

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number _____

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?**

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?**

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

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. **How much is the claim?** \$ _____. **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.

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)?

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 \$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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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).

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 _____
MM / DD / YYYY

Signature

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

Name _____
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 _____

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF MICHIGAN

SOUTHERN DIVISION

In Re: BODY CONTOUR VENTURES, LLC
30800 TELEGRAPH RD STE 3910
BINGHAM FARMS MI 48025-4545

Case No.: 19-42510 - pjs
Type: Chapter 11
FEIN.: xx-xxx7898
Letter Id: L0056520834

2nd amended claim. This claim amends Claim No. 1128 (PREVIOUS #130) filed on 7/31/2019.

Proof of Pre-Petition Tax Claim

1. The undersigned, who is authorized to make this proof of claim, is a representative of the Unemployment Insurance Agency, Department of Labor and Economic Opportunity, a state taxing authority under the laws of the State of Michigan, doing business at 3024 W Grand Blvd, Detroit, MI 48202.
2. At the time of the filing of the petition and at present, the debtors indebtedness to the claimant is in the amount claimed in paragraphs below.
3. The consideration for the debt, as described in the attached analysis of account, is unpaid taxes, interest imposed under MCL 421.1 et seq.; MSA 17.501, et seq., and granted priority under MCL 421.15(e).
4. No judgment has been rendered on the claim.
5. All payments on this claim have been credited and deducted for the purpose of making the proof of claim. This claim is not subject to any setoff or counterclaim.
6. In the event there is insufficient property for a lien to attach, all claims so entitled will be treated as priority under 11USC section 507(a)(8).

Tax Pre-Petition Claim Types Included:

Amount of Claim:

☒ Priority

\$3,318.30

☒ General Unsecured

\$14,789.72

TOTAL AMOUNT OF CLAIM:

\$18,108.02

Name and address where notices should be sent:
STATE OF MICHIGAN, UJA Tax Office
POC Unit - Suite 12-650
3024 W Grand Blvd.
Detroit, Michigan 48202

By: /s/ Kaduvinkal George

Kaduvinkal George, Account Examiner
Date: December 18, 2019



Analysis of Account

FEIN.: xx-xxx7898

Letter ID: L0056520834

Employer Name: BODY CONTOUR VENTURES, LLC

Chapter 11 Tax Pre-Petition Priority Claim:

Quarter	Taxable Payroll	Rate %	Tax Due (Principal)	Report Due Date	Date Paid	Total Paid	Tax Paid	Interest Paid	Assess Date	Bal. Due on Principal	Interest on Balance to 2/22/2019**	Total Amount Due
3/31/2016	\$363,142.95	10.30	\$37,404.00	4/25/2016	5/5/2016	\$57,885.26	\$57,730.76	\$154.50	5/11/2016	\$154.50	\$51.91	\$206.41
	Obligation Asses.	2.64	\$9,586.97									
	Non Reporting	3.00	\$10,894.29									
6/30/2016	\$176,759.55	10.30	\$18,206.00	7/25/2016	7/25/2016	\$24,687.88	\$24,687.88	\$0.00		\$9.17	\$2.81	\$11.98
	Non Reporting	3.00	\$5,302.79									
	Obligation Asses.	2.64	\$4,666.45									
					8/2/2016	\$3,487.36	\$3,478.19	\$9.17				
3/31/2017	\$680,599.99	2.00	\$13,612.00	4/25/2017	4/25/2017	\$40,601.31	\$39,747.24	\$0.00	10/8/2019	\$1,633.24	\$358.15	\$1,991.39
	Obligation Asses.	1.08	\$7,350.48									
	Non Reporting	3.00	\$20,418.00									
6/30/2017	\$175,563.70	2.00	\$3,511.00	7/25/2017	7/25/2017	\$10,252.77	\$10,252.77	\$0.00	10/8/2019	\$421.23	\$79.77	\$501.00
	Obligation Asses.	1.08	\$1,896.09									
	Non Reporting	3.00	\$5,266.91									
9/30/2017	\$115,712.67	2.00	\$2,314.00	10/25/2017	10/25/2017	\$6,757.79	\$6,757.79	\$0.00	10/8/2019	\$277.29	\$44.12	\$321.41
	Obligation Asses.	1.08	\$1,249.70									
	Non Reporting	3.00	\$3,471.38									
12/31/2017	\$105,207.80	2.00	\$2,104.01	1/25/2018	1/25/2018	\$5,756.22	\$5,756.22	\$0.00	2/20/2018	\$256.66	\$29.45	\$286.11
	Non Reporting	3.00	\$3,156.23									
	Obligation Asses.	1.08	\$1,136.24									
					3/9/2018	\$392.65	\$383.60	\$9.05				
Total	\$1,616,986.66		\$151,546.54			\$149,821.24	\$148,794.45	\$172.72		\$2,752.09	\$566.21	\$3,318.30

