Fill in this information to identify the case:						
Debtor 1	BCA Acquisitions, LLC					
Debtor 2 (Spouse, if filing						
United States	Bankruptcy Court for the: Eastern District of Michigan, Detroit Division					
Case number	19-42511-mlo					

E-Filed on 07/01/2019 Claim # 1091

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.

F	Part 1: Identify the Claim							
1.	Who is the current creditor?	Michael Linehan 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	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)			
	creditor be sent?	Wendy A. Kinsella			Michael Linehan			
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name Harris Beach PLLC 333 West Washington St., Suite 200			Name 72 East Jefferson Road			
		Number Street		Number Street				
		Syracuse	NY	13031	Pittsford	NY	14534	
		City	State	ZIP Code	City	State	ZIP Code	
		Contact phone (315) 423-7100 x2012			Contact phone (58	35) 746-3582		
		Contact email wkinsella@harrisbeach.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 numb	er on court claim	s registry (if known) _		Filed on	/ DD / YYYY	
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made t	he earlier filing?					

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?	\$ Does this amount include interest or other charges? I 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. Consulting Agreement				
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. \$				
11	. Is this claim subject to a right of setoff?	✓ No ✓ Yes. Identify the property:				

12. Is all or part of the claim	☑ No						
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check	one:			Amount entitled to priorit	ty	
A claim may be partly priority and partly		c support obligations (including C. § 507(a)(1)(A) or (a)(1)(B).	g alimony and child suppo	ort) under	\$0.0	00	
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		,850* of deposits toward purch l, family, or household use. 11		roperty or servi	ices for \$0.0	00	
, ,	bankrup	salaries, or commissions (up to toy petition is filed or the debto C. § 507(a)(4).	o \$12,850*) earned withir r's business ends, which	n 180 days befo ever is earlier.	ore the \$0.0	00	
	☐ Taxes o	r penalties owed to governmen	tal units. 11 U.S.C. § 507	7(a)(8).	\$0.0	00	
	☐ Contribu	tions to an employee benefit p	lan. 11 U.S.C. § 507(a)(5	5).	\$0.0	00	
	Other. S	pecify subsection of 11 U.S.C.	§ 507(a)() that applies	S.	\$0.0	00	
	* Amounts a	re subject to adjustment on 4/01/19	and every 3 years after tha	it for cases begur	on or after the date of adjustment.		
Part 3: Sign Below							
The person completing this proof of claim must	Check the appro	oriate box:					
sign and date it.	☐ I am the creditor.						
FRBP 9011(b).	I am the creditor's attorney or authorized agent.						
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules specifying what a signature							
is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.						
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.						
3571.	Executed on date $\frac{07/01/2019}{\text{MM / DD / YYYY}}$						
	Wendy A. Kins	sella					
	Signature						
	Print the name of	of the person who is complet	ing and signing this cla	aim:			
	Name	Wendy A. Kinsella				_	
		First name	Middle name	Las	t name		
	Title	Attorney				_	
	Company	Harris Beach PLLC	the constitution of the continue of			_	
		Identify the corporate servicer as	the company if the authoriz	eu agent is a ser	vicei.		
	Address	Number Street				_	
		City	5	State ZIP	Code	_	
	Contact phone		E	Email		_	

Attachment 1 - BK - Michael Linehan - BCA - POC.pdf Description -

Fill in this information to identify the case:					
Debtor 1 BCA Acquisitions, LLC					
Debtor 2 (Spouse, If filling)					
United States Bankruptcy Court for the: Eastern District of Michigan					
Case number 19-42511					

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** Who is the current Michael Linehan creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been 🗹 No acquired from Yes. From whom? someone else? Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? Harris Beach PLLC Michael Linehan Federal Rule of Name Name Bankruptcy Procedure 333 West Washington Street, Suite 200 72 East Jefferson Road (FRBP) 2002(g) Number Street Number Street 14534 Syracuse NY 13202 Pittsford NY City State State ZIP Code ZIP Code Contact phone 315-423-7100 (585) 746-3582 Contact phone Contact email wkinsella@harrisbeach.com Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): ☑ No Does this claim amend one aiready filed? ☐ Yes. Claim number on court claims registry (if known) _____ Do you know if anyone ☑ No else has filed a proof Yes. Who made the earlier filing? of claim for this claim?

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?	? \$ 120,000.00. 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).				
		Amounts due under Consulting Agreement				
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:				
		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)	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. 				
11.	is this claim subject to a right of setoff?	☑ No ☐ Yes. Identify the property:	***************************************			

Part 2: Give Information About the Claim as of the Date the Case Was Filed

12. Is all or part of the claim				•		
entitled to priority under 11 U.S.C. § 507(a)?	🗖 Yes. Check	one:		Amount entitled to priority		
A claim may be partly priority and partly	Domest 11 U.S.	\$				
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		2,850* of deposits toward purchase, lease, or rental o I, family, or household use. 11 U.S.C. § 507(a)(7).	f property or service	es for \$		
enuted to priority.	bankrup	salaries, or commissions (up to \$12,850*) earned wit toy petition is filed or the debtor's business ends, whi C. § 507(a)(4).	thin 180 days before chever is earlier.	the \$		
	☐ Taxes o	r penalties owed to governmental units. 11 U.S.C. §	507(a)(8).	\$		
	O Contribu	itions to an employee benefit plan. 11 U.S.C. § 507(a	.V.E.\	• • • • • • • • • • • • • • • • • • •		
	_			Ψ		
	☐ Other. S	pecify subsection of 11 U.S.C. § 507(a)() that appl	lies.	\$		
	* Amounts a	re subject to adjustment on 4/01/19 and every 3 years after	that for cases begun o	n or after the date of adjustment.		

Part 3: Sign Below						
The person completing	Check the appro	priate box:				
this proof of claim must sign and date it.	☐ I am the cre					
FRBP 9011(b).		ditor's attorney or authorized agent				
If you file this claim		stee, or the debtor, or their authorized agent Bankrup	otcy Rule 3004.	·		
electronically, FRBP 5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
to establish local rules						
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the					
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.					
fraudulent claim could be fined up to \$500,000,	I have examined the information in this Proof of Claim and have a reasonable belief that the information is true					
imprisoned for up to 5	and correct					
years, or both. 18 U.S.C. §§ 152, 157, and	declare under penalty of perjury that the foregoing is true and correct					
3571.	Executed on date	9 07/01/2019				
		MM / DD / YYYY				
	1/2)	ndy OKinella				
	Signature		 _			
	Print the name of the person who is completing and signing this claim:					
	Name	Wendy A. Kinsella, Esq. First name Middle name	Lastin	ame		
		Attorney	20011	sin V		
	Title					
	Company	Harris Beach PLLC Identify the corporate servicer as the company if the autho	rized agent is a service	AL		
		receiving the corporate services as the company if the author	mzou agom la a actilici	vi.		
	Address	333 West Washington Street, Suite 200				
	, rusi voo	Number Street				
		Syracuse	NY 132	202		
		City	State ZIP Co	ode		
	Contact phone	315-423-7100	Email Wkinsella(@harrisbeach.com		

RESERVATION OF RIGHTS

Claimant and Debtor entered into a Consulting Agreement under which Claimant was partially paid for services. Claimant is owed for approximately six (6) months of services. A copy of the Consulting Agreement is available upon request.

Claimant reserves its right to file an Amended Proof of Claim or Administrative Expense

Claim setting forth the amount and classification of its claim, including additional accrued interest and attorneys' fees and costs, or other amounts as allowed by the Court.