

<b>Fill in this information to identify the case:</b>	
Debtor 1	Body Contour Ventures, LLC
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	Eastern District of Michigan
Case number:	19-42510

**FILED**  
 U.S. Bankruptcy Court  
 Eastern District of Michigan  
 6/28/2019  
 Katherine B. Gullo, Clerk

**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**

<b>1. Who is the current creditor?</b>	Melissa L. Chastain and Russell W. Chastain	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Lisa Chastain
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Melissa L. Chastain and Russell W. Chastain	_____
	Name	Name
	211 Pettigru Street Greenville, SC 29601	_____
	Contact phone _____ (864) 240-5518	Contact phone _____
	Contact email _____ slewis@covpatlaw.com	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**LIGHTRX POC**  
  
 01098

**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? \$ 1000000.00  
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 healthcare information.  
Personal Injury

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 entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> 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 6/28/2019  
MM / DD / YYYY

/s/ /s/Stephen R.H. Lewis

Signature

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

Name /s/Stephen R.H. Lewis

First name Middle name Last name

Title Attorney at Law

Company \_\_\_\_\_

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 211 Pettigru Street

Number Street

Greenville, SC 29601

City State ZIP Code

Contact phone (864) 240-5518 Email slewis@covpatlaw.com

**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**

04/19

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?** Melissa L. Chastain and Russell W. Chastain  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Lisa Chastain

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2. **Has this claim been acquired from someone else?**  No  
 Yes. From whom? \_\_\_\_\_

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3. **Where should notices and payments to the creditor be sent?** **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<u>Stephen R.H. Lewis, Esquire</u> Name	_____	Name	_____
<u>211 Pettigru Street</u> Number Street	_____	Number	Street
<u>Greenville SC 29601</u> City State ZIP Code	_____	City	State ZIP Code
Contact phone <u>(864) 240-5518</u>	_____	Contact phone	_____
Contact email <u>slewis@covpatlaw.com</u>	_____	Contact email	_____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
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4. **Does this claim amend one already filed?**  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
MM / DD / YYYY

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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? \$1,000,000.00\* 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).  
\*Subject to litigation pending in South Carolina state court, Greenville County, Case No. 2019-CP-23-01162.

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.  
Personal Injury

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 entitled to priority under 11 U.S.C. § 507(a)?

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 \$3,025\* 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 \$13,650\*) 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).

\$ \_\_\_\_\_

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 4/01/22 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).

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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.

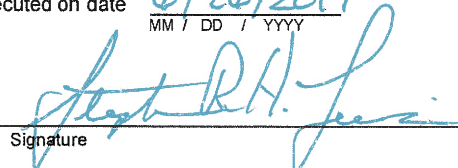
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 6/26/2019  
MM / DD / YYYY

  
Signature

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

Name Stephen R.H. Lewis  
First name Middle name Last name

Title Attorney at Law

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 211 Pettigru Street  
Number Street  
Greenville SC 29601  
City State ZIP Code

Contact phone (864) 240-5518 Email slewis@covpatlaw.com

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	C.A. No. 2019-CP-23-01162
COUNTY OF GREENVILLE	)	
	)	
Melissa L. Chastain and Russell W. Chastain,	)	
	)	
Plaintiffs,	)	<b>AMENDED SUMMONS</b>
	)	
vs.	)	<b>(Jury Trial Demanded)</b>
	)	
Premier Laser Spa of Greenville, LLC d/b/a LightRx Face and Body a/k/a LightRx – Greenville,	)	
	)	
Defendant.	)	

YOU ARE HEREBY summoned and required to answer the Complaint in this action, of which a copy is herewith served upon you, and to serve a copy of your answer to the said Complaint on the subscribers at their offices, 211 Pettigru Street, Greenville, South Carolina, within thirty (30) days after the service hereof, exclusive of the day of such service; and if you fail to answer the Complaint within the time aforesaid, the Plaintiff in this action will apply to the Court and judgment by default will be rendered against you for the relief demanded in the Complaint.

Respectfully submitted,

s/Stephen R.H. Lewis  
 Stephen R.H. Lewis, S.C. Bar #12947  
 Covington, Patrick, Hagins, Stern & Lewis, LLC  
 211 Pettigru Street  
 Greenville, SC 29601  
 (864) 242-9000  
 Attorney for Plaintiffs

April 12, 2019

Greenville, South Carolina

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	C.A. No. 2019-CP-23-01162
COUNTY OF GREENVILLE	)	
	)	
Melissa L. Chastain and Russell W. Chastain,	)	
	)	
Plaintiffs,	)	<b>AMENDED COMPLAINT</b>
	)	
vs.	)	
	)	
Premier Laser Spa of Greenville, LLC d/b/a LightRx Face and Body a/k/a LightRx – Greenville,	)	
	)	
Defendant.	)	

PLAINTIFFS, complaining of the Defendant above-named, would respectfully show unto this Honorable Court as follows:

1. Plaintiffs Melissa L. Chastain (“Lisa Chastain”) and Russell W. Chastain are wife and husband and both are citizens and residents of the County of Anderson, State of South Carolina.