Chapter 11 Tax Pre-Petition General Unsecured Claim:

Quarter	Taxable Payroll	Rate %	Tax Due (Principal)	Report Due Date	Date Paid	Total Paid	Tax Paid	Interest Paid	Assess Date	Bal. Due on Principal	Interest on Balance to 2/22/2019**	Total Amount Due
9/30/2014	\$37,070.52	2.70	\$1,001.00	10/27/2014	1/25/2017	\$508.42	\$400.36	\$108.06	10/3/2017	\$1,001.00	\$500.50	\$1,501.50
	Obligation Asses.	1.08	\$400.36									

12/31/2014	\$48,624.50	2.70	\$1,313.00	1/26/2015	1/25/2017	\$564.19	\$438.16	\$126.03		\$1,313.00	\$641.90	\$1,954.90
	Obligation Asses.	1.08	\$525.14									
					4/25/2017	\$89.21	\$86.98	\$2.23				
					4/25/2017	\$0.34	\$0.00	\$0.34				
3/31/2015	\$130,776.87	2.70	\$3,531.00	4/27/2015	10/26/2017	\$2,606.01	\$1,464.70	\$439.65	4/3/2018	\$3,531.00	\$1,620.58	\$5,151.58
	Obligation Asses.	1.12	\$1,464.70									
6/30/2015	\$44,183.82	2.70	\$1,193.00	7/27/2015	10/26/2017	\$2,354.88	\$494.86	\$133.73	4/3/2018	\$1,193.00	\$511.84	\$1,704.84
	Obligation Asses.	1.12	\$494.86									
9/30/2015	\$28,404.16	2.70	\$767.00	10/26/2015	10/26/2017	\$2,103.73	\$318.13	\$76.46	4/3/2018	\$767.00	\$306.13	\$1,073.13
	Obligation Asses.	1.12	\$318.13									
12/31/2015	\$76,613.28	2.70	\$2,069.00	1/25/2016	10/26/2017	\$545.97	\$365.42	\$180.55		\$2,561.65	\$842.12	\$3,403.77
	Obligation Asses.	1.12	\$858.07									
Total	\$365,673.15		\$13,935.26			\$8,772.75	\$3,568.61	\$1,067.05		\$10,366.65	\$4,423.07	\$14,789.72

*****Interest will be charged on any unpaid principal balance at a rate of 1% per month, computed daily.***

Analysis of Account Penalties

Employer Name: BODY CONTOUR VENTURES, LLC

FEIN.: xx-xxx7898
Letter ID: L0056520834

Quarter	Report	Negligence	Fraud	Wage	Wage to 2/22/2019	Total Due	Total Paid	Balance Due
Sub Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

DESCRIPTION OF PENALTIES:

Report Penalty - 10% of the tax due, minimum \$5.00, maximum \$25.00 for late filing of Form UIA 1028, *Employer's Quarterly Wage/Tax Report*, Section 3
Negligence - 5% of the tax due
Fraud - Includes fraud penalties under Section 421.54, SUTA Penalties; Damages and Court costs under Section 421.15 (c) (d)
Wage - As provided Section 54(c)(2) of the , a \$0.00 penalty is assessed for each untimely, incomplete, or erroneous report filed within 0 days of the due date. A \$0.00 penalty will be assessed for any report not received or still containing errors more than one calendar quarter after the due date. An additional \$0.00 will be charged for each succeeding quarter that the report remains unfilled or still contains errors. In cases of intentional failure to comply or fraud, Section 54 provides for more severe penalties.

