

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

Debtor 1	Body Contour Ventures, LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	Eastern District of Michigan
Case number:	19-42510

FILED  
 U.S. Bankruptcy Court  
 Eastern District of Michigan  
 4/8/2019  
 Katherine B. Gullo, Clerk

**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**

<b>1. Who is the current creditor?</b>	Elisabeth Reus	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Elisabeth Reus	_____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	Name	Name
	8495 Woodland Forest SE 300 Ottawa Ave NW Ste #150 Alto, MI 49302	Contact phone _____
	Contact phone <u>616-214-9165</u>	Contact email _____
Contact email <u>1x4xy@gmail.com</u>	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? Elisabeth Reus	

**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? \$ 7469.00  
 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 healthcare information.  
 Deposit for services not 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. \$ \_\_\_\_\_

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)?	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input checked="" type="checkbox"/> 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).	\$ 2850.00
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> 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 4/8/2019  
MM / DD / YYYY

/s/ Denise D. Twinney

Signature

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

Name	<u>Denise D. Twinney</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Wardrop &amp; Wardrop, PC</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>300 Ottawa Ave NW, Suite #150</u>		
	Number	Street	
	<u>Grand Rapids, MI 49503</u>		
Contact phone	City	State	ZIP Code
	<u>616-459-1225</u>	Email	<u>denise@wardroplaw.com</u>

# RECEIPT

LightRx Grand Rapids  
Ste. 120  
1971, E. Beltline Ave. NE  
Grand Rapids  
Michigan, 49525  
Ph : +16164322306



Date 11/23/2018  
Receipt # 104168

For **Elisabeth, Reus**  
8495 Woodland Forest SE  
Alto  
Michigan  
49302

Description	Provider	Standard Price	Adjusted Price	Qty	Total
Consultation - General Consultation	Terri Ewald CD	0.00	0.00	1	0.00
MWL - Balloon	Terri Ewald CD	8500.00	3400.00	1	3400.00
MWL - SculpSure (2 Treatments)	Terri Ewald CD	5000.00	2000.00	1	2000.00
MWL - Venus Legacy (10 Treatments)	Terri Ewald CD	2500.00	770.46	1	770.46
MWL - Rx Lipo (11 Treatments)	Terri Ewald CD	1089.00	435.60	1	435.60
ProLon	Terri Ewald CD	249.00	249.00	1	249.00
VHP	Terri Ewald CD	599.00	599.00	1	599.00
Tax Payable					\$14.94
<b>Total</b>					<b>\$7469.00</b>
Paid By Cash					<b>\$7469.00</b>

**Additional Information**

# 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:*            (25883876)      **Claim No: 46**                      *Status:*  
 Elisabeth Reus                      *Original Filed*                      *Filed by:* CR  
 8495 Woodland Forest SE                      *Date:* 04/08/2019                      *Entered by:* ePOC  
 300 Ottawa Ave NW Ste #150                      *Original Entered*                      *Modified:*  
 Alto, MI 49302                      *Date:* 04/08/2019

Amount claimed: \$7469.00  
 Priority claimed: \$2850.00

*History:*  
[Details](#)    [46-1](#) 04/08/2019 Claim #46 filed by Elisabeth Reus, Amount claimed: \$7469.00 (ePOC)

*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>	\$7469.00
<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>	\$2850.00	
<b>Administrative</b>		