

FILED 19 APR 9 AM 11:28
US BANKRUPTCY COURT
MICHIGAN

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

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

1. Who is the current creditor? Brenda J Mendez Arqueta
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?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Brenda J Mendez Arqueta</u> Name</p> <p><u>(Unit B) 8501 Barrington Court</u> Number Street</p> <p><u>Springfield VA 22152</u> City State ZIP Code</p> <p>Contact phone <u>703-868-2926</u></p> <p>Contact email <u>brenda.mendez@yahoo.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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4. Does this claim amend one already filed?
 No
 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?
 No
 Yes. Who made the earlier filing? _____

LIGHTRX POC
00547
page 1

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? \$ 1,494.28 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.
unpaid wages from my employment

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 one:

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
 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).
 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).
 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

\$ _____

\$ _____

\$ 1,494.28

\$ _____

\$ _____

\$ _____

* 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:

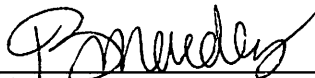
- I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 03 20 2019
MM / DD / YYYY



 Signature

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

Name _____
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 _____

Contact phone _____ Email _____

11:37



Re: FAQ's for LightRx Chapter 11 filing.

NH

Natasha Hamdan

to brenda mendez

Mar 7 at 1:44 PM

Hi Brenda:

Hours worked from 1/1-1/15 (Pay Due on 1/22)

83.90

Net Amount Due: \$1,134.05

(Picture 1)

Hours worked 1/16-1/31 (Pay Due on 2/7)

23.97

Net Amount Due: \$361.23

(Picture 2)

Individual Timecard

Add to Favorites

Mendez, Brenda

 Tax ID (SSN): XXXXX-XX-33
 Employee ID: 4AD100745
 Hire Date: 08/20/2018
 Status: Terminated
 Employee Search: SEARCH EMPLOYEES

ESR TECH - Laser Technician
 Home Department: 820000
 Estimated Technician

Range of Dates: 1/1/2019 - 1/31/2019 Q FIND Show Pay Class APPROVE TIMECARD

Timecard		Totals	Schedule	Time Off Balances					DAILY TOTALS	REGULAR
WEEK 1										
IN - OUT	PAY CODE	HOURS	DEPARTMENT	BUSINESS UNIT	LOCATION	DAILY TOTALS	REGULAR			
Tue 01/01 08:00 AM - 04:50 PM	HOLIDAY	8.00	820000			8.00	8.00			
Wed 01/02		0.00				0.00	0.00			
Thu 01/03 10:04 AM - 04:54 PM		6.89	820000			6.89	6.89			
Fri 01/04 05:45 PM - 07:22 PM		1.62	820000			1.62	1.62			
Sat 01/05 09:48 AM - 02:55 PM		4.78	820000			4.78	4.78			
Sun 01/06 09:29 AM - 02:17 PM		5.63	820000			5.63	5.63			
		0.00				0.00	0.00			
WEEK 1 TOTALS							26.87	26.87		
WEEK 2										
IN - OUT	PAY CODE	HOURS	DEPARTMENT	BUSINESS UNIT	LOCATION	DAILY TOTALS	REGULAR			
Mon 01/07 09:47 AM - 05:12 PM		7.42	820000			7.42	7.42			
Tue 01/08 09:43 AM - 01:56 PM		4.22	820000			4.22	4.22			
Wed 01/09 02:29 PM - 07:43 PM		5.28	820000			5.28	5.28			
Thu 01/10 00:50 AM - 04:24 PM		5.57	820000			5.57	5.57			
Fri 01/11 09:45 AM - 04:54 PM		7.50	820000			7.50	7.50			
WEEK 2 TOTALS							26.97	26.97		
Pay Period (83.00)		Week 1 (26.87)	Week 2 (26.93)	Week 3 (18.10)						

