

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

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

**FILED**  
 U.S. Bankruptcy Court  
 Eastern District of Michigan  
 4/9/2019  
 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>	<u>Kolb Electric, Inc.</u> 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>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>Kolb Electric, Inc.</u> Name 8530 Cinder Bed Rd Ste 1400 Lorton, VA 22079-1491  Contact phone <u>301-293-9500</u> Contact email <u>kelly@kolbelectric.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name _____ Contact phone _____ Contact email _____
	<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 _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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: \_\_\_\_\_

7. How much is the claim? \$ 1792.55  
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.  
SERVICES 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: \_\_\_\_\_

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<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 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).	\$ _____
	<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 4/9/2019  
MM / DD / YYYY

/s/ Kelly Marie Cleaver

Signature

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

Name Kelly Marie Cleaver

First name Middle name Last name

Title AR Manager

Company Kolb Electric, Inc.

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

Address 8530 Cinder Bed Rd., Suite 144

Number Street

Lorton, VA 22079

City State ZIP Code

Contact phone 240-404-6766 Email kelly@kolbelectric.com



A Family Owned & Operated Business  
Since 1925  
www.kolbelectric.com

**LOCATIONS**

Washington, DC  
(202) 726-4900

Rockville, Maryland (301) 279-2133  
Laurel, Maryland (301) 725-5552

Baltimore, Maryland (410) 579-5800  
Alexandria, Virginia (703) 941-4600

Frederick, Maryland (301) 293-9500  
Reston, Virginia (703) 438-8700

**REMIT TO:**  
5901 BLAIR ROAD, N.W.  
WASHINGTON DC 20011

**INVOICE TO:**

Light Rx  
1220 East Joppa Road  
Towson, MD 21236

INVOICE NUMBER  
**7146877**

Acct #: LIGHT RX 748-444-6440

DATE	ORDERED BY	ORDER NO.	JOB ADDRESS
------	------------	-----------	-------------

09/30/2018	Mr. Jim Allie		Light Rx 1220 East Joppa Road Towson, MD 21236
------------	---------------	--	--

- Received a service call to install 220 plug for laser in 3rd room.
- Arrived on site. Spoke with customer who conveyed she needed twist lock plugs installed.
- After discussing scope of work with customer she decided to have one (1) receptacle installed in each of three (3) rooms.
- Removed several ceiling tiles to run new wiring.
- Installed 250' MC cable and pulled through ceiling into three (3) rooms.
- Cut holes in drywall as necessary to fish wiring down wall.
- Installed one (1) receptacle device box in each of the three (3) rooms.
- Installed one (1) receptacle in each of the three (3) rooms.
- Installed one (1) 2-pole 30 amp circuit breaker to power receptacles.
- Made all necessary connections.

ADJUSTMENTS	LATE PAYMENT CHARGE	CODE NO.	DATE	A/R CREDITED	BALANCE \$
- Installed one (1) receptacle cover plate on each of the three (3) receptacles.				A/R CREDITED	BALANCE \$
- Tested for proper operation.					
- Terms: Payment due upon receipt of Invoice					
Thank you for your valued business!					

Please examine this invoice at once. If no exception is taken to this invoice within ten days, it will be considered correct and payable.

\$ 1,591.74

W/O# 7086234

AFTER 30 DAYS 2% (24% PER ANNUM) WILL BE CHARGED ON UNPAID BALANCE. ACTUAL AND REASONABLE COLLECTION CHARGES AND FEES WILL BE ADDED IF DELINQUENT.

AMOUNT DUE

SALES #1  
SALES #2

<b>JOB NO.</b>		<b>07-086234</b>	
CONTRACT	T & M	DATE	
	Taken KNB	Typed KNB	09/05/2018

<b>JOB INFORMATION</b>	JOB ADDRESS: 1220 East Joppa Road Towson, MD 21236		ORDERED BY NAME & PHONE	
	JOB NAME: Light Rx		Mr. Jim Allie 443-519-2119 iima@liahtrx.com	
	PERSON TO SEE: Mr. Jim Allie		JOB PHONE	
			443-519-2119	
	PROMISED:                      TECH:		PROPERTY OFFICE NAME & PHONE	
	DATE:                      09/07/18                      TIME: 8-4 pm		Light Rx	
	Friday 09/07/18 8-4 pm		VOICE: 748-444-6440	
	CUSTOMER ADVISED: COD per Script? <b>Y</b> TRAVEL TIME & OVERTIME? <b>N</b>		FAX: 443-519-2119	
TYPE OF WORK: SERVICE CALL		BILL TO PHONE		
P.O. #:		748-444-6440		
CELL: 4435192119                      MAP:		<b>Cash on Delivery</b>		

