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 06/21/2019
Claim # 988

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?**

BONNIE PRASHAD
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)
BONNIE PRASHAD Name	Name
8220 LEXINGTON VIEW LANE Number Street	Number Street
ORLANDO FL 32835 City State ZIP Code	City State ZIP Code
Contact phone (407) 697-1031	Contact phone
Contact email tulips1226@hotmail.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?** $ 1,500.00 . **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 06/21/2019
MM / DD / YYYY

Bonnie Prashad
Signature

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

Name: BONNIE PRASHAD
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 - Invoice#_02685557_315.pdf
Description -

Professional Services By
LightRx Orlando 8081 Turkey Lake Rd Orlando, FL 32819

Invoice Balance	Invoice Number
$0.00	02685557
Minimum Due	**Amount Enclosed**
$0.00	

For Billing Questions: (407) 930-9211

Payment Due Date	05/25/2018

Bonnie Prashad
8220 Lexington View Lane
Orlando, FL 32835

Date	Description	Charges	Credits	Balance
04/25/2018	Consultation 1 @ $0.00 - No Tax	$0.00		$0.00
04/25/2018	SculpSure Abdomen 4 @ $2,500.00 - No Tax	$10,000.00		$10,000.00
	Individual Service Discount		$8,000.00	$2,000.00
04/25/2018	Package Venus Legacy Abdomen 10 Tx 1 @ $2,500.00 - No Tax	$2,500.00		$4,500.00
	Individual Service Discount		$1,500.00	$3,000.00
04/25/2018	Visa Payment		$3,000.00	$0.00
05/25/2018			Balance:	$0.00

Signature: _____ Date: 04/25/2018

Thank you for your recent purchase at LightRx of Orlando. Please keep this receipt for your records. *LightRx Lifetime Promise In the event that after 8 Laser Hair Removal treatments you feel additional treatments are needed (in the purchased area) you will receive 2 additional treatments free of charge. Any further treatments, may be purchased at 90% off the current per treatment price. *Cancellation Policy: LightRx requires a 24 hour advance notice to cancel an appointment. Clients who miss an appointment without the required 24 hour notice are subject to a $50 cancellation fee.