

Fill in this information to identify the case:Debtor 1 Body Contour Ventures, LLC

Debtor 2 _____

(Spouse, if filing) _____

United States Bankruptcy Court Eastern District of MichiganCase number: 19-42510**FILED**U.S. Bankruptcy Court
Eastern District of Michigan

7/1/2019

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

1. Who is the current creditor?	<u>El Paso County Treasurer</u>	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>El Paso County Treasurer</u> Name PO Box 2018 Colorado Springs, CO 80901-2018 Contact phone <u>719-520-7900</u> Contact email <u>sheilaschoenberger2@elpasoco.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	7566
--	---	------

7. How much is the claim?	\$ 636.62	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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?	<p>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).</p> <p>Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p>2018 & Est 2019 Business Personal Property Taxes</p>
---	---

9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: 2018 & Est 2019 Business Personal Proper
--	---

	Basis for perfection: 2018 & Est 2019 Prop Tax
--	---

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:	\$	16377.00
Amount of the claim that is secured:	\$	636.62
Amount of the claim that is unsecured:	\$	0.00

(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:	\$	636.62
---	----	--------

Annual Interest Rate (when case was filed)	12	%
---	----	---

☒ Fixed
☐ Variable

10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$
--	---

11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property:
--	--

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	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 checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 636.62
		<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 7/1/2019
MM / DD / YYYY

/s/ Gina G Trivelli

Signature

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

Name	<u>Gina G Trivelli</u>		
	First name	Middle name	Last name
Title	<u>Deputy Treasurer</u>		
Company	<u>El Paso County Treasurer</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>PO Box 2018</u>		
	Number	Street	
	<u>Colorado Springs, CO 80901-2018</u>		
	City	State	ZIP Code
Contact phone	<u>719-520-7900</u>	Email	<u>sheilaschoenberger2@elpasoco.com</u>

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

12/15

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?

El Paso County Treasurer

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?

El Paso County Treasurer

Name

PO Box 2018

Number Street

Colorado Springs CO 80901

City State ZIP Code

Contact phone 719-520-7900

Contact email sheilaschoenberger2@elpasoco.co

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone _____

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 5 6 6

7. How much is the claim? \$ 636.62 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.
2018 & Estimated 2019 Business Personal Property Taxes

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: 2018 & Estimated 2019 Business Personal Property Taxes
Basis for perfection: 2018 & Estimated 2019 Business Personal Property Taxes
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: \$ 16,377.00
Amount of the claim that is secured: \$ 636.62
Amount of the claim that is unsecured: \$ 0.00 (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: \$ 636.62
Annual Interest Rate (when case was filed) 12.00 %
☒ 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)?

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:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,775* 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 \$12,475*) 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ 636.62

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/16 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 07/01/2019
MM / DD / YYYY

Signature

A. Trivelli

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

Name Gina G. Trivelli
First name Middle name Last name

Title Deputy Treasurer

Company El Paso County Treasurer
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 2018
Number Street

Colorado Springs CO 80901
City State ZIP Code

Contact phone 719-520-7900 Email sheilaschoenberger2@elpasoco.com

157,566
 7531 ACADEMY BLVD N
 JCV PP
 value: 4000 land: 0
 levy: 77.507 impr: 4000
 tax: 310.03 growth: 0
 balance: 268.46 as of 07/30/2019

LIGHT RX FACE AND BODY
 34405 12 MILE RD
 FARMINGTON, MI

YEAR	DIST	TAX	PAYMENT	DATE	M	RCT	OID	MEDIA	BALANCE
2018	1	1 tax JCV	260.64						260.64
	2	pin JCV	7.82						7.82

Form: trf hist
 Date: 27-Jun-2019 07:59:18
 ^19 .CB 602
 Schedule: 157566
 Other: 6308001008
 Tax Year: 2018 Txd: JCV
 Value: 4000 x 77.507
 Original tax: 310.03
 2018 balance: 260.64
 Data: Current
 Due: 265.85 loc: 7531 ACADEMY BLVD N

Owner name
LIGHT RX FACE AND BODY
34405 12 MILE RD
FARMINGTON, MI 48331 3391

Alerts
TRINformation
Roll chg: V
* BANKRUPTCY *

Schd:	157566	Estimated Tax			User: TRSSCHOENBER
Tax Year:	2016	2017	2018	2019	
Land:	0	0	0	0	
Imp:	0	0	4000	4750	
HE/DV:	0	0	0	0	
Total:	0	0	4000	4750	
Levy:	0.000	0.000	77.507 JCV	77.507 JCV	
Tax:	0.00	0.00	310.03	368.16 (EST.)	
Form: TRF_ESTAX				Proc: TRS_ESTAX	

Help(Help) End(PF3) :

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

Creditor: (26033575)
El Paso County Treasurer
PO Box 2018
Colorado Springs, CO 80901-2018

Claim No: 129
Original Filed Date: 07/01/2019
Original Entered Date: 07/01/2019

Status:
Filed by: CR
Entered by: ePOC
Modified:

Amount claimed: \$636.62

Secured claimed: \$636.62

Priority claimed: \$636.62

History:

[Details](#) [129-1](#) 07/01/2019 Claim #129 filed by El Paso County Treasurer, Amount claimed: \$636.62 (ePOC)

Description:

Remarks: (129-1) Account Number (last 4 digits):7566 Filer Comment: 2018 & Est 2019 Business Personal Property Taxes

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

Total Amount Claimed*	\$636.62
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured	\$636.62	
Priority	\$636.62	
Administrative		