- Install 220 plug (NEMA L630) in 3rd room for laser
- Kolb to provide materials

PROPERTY ACCT #: LIGHT RX	CODE: COD	<b>BILL TO</b>	Light Rx
CUSTOMER TYPE: C.O.D. - MISC NON-RESIDENTIAL			1220 East Joppa Road
AD SOURCE: REFERRAL			Towson, MD 21236
BILL TO ACCT NO: LIGHT RX	CODE: COD		
BILL TO NAME: Light Rx			

<b>SPECIAL BILLING INFORMATION</b>	
CODE ON JOB: (COD) \$98:USE"Y"IF NOT PD!	Wiring, New/Repair
Notes	

SUB CONTRACT	CONTRACT PRICE \$	\$0.00	PERMIT NEEDED	P.E.P. Co.
PERMIT	EXTRA		__ YES __ NO	NEEDED:
LABOR	S.C		CONSEAL ON	__ YES __ NO
MATERIAL	P.		ORD. FOR	CARD MAILED:
SALES TAX	MD                      0.000%		TAKEN	
TOTAL CONT.	M.		PER #	C/T BOX:
TOTAL EXTRA	S.T.		COST	ORD:
GRAND TOTAL	TOTAL		FINAL	RED.



T&M Time Ticket

Matthew Sikorski
09/07/2018
7086234

C.O.D. Customer

Customer Name:
Light Rx
Street Address:
1220 E Joppa Rd unit 102
City, State, Zipcode:
Towson MD 21236

On Site Contact:

TODAY'S VISIT

Problem Reported:

Install 220 plug in 3rd room for laser

Troubleshooting/Work Description:

Arrived on site and met with customer. She had new equipment she needed twist lock plugs installed for. After discussing it with her she decided to install a receptacle in all 3 rooms. I gathered a material list and went and picked up material.

I came back and brought all tools and material inside. I set up ladder and popped ceiling tiles. We then measured out MC and made cuts. We pulled all 3 feeds into there designated rooms and left slack near the panel. We then cut holes in drywall and fished wire down the wall.

Once wire was ran we installed boxes and added receptacles. We put stainless steel covers on them. We then went to the panel and landed all 3 circuits on 2 pole 30amp breakers. We labeled panel schedule and checked voltage. We had 207v phase to phase and 120v each phase to ground at all receptacles.

Once done we vacuumed all work areas and cleaned up all trash. Site complete.

Customer explained they were a corporation and she did not have a means to pay. You will need to contact Jim Allie for payment.

Problem(s) Found:

See troubleshooting

Repair(s) Made:

See troubleshooting

MATERIAL

Were materials used?

Yes

BIN Material Used

Table with 5 columns: BIN #, Item Description, Quantity, BIN Price(per unit), Total (\$). Row 1: 263, GROUNDING SCREWS: WITH PIGTAIL, 3, 3.56, 10.68

PURCHASE ORDER USED?

Yes

Table with 2 columns: Vendor, Sales Order Number. Vendor: Capital tristate/rexel/ HD, Sales Order Number: S122476257 (20.17) / S034036102 (319.38) / 8592470 (1.48)

PO Total \$341.03

LABOR

Table with 7 columns: Truck #, Tech Name, Start Time, On Site Time, End Time, Lunch Hours, Total Mech Hours. Row 1: B505, Matthew Sikorski, 10:15 AM, 11:15 AM, 04:15 PM, .5, 5.50

Normal Hours OR OT?

NORM

Is Job Complete?

YES

COD Charged Labor: 899.00

COD BIN Material: 10.68

COD PO Material: 682.06

Sub-Total: \$1591.74

Total: 1591.74

SEP 07 2018

PAYMENT RECEIVED \$:

0

Pic Attached?