Individual Timecard

Add to Favorites

Mendez, Brenda

Tax ID (SSN)
XXX-XX-0533

Position ID
4AD100745

Hire Date
08/20/2018

Status
Terminated

Employee Search

<SEARCH RESULTS>

1 of 1

LSR TECH - Laser Technician
Home Department : 820000 - Esthetician Technician

Range of Dates 1/1/2019 1/15/2019 Q FIND Show Pay Class

APPROVE TIMECARD

Timecard	Totals	Schedule	Time Off Balances							
WEEK 1										
		IN - OUT	PAY CODE	HOURS	DEPARTMENT	BUSINESS UNIT	LOCATION	DAILY TOTALS	REGULAR	
Tue	01/01	08:00 AM - 04:00 PM	HOLIDAY	8.00	820000			8.00	8.00	
Wed	01/02			0.00				0.00	0.00	
Thu	01/03	10:04 AM - 04:54 PM		6.83	820000				6.83	
	01/03	05:45 PM - 07:22 PM		1.62	820000			8.45	1.62	
Fri	01/04	09:48 AM - 02:35 PM		4.78	820000			4.78	4.78	
Sat	01/05	09:39 AM - 03:17 PM		5.63	820000			5.63	5.63	
Sun	01/06			0.00				0.00	0.00	
WEEK 1 TOTALS									26.87	26.87
WEEK 2										
		IN - OUT	PAY CODE	HOURS	DEPARTMENT	BUSINESS UNIT	LOCATION	DAILY TOTALS	REGULAR	
Mon	01/07	09:47 AM - 05:12 PM		7.42	820000			7.42	7.42	
Tue	01/08	09:43 AM - 01:56 PM		4.22	820000				4.22	
	01/08	02:29 PM - 07:43 PM		5.23	820000			9.45	5.23	
Wed	01/09	09:50 AM - 06:24 PM		8.57	820000			8.57	8.57	
Thu	01/10	09:45 AM - 12:15 PM		2.50	820000				2.50	
	01/10	01:01 PM - 03:50 PM		2.50	820000			5.00	5.00	
WEEK 2 TOTALS									38.93	38.93
Pay Period (83.90) Week 1 (26.87) Week 2 (38.93) Week 3 (18.10)										

Individual Timecard

Add to Favorites

Mendez, Brenda

Tax ID (SSN)
XXX-XX-0533

Position ID
4AD100745

Hire Date
08/20/2018

Status
Terminated

Employee Search

<SEARCH RESULTS>

1 of 1

LSR TECH - Laser Technician
Home Department : 820000 - Esthetician Technician

Range of Dates 1/16/2019 1/31/2019 Q FIND Show Pay Class

APPROVE TIMECARD

Timecard	Totals	Schedule	Time Off Balances							
WEEK 1										
		IN - OUT	PAY CODE	HOURS	DEPARTMENT	BUSINESS UNIT	LOCATION	DAILY TOTALS	REGULAR	
Wed	01/16			0.00				0.00	0.00	
Thu	01/17	09:48 AM - 06:54 PM		9.10	820000			9.10	9.10	
Fri	01/18	09:59 AM - 02:18 PM		4.32	820000			4.32	4.32	
Sat	01/19	09:49 AM - 03:23 PM		5.57	820000			5.57	5.57	
Sun	01/20			0.00				0.00	0.00	
WEEK 1 TOTALS									18.98	18.98
WEEK 2										
		IN - OUT	PAY CODE	HOURS	DEPARTMENT	BUSINESS UNIT	LOCATION	DAILY TOTALS	REGULAR	
Mon	01/21	09:33 AM - 02:32 PM		4.98	820000			4.98	4.98	
Tue	01/22			0.00				0.00	0.00	
Wed	01/23			0.00				0.00	0.00	
Thu	01/24			0.00				0.00	0.00	
Fri	01/25			0.00				0.00	0.00	
Sat	01/26			0.00				0.00	0.00	
Sun	01/27			0.00				0.00	0.00	
WEEK 2 TOTALS									4.98	4.98
Pay Period (23.97) Week 1 (18.98) Week 2 (4.98) Week 3 (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

<i>Creditor:</i> (25886297) Brenda I Mendez Argueta (Unit B)8501 Barrington Court Springfield, VA 22152	Claim No: 51 <i>Original Filed</i> <i>Date:</i> 04/09/2019 <i>Original Entered</i> <i>Date:</i> 04/09/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> N Cotton <i>Modified:</i>
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Amount claimed: \$1494.28

History:

[Details](#) [51-1](#) 04/09/2019 Claim #51 filed by Brenda I Mendez Argueta, Amount claimed: \$1494.28 (Cotton, N)

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

Total Amount Claimed*	\$1494.28
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority		
Administrative		