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 05/16/2019
Claim # 793

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?

Beth A Splichal
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Beth Splichal

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)
Beth Splichal Name	Name
1116 NE Waterfield Village Dr. Number Street	Number Street
Blue Springs MO 64014 City State ZIP Code	City State ZIP Code
Contact phone (816) 225-2592	Contact phone
Contact email mwsplichal@yahoo.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

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?**

$ 4,388.00. **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.

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.** $ 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)?**

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).	$ 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.

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 05/16/2019
MM / DD / YYYY

Beth A Splichal
Signature

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

Name: Beth A Splichal
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: _____

Attachment 1 - Premier laser spa legs.pdf
Description - contract for treatment of legs

Premier Laser Spa: Treatment and Financial

Premier Laser Spa

Client Name: Splichal, Beth Date: 08.26.15

Treatment Area	Price	Discount	Subtotal
Full legs	2000.		2000.

☐ LaserFast Package of 8 with Lifetime Guarantee ☐ LaserFast Package of 8 No Lifetime Guarantee ☐ LaserFast per treatment No Lifetime Guarantee

Total Price: 2000.

Notes:
Current Client Add-on $1000 ✓ - Balance to Paytrace (50% Downpayment)

BAS (client initials) I fully understand and agree to the treatment areas that will be treated.

BAS I understand that blonde, grey, white, or red hair does not respond to laser hair removal (LHR) treatments.

BAS I understand that I must maintain the timing intervals as prescribed by my laser technician in the LaserFast protocol in order to maintain my guarantee with Lifetime Premier Pass. Face/Neck: 4-7 weeks, below neck: 6-10 weeks. We cannot guarantee an appointment you cancel will be rescheduled within your treatment timing intervals. I must adhere to the pre and post treatment instruction before each treatment and in between treatments for safe and effective treatments.

BAS I understand that I am not entitled to a refund if I experience any of the listed possible side effects on my consent form and that I have been advised of these possible side effects.

BAS I will refrain from tanning and understand that my skin must be in its natural color while receiving LHR

BAS If the medical director or his or her licensed designee determines that I am not an appropriate candidate to receive LHR services and treatment has not commenced, I will receive a full refund. If treatment has commenced, I will receive a pro-rated refund based on number of completed treatments. If treatments have not commenced and choose not to commence treatment then refund requests can be made in writing and are subject to a 30% administration fee. We agree to refund this amount within 15 days of receipt of written request.

Client Signature: Beth A Splichal Date: 08/30/15

Parent/Guardian Signature if Client under 18: Date:

Staff Signature: Amy Myers Date: 08.26.15

BAS (client initials) I have received a copy of this signed form, the pre and post treatment instructions, and if applicable, my signed LaserFast guarantee.

Premier

Premier Laser Spa: Credit/Debit Card Authorization, Recurring Payments

Client Name: Beth Splichal

I, Beth Splichal (Name of card holder), authorize Premier Laser Spa to keep my credit/debit card and signature on file in order to charge my card for 8 (# Payments) payments of $ 199.25 (Payment Amount) every Month (Interval (e.g. "Month")), beginning on 09/15/15 (Date). My payments will be processed on the 15th (1st or 15th) of every month.

Last 4 of credit/debit card: 5530 Exp. Date: 03/18

Print Name: Beth Splichal

Signature: Beth A. Splichal

Parent /Guardian if client under 18: _____ Date: 08/30/15

Witness: [illegible] Date: 08/26/15

Send To Receipt Printer | Print | Plain Text | Help

MWSplichal@yahoo.com Email

Recurring Payment Consent Form

Premier Laser Spa of Kansas City

8644 NORTH BOARDWALK
KANSAS CITY, MO 64154

816-410-9994

8/26/2015 12:27:30 PM

I authorize Premier Laser Spa of Kansas City to keep my credit/debit card and/or checking account information and signature on file in order to charge my credit/debit card and/or checking account for 8 payments of $199.25 beginning 9/15/2015.

