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?**
   Michigan Department of Treasury
   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)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent? (if different)**
Michigan Department of Treasury	Michigan Department of Treasury/Revenue/AG
Name	Name
Bankruptcy Unit, P.O. Box 30168	P.O. Box 30456
Number Street	Number Street
Lansing MI 48909	Lansing MI 48909-7955
City State ZIP Code	City State ZIP Code
Contact phone (517) 241-5002	Contact phone (517) 241-5002
Contact email N/A	Contact email N/A

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) 76-1 Filed on 5/8/2019 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: 7898 ___ ___

7. **How much is the claim?** $ 52,540.01 . **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.

Tax

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) 5.9 %
☑ 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: _____

The Michigan Department of Treasury has not identified a right of setoff or counterclaim. However, all rights of setoff are preserved and will be asserted to the extent lawful.

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:*

	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).	$ 52,540.01
☐ 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 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 07/30/2019
MM / DD / YYYY

Signature

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

Name: LYNN BOYES
First name | Middle name | Last name

Title:

Company: Michigan Department of Treasury
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: P.O. Box 30168
Number Street

Lansing | MI | 48909
City | State | ZIP Code

Contact phone: (517) 241-5002 Email: N/A

Michigan Department of Treasury
4265 (11-04)

Sworn Summary

Issued under federal code, Title XI

Type of Claim: **Priority**
Amended 1

59322116

Case Number:
19-42510 PJS

6782883

Taxpayer Identification:
7898

Attorney General:
ATTORNEY DETROIT

BODY CONTOUR VENTURES, LLC
JOINTLY ADMIN: BODY CONTOUR VENTURES, LLC
34405 W. 12 MILE ROAD, SUITE 200
FARMINGTON HILLS, MI. 48331

Other Identification:
F7898

Assessment Number	Debt Code	Assessment Date	Account ID	Tax Period	*If Est	Tax Deficiency	Penalty	Interest
VA2XV2C	MWT	05/24/19	F7898	JANUARY 2019	*	$16,727.18	$0.00	$0.00
VA3UN2Y	MWT	07/23/19	F7898	1/1/2018 - 12/31/2018		$35,812.83	$0.00	$0.00
						$52,540.01	**$0.00**	**$0.00**

Debt Codes:
MWT - MICHIGAN WITHHOLDING TAX

THIS CLAIM REPLACES SAME CLAIM TYPE NUMBERED

76-1

TOTAL CLAIM **$52,540.01**

* An asterisk in this column indicates that tax liability is estimated based on the best information available since actual returns have not been filed. This claim will be adjusted when actual returns are filed.

LYNN BOYES being duly sworn, deposes and says (s)he is authorized to act for the Department of Treasury and, to the best of her/his knowledge and belief, the defendant is indebted to the State of Michigan in this amount.

Signature

Date: 07/30/2019

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:**

Trustee: **Last Date to file (Govt):** 09/30/2019

Creditor: (25942230)
Michigan Department of Treasury
Bankruptcy Unit
P.O. Box 30168
Lansing, MI 48909
517-241-5002

Claim No: 76
Original Filed Date: 05/08/2019
Original Entered Date: 05/08/2019
Last Amendment Filed: 07/31/2019
Last Amendment Entered: 07/31/2019

Status:
Filed by: CR
Entered by: Belinda Walker
Modified:

Amount claimed: $52540.01

Priority claimed: $52540.01

History:

Details	76-1	05/08/2019	Claim #76 filed by Michigan Department of Treasury, Amount claimed: $16727.18 (Block, Brandi)
Details	76-2	07/31/2019	Amended Claim #76 filed by Michigan Department of Treasury, Amount claimed: $52540.01 (Walker, Belinda)

Description: (76-1) PRIORITY ($16,727.18), TAX
(76-2) AMENDED PRIORITY ($52,540.01) TAX

Remarks: (76-1) BODY CONTOUR VENTURES LLC
(76-2) BODY CONTOUR VENTURES LLC

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*	$52540.01
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	$52540.01	
Administrative		

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?

Michigan Department of Treasury
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)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Michigan Department of Treasury	Michigan Department of Treasury/Revenue/AG
Name	Name
Bankruptcy Unit, P.O. Box 30168	P.O. Box 30456
Number Street	Number Street
Lansing MI 48909	Lansing MI 48909-7955
City State ZIP Code	City State ZIP Code
Contact phone (517) 241-5002	Contact phone (517) 241-5002
Contact email N/A	Contact email N/A

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

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
00771

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: 7898 ___ ___

7. **How much is the claim?** $16,727.18. **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.

Tax

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) 5.9 %
☑ 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: _____

The Michigan Department of Treasury has not identified a right of setoff or counterclaim. However, all rights of setoff are preserved and will be asserted to the extent lawful.

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:*

	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).	$ 16,727.18
☐ 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 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 05/02/2019
MM / DD / YYYY

Signature

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

Name: LYNN BOYES
First name | Middle name | Last name

Title:

Company: Michigan Department of Treasury
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: P.O. Box 30168
Number Street

Lansing | MI | 48909
City | State | ZIP Code

Contact phone: (517) 241-5002

Email: N/A

Michigan Department of Treasury
4265 (11-04)

58834131

Sworn Summary

Issued under federal code, Title XI

Type of Claim: Priority
Original

Case Number:
19-42510 PJS

Page 1 of 1
7999480

Taxpayer Identification:
7898

Attorney General:
ATTORNEY DETROIT

BODY CONTOUR VENTURES, LLC
JOINTLY ADMIN: BODY CONTOUR VENTURES, LLC
34405 W. 12 MILE ROAD, SUITE 200
FARMINGTON HILLS, MI. 48331

Other Identification:
F7898

Assessment Number	Debt Code	Assessment Date	Account ID	Tax Period	*If Est	Tax Deficiency	Penalty	Interest
VA2XV2C	MWT	03/15/19	F7898	JANUARY 2019	*	$16,727.18	$0.00	$0.00
						$16,727.18	**$0.00**	**$0.00**

Debt Codes:
MWT - MICHIGAN WITHHOLDING TAX

TOTAL CLAIM **$16,727.18**

* An asterisk in this column indicates that tax liability is estimated based on the best information available since actual returns have not been filed. This claim will be adjusted when actual returns are filed.

LYNN BOYES being duly sworn, deposes and says (s)he is authorized to act for the Department of Treasury and, to the best of her/his knowledge and belief, the defendant is indebted to the State of Michigan in this amount.

Signature

Date: 05/02/2019

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: (25942230)
Michigan Department of Treasury
Bankruptcy Unit
P.O. Box 30168
Lansing, MI 48909
517-241-5002

Claim No: 76
Original Filed Date: 05/08/2019
Original Entered Date: 05/08/2019

Status:
Filed by: CR
Entered by: Brandi Block
Modified:

Amount claimed: $16727.18

Priority claimed: $16727.18

History:

Details 76-1 05/08/2019 Claim #76 filed by Michigan Department of Treasury, Amount claimed: $16727.18 (Block, Brandi)

Description: (76-1) PRIORITY ($16,727.18), TAX

Remarks: (76-1) BODY CONTOUR VENTURES LLC

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*	$16727.18
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	$16727.18	
Administrative		