

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, Detroit Division

Case number 19-42510-pjs

E-Filed on 04/16/2019
Claim # 556

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?** HELPCard
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? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Suzanne Reith</u> Name <u>23612 W 51st Pl</u> Number Street <u>Shawnee KS 66226</u> City State ZIP Code Contact phone <u>(913) 620-7731</u> Contact email <u>reithkc@gmail.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email

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? _____

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? \$ _____ 2,398.50. 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.

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. \$ _____ 0.00

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)?

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

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

* 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 04/16/2019
MM / DD / YYYY

Suzanne Reith
Signature

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

Name Suzanne Reith
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 _____

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 for the: <u>Eastern District of Michigan, Detroit Division</u>	
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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)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Suzanne Reith Name	_____ Name
23612 W 51st Pl Number Street	_____ Number Street
Shawnee KS 66226 City State ZIP Code	_____ City State ZIP Code
Contact phone (913) 620-7731	Contact phone _____
Contact email reithkc@gmail.com	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY

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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. \$ _____ 0.00

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)?

No

Yes. Check one:

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).

Amount entitled to priority

\$ _____ 0.00

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).

\$ _____ 0.00

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).

\$ _____ 0.00

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____ 0.00

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____ 0.00

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____ 0.00

* 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.

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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 04/16/2019
MM / DD / YYYY

Suzanne Reith
Signature

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

Name Suzanne Reith
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 _____

2018 Totals Year-to-Date	
Total fees charged in 2018	\$59.00
Total interest charged in 2018	\$0.00

UUB-V014-11004

If you have any questions please visit our website at www.hccredit.com or call 877-486-3440.
FOR OVERNIGHT MAIL: HC Processing Center®, 380 Data Drive, Suite 200, Draper UT 84020



3-780-02976-0005689-002-1-000-010-000-000

HC PROCESSING CENTER®
PO BOX 708670
SANDY UT 84070-8670

Suzanne E Reith
Patricia

SUZANNE E REITH
23612 W 51ST PL
SHAWNEE KS 66226-7807



Statement as of 01/23/19

Account Number	8516150-6
New Balance	\$2,306.00
Minimum Payment Due	\$72.00
Payment Due Date	02/22/19

AMOUNT ENCLOSED

\$ *72.00*

Make Check Payable to HC Processing Center.
There will be a fee of up to \$27 for handling returned payments.

HC PROCESSING CENTER®
P.O. BOX 268808
OKLAHOMA CITY OK 73126-8808

pd
2/22

00000085161506

0007200

Summary of Account Activity	
Previous Balance	\$2,606.00
Payments	-\$300.00
Other Credits	-\$0.00
Purchases	+\$0.00
Other Debits	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	\$2,306.00
Past Due Amount	\$0.00
Credit Limit	\$6,759.00
Available Credit	\$4,453.00
Statement closing date	01/23/19
Days in billing cycle	31

QUESTIONS?
 Call 877-486-3440 or visit us Online: www.hccredit.com
 Lost or Stolen Credit Card: 877-486-3442.

Mail payments to:
**HC PROCESSING CENTER®, P.O. BOX
 268808, OKLAHOMA CITY OK 73126-8808**
 Or pay by phone at 877-486-3440 with Access Code 8529.

Payment Information

New Balance	\$2,306.00
Minimum Payment Due	\$72.00
Payment Due Date	02/22/19

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$38.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of ...
Only the minimum payment	5 years	\$4,377
\$98	3 years	\$3,528 (Savings = \$849)

If you would like information about credit counseling services, call 877-486-3442.

Interest Charge Calculation for Unexpired Deferred Interest Plans, If Any

***PROMOTION PLAN NOTICE:** To avoid finance charges, pay all minimum payments due on time, and pay the deferred interest balance by the promotion expiration date.

Your Annual Percentage Rate (APR) is the annual interest rate on your account. (v) = Variable Rate

Type of Balance	Plan Description	Annual Percentage Rate	Promo Expiration Date	Deferred Interest Balance	Deferred Interest Charges	Total Deferred Interest Charges
Promotional Purchases	LightRX Kansas City (200)	29.99% (v)	12/22/19	\$2,306.00	\$64.73	\$92.70

Transactions

Trans Date	Post Date	Merchant/Transaction	Amount
01/14/19	01/14/19	Thank you for Payment	-\$300.00

2018 Totals Year-to-Date	
Total fees charged in 2018	\$59.00
Total interest charged in 2018	\$0.00

005-0814-1100H



Don Reith <reithkc@gmail.com>

Light Rx face & body

1 message

Taylor Hernandez <thernandez@lightrx.com>
To: reithkc@gmail.com, Kansas City LightRx <kansascity@lightrx.com>

Fri, Feb 8, 2019 at 11:59 AM

Good afternoon, Suzanne:

I have submitted your refund which typically take 6-8 weeks to credit to your HELPCard account.

See breakdown below:

Suzanne Reith - Kansas City

Invoice Date: 12/11/18

Amount of invoice - \$2547

Completed 6 of 10 tx RXlipo on these dates:

01/09/19, 01/11/19, 01/15/19, 01/18/19, 01/25/19, 01/29/19

Our cost for completed tx -\$148.50

Refund amount: \$2398.50

Power went off in KC on last tx. Not being charged for that service. I offered comping 6 RXlipo back to account and starting from beginning. Client wants refund and doesn't want to proceed with tx.

Have a wonderful weekend.

All the best,

Taylor Hernandez
Traveling Clinic Director
Body Contour Ventures, LLC
34405 W. 12 Mile Rd., Ste. 200
Farmington Hills, MI 48331

C: 214-695-2462



Reith Family
23612 W. 51st. Pl.
Shawnee, KS 66226

KANSAS CITY 640

17 APR 2019 PM 7 1



RECEIVED
APR 22 2019
BMC GROUP

BMC Group
Attn: Claims Processing
3732 W 120 St
Hawthorne, CA 90250

90250-320232

