |                      |        |
| Luisanna lajara Signature  Print the name of the person who is completing and signing this claim:  Name  Luisanna Lajara First name  Middle name  Last name  Title Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  Number  Street  City  State  ZIP Code   |  | I declare under penalty of perjury that the foregoing is true and correct.   |  |  |                                 |                     |                      |        |
| Print the name of the person who is completing and signing this claim:  Name  Luisanna Lajara First name  Middle name  Last name  Title  Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  Number  Street  City  State  ZIP Code   | <b>3571.</b> Executed on date 04/11/2019         |  |  |  |                                 |                     |                      |        |
| Print the name of the person who is completing and signing this claim:  Name  Luisanna Lajara First name  Middle name  Last name  Title  Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  Number  Street  City  State  ZIP Code   |  |  |  |  |                                 |                     |                      |        |
| Print the name of the person who is completing and signing this claim:  Name  Luisanna Lajara First name Middle name Last name  Title Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  Number Street  City State ZIP Code   |  |  | a  |  |                                 |                     |                      |        |
| Name  Luisanna Lajara First name  Middle name  Last name  Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  Number  Street  City  State  ZIP Code  |  | Ü  |  |  |                                 |                     |                      |        |
| First name Middle name Last name  Title  Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  Number Street  City State ZIP Code  |  | Print the name   | of the person who is comple  | ting and signing this                            | claim:                          |                     |                      |        |
| Title  Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  Number Street  City State ZIP Code  |  | Name   |  |  |                                 |                     |                      |        |
| Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  Number Street  City State ZIP Code   |  |  | First name   | Middle name                                      |                                 | Last name           |                      |        |
| Address  Address  City  State  ZIP Code   |  | Title  |  |  |                                 |                     |                      |        |
| Address  Number Street  City State ZIP Code   |  |  |  |  |                                 |                     |                      |        |
| Number Street  City State ZIP Code  |  |  |  |  |                                 |                     |                      |        |
| City State ZIP Code   |  | Address  | Number Street  |  |                                 |                     |                      |        |
|   |  |  | Namper Street  |  |                                 |                     |                      |        |
| Contact phone Email   |  |  | City   |  | State                           | ZIP Code            |                      |        |
|   |  | Contact phone  |  |  | Email                           |                     |                      |        |