

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

Case number 19-42510-pjs

Official Form 410

Proof of Claim

12/15

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?	<u>KSE RADIO VENTURES LLC - STATION KIMN-FM</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
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)	<b>Where should notices to the creditor be sent?</b>  <u>Kohner Marin &amp; Kailas, S.C.</u> Name <u>4650 N. Port Washington Road</u> Number Street <u>Milwaukee</u> <u>WI</u> <u>53212</u> City State ZIP Code Contact phone <u>414-962-5110</u> Contact email <u>evonhelms@kmksc.com</u>	<b>Where should payments to the creditor be sent? (if different)</b>  _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
	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? _____	

LIGHTRX POC



00542

**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: 2 3 9 0

7. How much is the claim? \$ 11,604.00. 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.

ADVERTISING SERVICES

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)?**

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

☒ 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).

Amount entitled to priority

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

☐ Up to \$2,775\* 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 \$12,475\*) 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 4/01/16 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

04/08/2019  
MM / DD / YYYY

Signature

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

Name Eric von Helms

First name

Middle name

Last name

Title

Attorney

Company

Kohner Mann & Kailas, S.C.

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

Address

4650 N. Port Washington Road

Number Street

Milwaukee

WI

53212

City

State

ZIP Code

Contact phone

414-962-5110

Email evonhelms@kmksc.com

# INVOICE

Page 1 of 1



**KIMN-FM**  
**720 South Colorado Blvd**  
**Suite 1200N**  
**Denver, CO 80246**  
**Main: (303) 832-5665**  
**Billing: (888) 267-9880**

mix100.com

Billing Address:

**Body Conture**  
**Attention: Accounts Payable**  
**34405 West 12 Mile Road Ste 200**  
**Farmington, MI 48331**

Send Payment To:

**KIMN-FM**  
**1000 Chopper Circle**  
**Denver, CO 80204**  
**MediaAR@PepsiCenter.com**

Invoice #	Invoice Date	Invoice Month	Invoice Period
KIMN1170814637	08/27/17	August 2017	08/27/17 - 08/27/17

Property	Account Executive	Sales Office	Sales Region
KIMN-FM	Tyler Loendorf	Local Denver	Local

Advertiser	Product	Estimate Number
Light Rx	KIMN1170814637	

Flight Dates	Order #	Alt Order #
08/27/17 - 08/27/17	KIMN117081463	

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling

Agency Code	Advertiser Code	Product 1/2

Agency Ref	Advertiser Ref

Total Spots

## Payment Terms 30 Days

<u>Gross Total</u>	<b>\$705.88</b>
<u>Agency Commission</u>	<b>\$105.88</b>
<u>Net Amount Due</u>	<b>\$600.00</b>
. 0.0%	<b>\$0.00</b>
. 0.0%	<b>\$0.00</b>
<u>Amount Due</u>	<b>\$600.00</b>
<u>Invoice Balance as of 07/25/18 10:10:16 AM MT</u>	<b>\$0.00</b>

We warrant that the actual broadcast information shown on this invoice was taken from the program log.

# INVOICE

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Billing Address:

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 Farmington, MI 48331

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 Denver, CO 80204  
 MediaAR@PepsiCenter.com

Invoice #	Invoice Date	Invoice Month	Invoice Period
KIMN1170814736	08/27/17	August 2017	08/27/17 - 08/27/17

Property	Account Executive	Sales Office	Sales Region
KIMN-FM	Tyler Loendorf	Local Denver	Local

Advertiser	Product	Estimate Number
Light Rx	KIMN1170814736	

Flight Dates	Order #	Alt Order #
08/27/17 - 08/27/17	KIMN117081473	

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling

Agency Code	Advertiser Code	Product 1/2

Agency Ref	Advertiser Ref

Total Spots

## Payment Terms 30 Days

<u>Gross Total</u>	\$7,650.00
<u>Agency Commission</u>	\$1,147.50
<u>Net Amount Due</u>	\$6,502.50
. 0.0%	\$0.00
. 0.0%	\$0.00
<u>Amount Due</u>	\$6,502.50
<u>Invoice Balance as of 07/25/18 10:10:20 AM MT</u>	\$0.00

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 34405 West 12 Mile Road Ste 200  
 Farmington, MI 48331

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**KIMN-FM**  
 1000 Chopper Circle  
 Denver, CO 80204  
 MediaAR@PepsiCenter.com

Invoice #	Invoice Date	Invoice Month	Invoice Period
KIMN1170915828	09/24/17	September 2017	09/24/17 - 09/24/17

Property	Account Executive	Sales Office	Sales Region
KIMN-FM	Jessica O'Connor	Local Denver	Local