# CapitalTristate

THE ELECTRICAL DISTRIBUTOR OF CHOICE

## Acknowledgement

CapitalTristate  
 14 WEST AYLESBURY ROAD  
 TIMONIUM, MD 21093-4104  
 410-252-7020 Fax 410-252-8740  
 john.armstrong@capitaltristate.com

ORDER DATE	ORDER NUMBER
09/07/18	S034036102
PAGE NO.	
1 of 2	

SOLD TO:  
 KOLB ELECTRIC, INC. ELKRIDGE  
 6774 DORSEY ROAD  
 ELKRIDGE, MD 21075-6205  
 410-579-5800 Fax: 410-579-2585

SHIP TO:  
 KOLB ELECTRIC, INC. ELKRIDGE  
 6774 DORSEY ROAD  
 ELKRIDGE, MD 21075-6205  
 410-579-5800 Fax: 410-579-2585

CUSTOMER NUMBER	CUSTOMER ORDER NUMBER	JOB NAME	ORDERED BY		
53322	EMS3877 7086234		matt		
SALESPERSON		SHIP VIA	FREIGHT ALLOWED	SHIP DATE	
JOHN ARMSTRONG		PKS SELF SERVE	No	09/07/18	
ORDER QTY	UPC	DESCRIPTION	UNIT PRICE	U	EXT PRICE
		***** Shipping Instructions ***** * OFFICE ENTRANCE IS ON MABEY BRIDGE & * SHORE DRIVEWAY!! *****			
3ea	78500726305	P&S L630-R TURNLOK RECEPT SINGLE 3WIRE 30A25	15.990	e	47.97
1ea	78667636295	C-H BR230 2P 30A 120/240V CB	12.780	e	12.78
250ft	98010034703	WIC MCA 10/2 SOL 250C ALU ARM BLK WHT GRN	857.750	m	214.44
3ea	01899700840	ARL 840 3/8 MC-BX CONN W/SQR	36.020	c	1.08
1ea	05400706132	3M 33PLUS-SUPER-3/4X66FT VINYL ELECL TAPE 3/4IN X 66FT Your # BIN 86A	5.150	e	5.15
3pr	09532740492	MULB 40492 SW BOX SUPPORT 1PR LONG LEGS	30.520	c	0.92
3ea	09532797111	MULB 97111 1G SAT-SS SGL RCPT PLT	185.160	c	5.55
100ea	72849491100	CAT L-11-50-0-C CM L11500C CABLE TIE 50LB 11" UV No	9.410	c	9.41
3ea	78618910162	CRS TP162	133.280	c	4.00

\*\*\* Continued on Next Page \*\*\*

# CapitalTristate

THE ELECTRICAL DISTRIBUTOR OF CHOICE

CapitalTristate  
 14 WEST AYLESBURY ROAD  
 TIMONIUM, MD 21093-4104  
 410-252-7020 Fax 410-252-8740  
 john.armstrong@capitaltristate.com

## Acknowledgement

ORDER DATE	ORDER NUMBER
09/07/18	S034036102
PAGE NO.	
2 of 2	

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 6774 DORSEY ROAD  
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 410-579-5800 Fax: 410-579-2585

SHIP TO:  
 KOLB ELECTRIC, INC. ELKRIDGE  
 6774 DORSEY ROAD  
 ELKRIDGE, MD 21075-6205  
 410-579-5800 Fax: 410-579-2585

CUSTOMER NUMBER	CUSTOMER ORDER NUMBER	JOB NAME	ORDERED BY		
53322	EMS3877 7086234		matt		
SALESPERSON	SHIP VIA	FREIGHT ALLOWED	SHIP DATE		
JOHN ARMSTRONG	PKS SELF SERVE	No	09/07/18		
ORDER QTY	UPC	DESCRIPTION	UNIT PRICE	U	EXT PRICE
		NMC SW BOX W/EARS			
				<b>Subtotal</b>	301.30
				<b>S&amp;H CHGS</b>	0.00
				<b>Sales Tax</b>	18.08
				<b>Amount Due</b>	319.38

**TERMS & CONDITIONS**

This order is subject to Company Terms and Conditions of Sale, which shall govern in the event of any conflict with any Terms or Conditions of Purchaser's proposal, purchase order or other documents.





**T&M Time Ticket**

Matthew Sikorski  
09/07/2018  
7086234

C.O.D. Customer

Record of Work Performed/Customer Receipt

**Customer Name:**

Light Rx

**Street Address:**

1220 E Joppa Rd unit 102

**City, State, Zipcode:**

Towson MD 21236

**Problem Reported:**

Install 220 plug in 3rd room for laser

**Troubleshooting/Work Description:**

Arrived on site and met with customer. She had new equipment she needed twist lock plugs installed for. After discussing it with her she decided to install a receptacle in all 3 rooms. I gathered a material list and went and picked up material.

