Fill in this information to identify the case:				
Debtor 1	BODY CONTOUR VENTURES LC	_		
Debtor 2 (Spouse, if filing United States Case number	Bankruptcy Court for The: STOLD District of MICHIGAN			

TIES IS PPR 9 851127

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.

. Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor				
Has this claim been acquired from someone else?	No Pres. From whom?				
Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? AGUN HURA RESH /NC	different)	ld payments to the creditor b	e sent? (if	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street DA 153.39	Name	Street		
	City State ZIP Code Contact phone 412 795-3100 Contact email Musters paqual Ferfresh	Contact phone	State	ZIP Code	
	Uniform claim identifier for electronic payments in chapter 13 (if you use	e one): 			
Does this claim amend one already filed?	No ☐ Yes. Claim number on court claims registry (if known)		Filed on	/ YYYY	
Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		Ш	HTRX POO	

Give Information About the Claim as of the Date the Case Was Filed 6. Do you have any number Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 6 0 you use to identify the debtor? 7. How much is the claim? 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 Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. claim? 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. Ø 9. Is all or part of the claim No secured? ☐ 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 ☑/No 10. Is this claim based on a lease? Yes. Amount necessary to cure any default as of the date of the petition. No No 11. Is this claim subject to a right of setoff? ☐ Yes. Identify the property: _____

Case 19-42510-pjs Claim 52-1 Filed 04/09/19 Page 2 of 3

12. Is all or part of the claim entitled to priority under	□ No				
11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority			
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	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.	\$			
	* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after	er the date of adjustment.			
Part 3: Sign Below					
The person completing this proof of claim must	Check the appropriate box:				
sign and date it.	I am the creditor.				
FRBP 9011(b).	I am the creditor's attorney or authorized agent.				
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.				
5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.				
to establish local rules specifying what a signature					
is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.				
A person who files a fraudulent claim could be					
fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.				
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.				
3571.	Executed on date 4 2 2019				
	MM / DD / YYYY				
	aller Manne				
	Signature				
	Print the name of the person who is completing and signing this claim:				
	Name SAUY First name Middle name Last name	0			
	TITLE AAMNISTRATIVE				
	Company Identify the corporate servicer as the company if the authorized agent is a servicer.				
	Address Lumber Steet Deve				
	DGT PA 152	39			
	Contact phone HI 195-3100 State ZIP Code Emilia Code	aquatil-terfre			
		" Com			

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: (25783040) Claim No: 52 Status:
Aqua Filter Fresh Inc. Original Filed Filed by: CR
1 Commerce Drive Date: 04/09/2019 Entered by: N Cotton

Pittsburgh, PA 15239 Original Entered Modified:

Date: 04/09/2019

Amount claimed: \$80.76

History:

Details 52-1 04/09/2019 Claim #52 filed by Aqua Filter Fresh Inc., Amount claimed: \$80.76 (Cotton, N)

Description: Remarks:

Claims Register Summary

Case Name: Body Contour Ventures, LLC

Case Number: 19-42510-pis

Chapter: 11

Date Filed: 02/22/2019 **Total Number Of Claims:** 1

Total Amount Claimed*	\$80.76
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		