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 06/27/2019
Claim # 1034

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?

Ursula S.Riley
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)
Ursula S. Riley Name	Name
9541 N Ambassador Dr APT 4211 Number Street	Number Street
Kansas City MO 64154 City State ZIP Code	City State ZIP Code
Contact phone (843) 412-5622	Contact phone
Contact email shauntay76@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?**

$ 1,078.04 . **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 06/27/2019
MM / DD / YYYY

Ursula S. Riley
Signature

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

Name Ursula S.Riley
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 - RILEY emails LIGHT RX (19-42510).pdf
Description -

On Sat, Dec 8, 2018 at 12:41 PM shauntay76 <shauntay76@yahoo.com> wrote:
Please see the attached photos that show blisters and burns post Sculpsure and RXLipp on 7 DEC 18.

Please contact me so that we can discuss this outcome

V/R

Ursula Riley
8434125622

Kansas City LightRx <kansascity@lightrx.com>

Good afternoon Ursula,

I have sent these photos off to my nurse practitioner to get her input on the marks. As soon as we hear back from her, we will give you a call back.

Warm regards,

Emily Lopez Clinic Director -- LightRx Kansas City
8644 N. Boardwalk Ave. Kansas City, MO 64154
816-897-0321
www.lightrx.com

Kansas City LightRx <kansascity@lightrx.com> Hi Ursula, After the photos we received on Saturday we sent them to our Nurse Practitioner, she has viewed them and sent us follow up instructions. She does not want you to pick at the area, and to let the blister rupture on it's own. Once it has ruptured you can use a topical antibiotic ointment. You can ice and do ibuprofen as needed for discomfort. Due to the blistering from the sculpsure treatment we will need to cancel tonight's lipo appointment and reschedule. Warm Regards, Emily Lopez Clinic Director -- LightRx Kansas City 8644 N. Boardwalk Ave. Kansas City, MO 64154 816-897-0321 www.lightrx.com The information contained in this message may be privileged, confidential and protected from disclosure. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify your representative immediately and delete this message from your computer. Thank you
To
shauntay76@yahoo.com
12/10/18 at 2:41 PM
Hi Ursula,

After the photos we received on Saturday we sent them to our Nurse Practitioner, she has viewed them and sent us follow up instructions.

She does not want you to pick at the area, and to let the blister rupture on it's own. Once it has ruptured you can use a topical antibiotic ointment. You can ice and do ibuprofen as needed for discomfort. Due to the blistering from the sculpsure treatment we will need to cancel tonight's lipo appointment and reschedule.

Warm Regards,

Emily Lopez
Clinic Director -- LightRx Kansas City
8644 N. Boardwalk Ave.
Kansas City, MO 64154

816-897-0321
www.lightrx.com

Kansas City LightRx <kansascity@lightrx.com>

Good morning Ursula, I will reach back out to my Regional Director today in regards to your injuries and refund request. Once I hear back from corporate with a resolution I will be in touch ASAP. Thank you for your patience and understanding.

Warm Regards, Emily Lopez Clinic Director

On Mon, Dec 17, 2018 at 6:42 AM shauntay76 <shauntay76@yahoo.com> wrote:
I have not heard anything from your corporate offices related to the injuries I sustained after medical consultation, and using both your light RX and Sculpsure. Please have a representative make contact with me as soon as possible with a resolution
Very Respectfully, Ursula S. Riley Office: 9137583747 Mobile: 8434125622 –

To shauntay76
12/17/18 at 7:18 AM
Good morning Ursula,

I will reach back out to my Regional Director today in regards to your injuries and refund request. Once I hear back from corporate with a resolution I will be in touch ASAP. Thank you for your patience and understanding.

Warm Regards,

Emily Lopez
Clinic Director