2. Defendant Premier Laser Spa of Greenville, LLC d/b/a LightRx Face and Body a/k/a LightRx – Greenville (“LightRx”) is, upon information and belief, a professional organization organized and existing under the laws of a state other than South Carolina, and, at all times relevant hereto, doing business in the County of Greenville, State of South Carolina.

3. On or about May 19, 2016, Plaintiff Lisa Chastain was an invitee on the Defendant’s premises for the purpose of receiving laser treatments. As part of the laser treatment process, the Plaintiff is required to lie on a table to receive the treatments. When Plaintiff laid down on the table, the end of the table on which she was resting her head tipped backwards



causing her head to strike a fire extinguisher which was attached to the wall directly behind the table. As a result of this incident, Plaintiff sustained injuries to her low back in the form of an exacerbation/aggravation of previous surgeries to her low back.

**FOR A FIRST CAUSE OF ACTION**  
**(Negligence)**

4. All prior allegations are set forth herein by reference.

5. Defendant, by and through its agents, servants, and/or employees, was negligent, grossly negligent, willful, and wanton in one or more of the following particulars, to-wit:

- a) In providing a table to Plaintiff which was either defective, in a state of disrepair, or otherwise in an unsafe condition which resulted in the table tilting in such a manner as to cause Plaintiff's head to hit the fire extinguisher attached to the wall;
- b) In failing to warn Plaintiff of the defect, state of disrepair, and/or unsafe condition prior to Plaintiff attempting to get on the table;
- c) In failing to warn Plaintiff of the defect, state of disrepair, and/or unsafe condition of the table despite having actual and/or constructive knowledge of its condition;
- d) In allowing Plaintiff to get on the table when Defendant had actual and/or constructive knowledge that the table had tipped with other customers, resulting in a similar situation on at least two occasions prior to Plaintiff's incident;
- e) In failing to maintain the table in a reasonably safe condition for the use of its customers, including the Plaintiff;
- f) In failing to adequately secure the table, prior to Plaintiff attempting to get on the table, to prevent the table from tipping in the manner in which it ultimately did;
- g) In failing to properly supervise the Plaintiff while she was attempting to get on the table;
- h) In failing to take any action to prevent the incident from occurring, despite knowledge that similar instances had occurred prior to Plaintiff's incident; and,

- i) In failing to act as a reasonably prudent business owner considering the condition of the table and the knowledge thereof to the time of Plaintiff's incident.

Said acts being in violation of the Statutes and Laws of the State of South Carolina.

7. That as a direct and proximate result of the aforementioned acts of negligence, gross negligence, recklessness, willfulness, wantonness, and unlawful acts and/or omissions on the part of the Defendant, Plaintiff has sustained serious, severe and painful injuries to her back, leg, and right hand, which injuries have necessitated expensive and extensive medical care and treatment, including, but not limited to, the costly care and treatment of a doctor; together with the cost of x-rays, surgery, and physical therapy; that further, the Plaintiff has sustained loss of earnings as a result of her injuries; that furthermore, the Plaintiff continues to suffer from pain and discomfort as a result of her injuries and is informed and believes that the same will continue indefinitely all to her loss and damage in a sum to be determined by the jury for both actual and punitive damages.

**FOR A SECOND CAUSE OF ACTION**  
**(Loss of Consortium)**

8. All prior allegations are incorporated herein by reference.

9. As a result of Defendant's negligence, gross negligence, recklessness, willfulness, wantonness, and unlawful acts and/or omissions, Plaintiff Russell Chastain's right to the companionship of Plaintiff Lisa Chastain has been damaged in that he has lost the companionship, aid, society, and services of Plaintiff Lisa Chastain.

10. As a direct and proximate result of the aforesaid, Plaintiff Russell Chastain has lost, and will continue to lose, the consortium, service and companionship of his wife, Plaintiff Lisa Chastain, for which he is entitled to recover actual damage in such an amount as he shall prove to a jury.

11. Plaintiff Russell Chastain is informed and believes that he is entitled to actual and consequential damages for loss of consortium.

WHEREFORE, Plaintiffs pray judgment against the Defendant in a sum to be determined by the jury, for attorneys' fees and costs associated with bringing this action, and for such other and further relief as this Court deems just and proper.

Respectfully submitted,

STEPHEN R.H. LEWIS, P.A.

s/Stephen R.H. Lewis  
Stephen R.H. Lewis, S.C. Bar #12947  
211 Pettigru Street  
Greenville, SC 29601  
(864) 242-9000  
Attorney for Plaintiff

April 12, 2019  
Greenville, South Carolina

# 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

<i>Creditor:</i> (26031311) Melissa L. Chastain and Russell W. Chastain 211 Pettigru Street Greenville, SC 29601	<b>Claim No: 116</b> <i>Original Filed</i> Date: 06/28/2019 <i>Original Entered</i> Date: 06/28/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> ePOC <i>Modified:</i>
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Amount claimed: \$1000000.00

*History:*

[Details](#)    [116-1](#)    06/28/2019 Claim #116 filed by Melissa L. Chastain and Russell W. Chastain, Amount claimed: \$1000000.00 (ePOC)

*Description:*

*Remarks:* (116-1) Filer Comment: Subject to litigation pending in South Carolina state court Greenville County Case No. 2019-CP-23-01162.

## 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

<b>Total Amount Claimed*</b>	\$1000000.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		