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Once done we vacuumed all work areas and cleaned up all trash. Site complete.

Customer explained they were a corporation and she did not have a means to pay. You will need to contact Jim Allie for payment.

**Problem(s) Found:**

See troubleshooting

**Repair(s) Made:**

See troubleshooting

**COD Charged Labor:**

899.00

**COD BIN Material:**

10.68

**COD PO Material:**

682.06

**Sub-Total:**

1591.74

**Total:**

1591.74

**Payment Type:**

NO PAYMENT COLLECTED!

**PAYMENT RECEIVED \$:**

0

**Balance Due:**

1591.74

By signing below, I accept that the work completed was performed in an acceptable manner and agree to the time and material as recorded.

**Customer Signature:**

Date Check Deposited:	Check #:	Check Amt.:	Customer's NAME: LIGHT RX	Main Acct # LIGHT RX
Notes:				

Fill in Invoice information below in BLUE areas for Invoices with NO "Partial Payments" on them: (White areas will be automatically filled in):

Invoices with NO PARTIAL PAYMENTS:	Inv. Date	Amount Invoiced:	Months Old:	Enter "Multiplier" from chart:	FINANCE CHARGES:	MANUALLY CREATED FC Inv #:	Coded to Branch:	Balance due (including FC's as of this dep)	Amount Applied to Invoice:	Amount Applied to FC Invoice:	Balance on Invoice:	FC Only -OR- Bal. w/ FC's:
7146877	9/30/2018	\$ 1,591.74	6	0.12616	\$ 200.81			\$ 1,792.55			\$ 1,792.55	
				FALSE	\$ -			\$ -			\$ -	
				FALSE	\$ -			\$ -			\$ -	
				FALSE	\$ -			\$ -			\$ -	
				FALSE	\$ -			\$ -			\$ -	
				FALSE	\$ -			\$ -			\$ -	

List Invoice information below for Invoices WITH "PARTIAL PAYMENTS" on them (PINK AREAS ONLY - THE REST WILL AUTOMATICALLY FILL IN)::  
 1st ---Click on tab "FC's on Inv's with PARTIAL PAYs" & use worksheet there - the amounts will be put here automatically!  
 ALL WHITE AREAS below WILL BE AUTOMATICALLY FILLED IN FROM THE "FC's on Inv's with PARTIAL PAYs" worksheet

Invoices WITH PARTIAL PAYMENTS: (fill in info. on "FC's" tab!)	Amount Invoiced:		FINANCE CHARGES (from tab worksheet):	MANUALLY CREATED FC Inv #:	Coded to Branch:	Balance due (including FC's as of this dep)	A/R Amount Applied to Invoice:	Amount Applied to FC Invoice:	Balance on Invoice:	FC Only -OR- Bal. w/ FC's:
0	0.00	From Cell D20:	\$ -			\$ -			\$ -	
0	0.00	From Cell L20:	\$ -			\$ -			\$ -	
0	0.00	From Cell D43:	\$ -			\$ -			\$ -	
0	0.00	From Cell L43:	\$ -			\$ -			\$ -	

ADDITIONAL NOTES:

Finance Charges as of: 4/9/2019	Total Balance Due: \$ 1,792.55
TOTALS FROM CELLS J10:K15 & J21:K24: →	(TOTAL AMT. DEPOSITED FOR THIS CHECK)
← DIFFERENCE BETWEEN CK AMT. & DEPOSITED AMT (if any):	\$0.00 MUST BE \$0.00

## 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:** (25821491)      **Claim No:** 48      **Status:**  
Kolb Electric, Inc.      *Original Filed*      *Filed by:* CR  
8530 Cinder Bed Rd Ste 1400      *Date:* 04/09/2019      *Entered by:* ePOC  
Lorton, VA 22079-1491      *Original Entered*      *Modified:*  
   *Date:* 04/09/2019

Amount claimed: \$1792.55

*History:*

[Details](#) [48-1](#) 04/09/2019 Claim #48 filed by Kolb Electric, Inc., Amount claimed: \$1792.55 (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>	\$1792.55
<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>		