Cardholder Name:	Beth Splichal
Card Number:	**********5530
Expiration Date:	03/18

Beth A. Splichal

Cardholder Signature

Date: 08/30/15

Attachment 2 - Premier laser spa lip.pdf
Description - contract for treatment of lip

Gmail by Google

Kansas City Premier <kansascity@premierlaserspa.com>

Premier Laser Spa of Kansas City transaction receipt. 8/26/2015 12:17:31 PM Eastern - Invoice:

1 message

Premier Laser Spa of Kansas City <notifications@paytrace.com> Wed, Aug 26, 2015 at 11:17 AM
Reply-To: kansascity@premierlaserspa.com
To: kansascity@premierlaserspa.com

Premier Laser Spa of Kansas City
8644 NORTH BOARDWALK
KANSAS CITY, MO 64154
816-410-9994
8/26/2015 12:17:28 PM

Reference Number:	90991808
Total:	$594.00
Transaction Type:	Sale
Transaction Status:	Pending Settlement
Card Type:	MasterCard
Card Number:	xxxxxxxxxxxx7304
Entry Method:	Keyed
Approval Code:	02613P
Approval Message:	APPROVAL
CSC Result:	
Customer Name:	

X Beth A. Spice

Please sign here to agree to payment.

Premier Laser Spa: Treatment and Financial

Premier Laser Spa

Client Name: Spuchal, Beth Date: 08·26·15

Treatment Area	Price	Discount	Subtotal
Lip	2376	-50%	1188.

☐ LaserFast Package of 8 with Lifetime Guarantee

☐ LaserFast Package of 8 No Lifetime Guarantee

☐ LaserFast per treatment No Lifetime Guarantee

Total Price: 1188.

Notes:
(50% Downpayment) - Balance to PayTrace.
$594 ↓

BAS (client initials) I fully understand and agree to the treatment areas that will be treated.

BAS I understand that blonde, grey, white, or red hair does not respond to laser hair removal (LHR) treatments.

BAS I understand that I must maintain the timing intervals as prescribed by my laser technician in the LaserFast protocol in order to maintain my guarantee with Lifetime Premier Pass. Face/Neck: 4-7 weeks, below neck: 6-10 weeks. We cannot guarantee an appointment you cancel will be rescheduled within your treatment timing intervals. I must adhere to the pre and post treatment instruction before each treatment and in between treatments for safe and effective treatments.

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BAS I will refrain from tanning and understand that my skin must be in its natural color while receiving LHR

BAS If the medical director or his or her licensed designee determines that I am not an appropriate candidate to receive LHR services and treatment has not commenced, I will receive a full refund. If treatment has commenced, I will receive a pro-rated refund based on number of completed treatments. If treatments have not commenced and choose not to commence treatment then refund requests can be made in writing and are subject to a 30% administration fee. We agree to refund this amount within 15 days of receipt of written request.

Client Signature: Beth A. Spuchal Date: 08/30/15

Parent/Guardian Signature if Client under 18: Date:

Staff Signature: Amy McGee Date: 8·26·15

BAS (client initials) I have received a copy of this signed form, the pre and post treatment instructions, and if applicable, my signed LaserFast guarantee.

Attachment 3 - Premier laser spa underarms.pdf

Description - contract for treatment of underarms and full arms

Premier Laser Spa: LaserFast Hair Removal Price Sheet

Premier Laser Spa

Client: Splichal, Beth

Date: 09.23.2015

TREATMENT AREA	Per Treatment	8 Treatments Plus Guarantee & LIFETIME Premier Pass	Promotions
underarms	497	$3976	Current Client add on $1200.00

Option 1:	Option 2:	Option 3:
12 mo:	12 mo:	12 mo:
18 mo:	18 mo:	18 mo:
24 mo:	24 mo:	24 mo:
36 mo:	36 mo:	36 mo:
Total Savings:	Total Savings:	Total Savings:

NOTES: price is good until the end of tx for current ~~[illegible]~~ areas.

Gmail by Google

Kansas City Premier <kansascity@premierlaserspa.com>

Premier Laser Spa of Kansas City transaction receipt. 8/26/2015 12:21:21 PM Eastern - Invoice:

1 message

Premier Laser Spa of Kansas City <notifications@paytrace.com> Wed, Aug 26, 2015 at 11:21 AM
Reply-To: kansascity@premierlaserspa.com
To: kansascity@premierlaserspa.com

Premier Laser Spa of Kansas City
8644 NORTH BOARDWALK
KANSAS CITY, MO 64154
816-410-9994
8/26/2015 12:21:17 PM

Reference Number:	90992422
Total:	$1,000.00
Transaction Type:	Sale
Transaction Status:	Pending Settlement
Card Type:	MasterCard
Card Number:	xxxxxxxxxxxx7304
Entry Method:	Keyed
Approval Code:	02619P
Approval Message:	APPROVAL
CSC Result:	
Customer Name:	

x Beth A. Spriel

Please sign here to agree to payment.