State of Michigan

SS

The amount due the Unemployment Insurance Agency from the above named employer, over and above all legal set offs on this date, is the amount(s) shown above

/s/ Kaduvinkal George

Kaduvinkal George, Account Examiner
December 18, 2019

Statement of Notices of Liens Recorded

Employer Name: BODY CONTOUR VENTURES, LLC

FEIN.: xx-xxx7898
Letter ID: L0056520834

UIA Lien Number	Date	Period(s) Covering	Amount	Recording County/SOS	Date of Recording	Liber	Page	Register

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:

Trustee:

Last Date to file (Govt):

Creditor: (26033665)
State of Michigan
Unemployment Insurance
Agency
Tax Office, POC Unit, Ste.12-
650
3024 W. Grand Blvd
Detroit MI 48202

Claim No: 130
Original Filed
Date: 07/01/2019
Original Entered
Date: 07/01/2019
Last Amendment
Filed: 12/18/2019
Last Amendment
Entered: 12/18/2019

Status:
Filed by: CR
Entered by: Kaduvinkal K.
George
Modified:

Amount claimed: \$18108.02

Priority claimed: \$3318.30

History:

- [Details](#) [130-1](#) 07/01/2019 Claim #130 filed by State of Michigan, Amount claimed: \$453.91 (George, Kaduvinkal)
- [Details](#) [130-2](#) 07/31/2019 Amended Claim #130 filed by State of Michigan, Amount claimed: \$15010.20 (George, Kaduvinkal)
- [Details](#) [130-3](#) 12/18/2019 Amended Claim #130 filed by State of Michigan, Amount claimed: \$18108.02 (George, Kaduvinkal)

Description: (130-1) Pre-Petiiton Tax Claim
(130-2) 1st Amended Pre-Petition Claim
(130-3) 2nd Amended Pre-Petition Tax Claim

Remarks: (130-1) Claim includes estimated quarters
(130-2) Claims Agent BMC Inc., assigned Claim#1128

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*	\$18108.02
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		
Priority	\$3318.30	
Administrative		

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?	<u>State of Michigan, Unemployment Insurance, Tax Office</u> Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor <u>UI Tax Office</u>		
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? 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)	
	UI Tax Office, POC Unit Name <u>3024 W. Grand Blvd., Ste.12-650</u> Number Street <u>Detroit</u> <u>MI</u> <u>48202</u> City State ZIP Code Contact phone <u>313-456-2094</u> Contact email <u>georgek1@michigan.gov</u>		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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>130(1128)</u>		Filed on <u>07/01/2019</u> 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? _____		

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 8 9 8

7. How much is the claim? \$ 15010.20 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.
Unpaid Unemployment 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: _____
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: \$ 15010.20 (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: \$ 15010.20
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)?

☐ 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 \$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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ 220.48

\$ _____

\$ _____

* 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).

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 07/31/2019
MM / DD / YYYY

/S/ Kaduvinkal K George

Signature

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

Name Kaduvinkal K George
First name Middle name Last name

Title Account Examiner

Company Tax Office, POC Unit, Ste.12-650
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3024 W. Grand Blvd
Number Street

Detroit MI 48202
City State ZIP Code

Contact phone 313-456-2094 Email georgek1@michigan.gov

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF MICHIGAN

SOUTHERN DIVISION

In Re: BODY CONTOUR VENTURES, LLC
34405 W 12 MILE RD STE 125
FARMINGTON HILLS MI 48331-5626

Case No.: 19-42510 - pjs
Type: Chapter 11
FEIN.: xx-xxx7898
Letter Id: L0054409624

1st amended claim. This claim amends Claim No. 1128 (PREVIOUS #130) filed on 7/1/2019.

Proof of Pre-Petition Tax Claim

1. The undersigned, who is authorized to make this proof of claim, is a representative of the Unemployment Insurance, Talent Investment Agency, a state taxing authority under the laws of the State of Michigan, doing business at 3024 W Grand Blvd, Detroit, MI 48202.
2. At the time of the filing of the petition and at present, the debtors indebtedness to the claimant is in the amount claimed in paragraphs below.
3. The consideration for the debt, as described in the attached analysis of account, is unpaid taxes, interest imposed under MCL 421.1 et seq.; MSA 17.501, et seq., and granted priority under MCL 421.15(e).
4. No judgment has been rendered on the claim.
5. All payments on this claim have been credited and deducted for the purpose of making the proof of claim. This claim is not subject to any setoff or counterclaim.
6. In the event there is insufficient property for a lien to attach, all claims so entitled will be treated as priority under 11USC section 507(a)(8).