Advertiser	Product	Estimate Number
Light Rx	KIMN1170915828	

Flight Dates	Order #	Alt Order #
09/24/17 - 09/24/17	KIMN117091582	

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling

Agency Code	Advertiser Code	Product 1/2

Agency Ref	Advertiser Ref

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Total Spots


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## Payment Terms 30 Days

<u>Gross Total</u>	<b>\$705.88</b>
<u>Agency Commission</u>	<b>\$105.88</b>
<u>Net Amount Due</u>	<b>\$600.00</b>
. 0.0%	<b>\$0.00</b>
. 0.0%	<b>\$0.00</b>
<u>Amount Due</u>	<b>\$600.00</b>
<u>Invoice Balance as of 07/25/18 10:10:23 AM MT</u>	<b>\$600.00</b>

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Denver, CO 80204  
MediaAR@PepsiCenter.com

Invoice #	Invoice Date	Invoice Month	Invoice Period
KIMN1170915856	09/24/17	September 2017	09/24/17 - 09/24/17

Property	Account Executive	Sales Office	Sales Region
KIMN-FM	Jessica O'Connor	Local Denver	Local

Advertiser	Product	Estimate Number
Light Rx	KIMN1170915856	

Flight Dates	Order #	Alt Order #
09/24/17 - 09/24/17	KIMN117091585	

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling

Agency Code	Advertiser Code	Product 1/2

Agency Ref	Advertiser Ref

Total Spots

## Payment Terms 30 Days

Gross Total	\$5,100.00
Agency Commission	\$765.00
Net Amount Due	\$4,335.00
0.0%	\$0.00
0.0%	\$0.00
Amount Due	\$4,335.00
Invoice Balance as of 07/25/18 10:10:25 AM MT	\$4,335.00

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 Farmington, MI 48331

Send Payment To:

**KIMN-FM**  
 1000 Chopper Circle  
 Denver, CO 80204  
 MediaAR@PepsiCenter.com

Invoice #	Invoice Date	Invoice Month	Invoice Period
KIMN1171016340	10/15/17	October 2017	10/15/17 - 10/15/17

Property	Account Executive	Sales Office	Sales Region
KIMN-FM	Jessica O'Connor	Local Denver	Local

Advertiser	Product	Estimate Number
Light Rx	KIMN1171016340	

Flight Dates	Order #	Alt Order #
10/15/17 - 10/15/17	KIMN117101634	

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling

Agency Code	Advertiser Code	Product 1/2

Agency Ref	Advertiser Ref

Total Spots

## Payment Terms 30 Days

<u>Gross Total</u>	\$7,140.00
<u>Agency Commission</u>	\$1,071.00
<u>Net Amount Due</u>	\$6,069.00
. 0.0%	\$0.00
. 0.0%	\$0.00
<u>Amount Due</u>	\$6,069.00
<u>Invoice Balance as of 07/25/18 10:10:30 AM MT</u>	\$6,069.00

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Denver, CO 80204  
MediaAR@PepsiCenter.com

Invoice #	Invoice Date	Invoice Month	Invoice Period
KIMN1171016341	10/15/17	October 2017	10/15/17 - 10/15/17

Property	Account Executive	Sales Office	Sales Region
KIMN-FM	Jessica O'Connor	Local Denver	Local

Advertiser	Product	Estimate Number
Light Rx	KIMN1171016341	

Flight Dates	Order #	Alt Order #
10/15/17 - 10/15/17	KIMN117101634	

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling

Agency Code	Advertiser Code	Product 1/2

Agency Ref	Advertiser Ref

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Total Spots

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## Payment Terms 30 Days

<u>Gross Total</u>	<b>\$705.88</b>
<u>Agency Commission</u>	<b>\$105.88</b>
<u>Net Amount Due</u>	<b>\$600.00</b>
. 0.0%	<b>\$0.00</b>
. 0.0%	<b>\$0.00</b>
<u>Amount Due</u>	<b>\$600.00</b>
<u>Invoice Balance as of 07/25/18 10:10:32 AM MT</u>	<b>\$600.00</b>

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# 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:* (25884910)

**Claim No:** 47

*Status:*

KSE Radio Ventures LLC -

*Original Filed*

*Filed by:* CR

Station KIMN-FM

*Date:* 04/08/2019

*Entered by:* Eric Robert von

c/o Kohner, Mann & Kailas, S.C.

*Original Entered*

Helms

4650 North Port Washington

*Date:* 04/08/2019

*Modified:*

Road

Milwaukee, Wisconsin

53212

Amount claimed: \$11604.00

### *History:*

[Details](#) [47-1](#) 04/08/2019 Claim #47 filed by KSE Radio Ventures LLC -, Amount claimed: \$11604.00 (von Helms, Eric)

*Description:* (47-1) advertising services

*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>	\$11604.00
<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.**

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