

Fill in this information to identify the case:

Debtor 1 CONTOUR VENTURESLLC BODY  
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

04/19

Read the instruction 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, judgements, 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?	<u>Capital One Bank (USA), N.A. by American InfoSource as agent</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Capital One Bank (USA), N.A.</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Capital One Bank (USA), N.A. by American InfoSource as agent</u> Name <u>4515 N Santa Fe Ave</u> Number Street <u>Oklahoma City OK 73118</u> City State ZIP Code Contact phone <u>(877) 893-8820</u> Contact email <u>POC_AIS@americaninfosource.com</u>	<u>Capital One Bank (USA), N.A. by American InfoSource as agent</u> Name <u>PO Box 71083</u> Number Street <u>Charlotte NC 28272-1083</u> City State ZIP Code Contact phone <u>(877) 893-8820</u> Contact email <u>POC_AIS@americaninfosource.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 8 1 2 7

7. How much is the claim? \$ 2,787.43 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.  
Credit Card

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 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 \$3,025\* 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 \$13,650\*) 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 4/01/19 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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 that debt.

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 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 04/08/2019  
MM / DD / YYYY

/s/ Ashley Boswell  
Signature

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

Name Ashley Boswell  
First Name Middle Name Last Name

Title Paralegal

Company American InfoSource  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4515 N Santa Fe Ave  
Number Street

Oklahoma City OK 73118  
City State Zip Code

Contact Phone (877) 893-8820 Email POC\_AIS@americaninfosource.com

# Statement of Accounts

## Account Information

<b>Account Holder(s)</b> CONTOUR VENTURESLLC BODY		<b>Account Number(s)</b> XXXXXXXXXXXX8127 XXXXXXXX3610		<b>Creditor Reference</b>
<b>Total Claim Amount (pre-petition balance)</b> \$2,787.43	<b>Principal Amount</b> \$2,590.38	<b>Interest</b> \$145.35	<b>Fees</b> \$51.70	
<b>Account Open Date</b> 07/13/2015	<b>Last Transaction Date</b> 01/07/2019	<b>Last Payment Date</b> 01/07/2019	<b>Charge-off Date</b> 03/27/2019	

## Creditor Information

<b>Claimant</b> Capital One Bank (USA), N.A. by American InfoSource as agent	<b>Current Creditor</b> Capital One Bank (USA), N.A. by American InfoSource as agent
<b>Previous Creditor</b> Capital One	<b>Creditor at Last Account Transaction</b> Capital One

The individual whose signature appears on this claims form has relied in part on information provided by an employee at Capital One who has personal knowledge as to the calculation of the claim amount and a summary of that process. This information will be provided upon request.

## Case Information

<b>Debtor(s)</b> BODY CONTOUR VENTURES, LLC				
<b>Street</b> 34405 W. 12 MILE ROAD, SUITE 200		<b>City</b> FARMINGTON HILLS	<b>State</b> MI	<b>Zip</b> 48331
<b>Case Number</b> 19-42510	<b>Court</b> Eastern District of Michigan		<b>Chapter</b> 11	<b>Filing Date</b> 02/22/2019

## Contact Information (for questions regarding this claim)

<b>Phone</b> (877) 893-8820	<b>Email</b> POC_AIS@americaninfosource.com	<b>Address</b> 4515 N Santa Fe Ave Oklahoma City, OK 73118	<b>Reference Number</b> 6755843
--------------------------------	--	--	------------------------------------

## Special Notice

Capital One has, to the best of our ability, made every effort to provide all required data.

# 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:* (25883748)      **Claim No:** 45      *Status:*  
 Capital One Bank (USA), N.A.      *Original Filed*      *Filed by:* CR  
 by American InfoSource as agent      *Date:* 04/08/2019      *Entered by:* Ashley M. Boswell  
 PO Box 71083      *Original Entered*      *Modified:*  
 Charlotte, NC 28272-1083      *Date:* 04/08/2019

Amount claimed: \$2787.43

*History:*

[Details](#)    [45-1](#) 04/08/2019 Claim #45 filed by Capital One Bank (USA), N.A., Amount claimed: \$2787.43 (Boswell, Ashley)

*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

<b>Total Amount Claimed*</b>	\$2787.43
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		