Tax Pre-Petition Claim Types Included:

Amount of Claim:

☒ Priority

\$220.48

☒ General Unsecured

\$14,789.72

TOTAL AMOUNT OF CLAIM:

\$15,010.20

Name and address where notices should be sent:
STATE OF MICHIGAN, UJA Tax Office
POC Unit - Suite 12-650
3024 W Grand Blvd.
Detroit, Michigan 48202

By: /s/ Kaduvinkal George

Kaduvinkal George, Account Examiner
Date: July 31, 2019



Analysis of Account

FEIN.: xx-xxx7898
Letter ID: L0054409624

Employer Name: BODY CONTOUR VENTURES, LLC

Chapter 11 Tax Pre-Petition Priority Claim:

Quarter	Taxable Payroll	Rate %	Tax Due (Principal)	Report Due Date	Date Paid	Total Paid	Tax Paid	Interest Paid	Assess Date	Bal. Due on Principal	Interest on Balance to 2/22/2019**	Total Amount Due
3/31/2016	\$363,142.95	10.30	\$37,404.00	4/25/2016	5/5/2016	\$57,885.26	\$57,730.76	\$154.50	5/11/2016	\$154.50	\$51.91	\$206.41
	Non Reporting	3.00	\$10,894.29									
	Obligation Asses.	2.64	\$9,586.97									
6/30/2016	\$176,759.55	10.30	\$18,206.00	7/25/2016	7/25/2016	\$24,687.88	\$24,687.88	\$0.00		\$9.17	\$2.81	\$11.98
	Obligation Asses.	2.64	\$4,666.45									
	Non Reporting	3.00	\$5,302.79									
					8/2/2016	\$3,487.36	\$3,478.19	\$9.17				
12/31/2017	\$105,207.80	1.80	\$1,894.01	1/25/2018	1/25/2018	\$5,756.22	\$5,756.22	\$0.00	2/20/2018	\$1.02	\$0.12	\$1.14
	Obligation Asses.	1.04	\$1,094.16									
	Non Reporting	3.00	\$3,156.23									
					3/9/2018	\$392.65	\$387.16	\$5.49				
6/30/2018	\$81,081.54	3.30	\$2,676.00	7/25/2018	7/25/2018	\$3,705.00	\$3,705.00	\$0.00		\$0.74	\$0.05	\$0.79
	Obligation Asses.	1.27	\$1,029.74									
9/30/2018	\$107,492.47	3.30	\$3,547.00	10/25/2018	10/25/2018	\$4,912.00	\$4,912.00	\$0.00		\$0.15	\$0.01	\$0.16
	Obligation Asses.	1.27	\$1,365.15									
Total	\$833,684.31		\$100,822.79			\$100,826.37	\$100,657.21	\$169.16		\$165.58	\$54.90	\$220.48

Chapter 11 Tax Pre-Petition General Unsecured Claim:

Quarter	Taxable Payroll	Rate %	Tax Due (Principal)	Report Due Date	Date Paid	Total Paid	Tax Paid	Interest Paid	Assess Date	Bal. Due on Principal	Interest on Balance to 2/22/2019**	Total Amount Due
9/30/2014	\$37,070.52	2.70	\$1,001.00	10/27/2014	1/25/2017	\$508.42	\$400.36	\$108.06	10/3/2017	\$1,001.00	\$500.50	\$1,501.50
	Obligation Asses.	1.08	\$400.36									
12/31/2014	\$48,624.50	2.70	\$1,313.00	1/26/2015	1/25/2017	\$564.19	\$438.16	\$126.03		\$1,313.00	\$641.90	\$1,954.90
	Obligation Asses.	1.08	\$525.14									
					4/25/2017	\$0.34	\$0.00	\$0.34				
					4/25/2017	\$89.21	\$86.98	\$2.23				
3/31/2015	\$130,776.87	2.70	\$3,531.00	4/27/2015	10/26/2017	\$2,606.01	\$1,464.70	\$439.65	4/3/2018	\$3,531.00	\$1,620.58	\$5,151.58

	Obligation Asses.	1.12	\$1,464.70									
6/30/2015	\$44,183.82	2.70	\$1,193.00	7/27/2015	10/26/2017	\$2,354.88	\$494.86	\$133.73	4/3/2018	\$1,193.00	\$511.84	\$1,704.84
	Obligation Asses.	1.12	\$494.86									
9/30/2015	\$28,404.16	2.70	\$767.00	10/26/2015	10/26/2017	\$2,103.73	\$318.13	\$76.46	4/3/2018	\$767.00	\$306.13	\$1,073.13
	Obligation Asses.	1.12	\$318.13									
12/31/2015	\$76,613.28	2.70	\$2,069.00	1/25/2016	10/26/2017	\$545.97	\$365.42	\$180.55		\$2,561.65	\$842.12	\$3,403.77
	Obligation Asses.	1.12	\$858.07									
Total	\$365,673.15		\$13,935.26			\$8,772.75	\$3,568.61	\$1,067.05		\$10,366.65	\$4,423.07	\$14,789.72

**Interest will be charged on any unpaid principal balance at a rate of 1% per month, computed daily.

Analysis of Account Penalties

Employer Name: BODY CONTOUR VENTURES, LLC

FEIN.: xx-xxx7898
Letter ID: L0054409624

Quarter	Report	Negligence	Fraud	Wage	Wage to 2/22/2019	Total Due	Total Paid	Balance Due
Sub Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

DESCRIPTION OF PENALTIES:

Report Penalty - 10% of the tax due, minimum \$5.00, maximum \$25.00 for late filing of Form UIA 1028, Employer's Quarterly Wage/Tax Report, Section 3
Negligence - 5% of the tax due
Fraud - Includes fraud penalties under Section 421.54, SUTA Penalties; Damages and Court costs under Section 421.15 (c) (d)
Wage - As provided Section 54(c)(2) of the , a \$0.00 penalty is assessed for each untimely, incomplete, or erroneous report filed within 0 days of the due date. A \$0.00 penalty will be assessed for any report not received or still containing errors more than one calendar quarter after the due date. An additional \$0.00 will be charged for each succeeding quarter that the report remains unfilled or still contains errors. In cases of intentional failure to comply or fraud, Section 54 provides for more severe penalties.

State of Michigan

SS

The amount due the Unemployment Insurance Agency from the above named employer, over and above all legal set offs on this date, is the amount(s) shown above

/s/ Kaduvinkal George

Kaduvinkal George, Account Examiner
July 31, 2019

Statement of Notices of Liens Recorded

Employer Name: BODY CONTOUR VENTURES, LLC

FEIN.: xx-xxx7898
Letter ID: L0054409624

UIA Lien Number	Date	Period(s) Covering	Amount	Recording County/SOS	Date of Recording	Liber	Page	Register

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:

Trustee:

Last Date to file (Govt): 09/30/2019

Creditor: (26033665)
State of Michigan
Unemployment Insurance
Agency
Tax Office, POC Unit, Ste.12-
650
3024 W. Grand Blvd
Detroit MI 48202

Claim No: 130
Original Filed
Date: 07/01/2019
Original Entered
Date: 07/01/2019
Last Amendment
Filed: 07/31/2019
Last Amendment
Entered: 07/31/2019

Status:
Filed by: CR
Entered by: Kaduvinkal K.
George
Modified:

Amount claimed: \$15010.20

Priority claimed: \$220.48

History:

[Details](#) [130-1](#) 07/01/2019 Claim #130 filed by State of Michigan, Amount claimed: \$453.91 (George, Kaduvinkal)

[Details](#) [130-2](#) 07/31/2019 Amended Claim #130 filed by State of Michigan, Amount claimed: \$15010.20 (George, Kaduvinkal)

Description: (130-1) Pre-Petiiton Tax Claim
(130-2) 1st Amended Pre-Petition Claim

Remarks: (130-1) Claim includes estimated quarters
(130-2) Claims Agent BMC Inc., assigned Claim#1128

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*	\$15010.20
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		
Priority	\$220.48	
Administrative		

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?	State of Michigan, Unemployment Insurance, Tax Office Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>UI Tax Office</u>	
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? UI Tax Office, POC Unit Name 3024 W. Grand Blvd., Ste.12-650 Number Street Detroit MI 48202 City State ZIP Code Contact phone 313-456-2094 Contact email georgek1@michigan.gov	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?	<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? _____	

LIGHTRX POC
01128

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 8 9 8

7. How much is the claim? \$ 453.91 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.
Unpaid Unemployment 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: _____
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: \$ 453.91 (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: \$ 453.91
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)?

☐ 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 \$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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ 220.48

\$ _____

\$ _____

* 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).

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

/S/ Kaduvinkal K George

Signature

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

Name Kaduvinkal K George
First name Middle name Last name

Title Account Examiner

Company Tax Office, POC Unit, Ste.12-650
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3024 W. Grand Blvd
Number Street

Detroit MI 48202
City State ZIP Code

Contact phone 313-456-2094 Email georgek1@michigan.gov

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In Re: BODY CONTOUR VENTURES, LLC
34405 W 12 MILE RD STE 125
FARMINGTON HILLS MI 48331-5626

Case No.: 19-42510 - pjs
Type: Chapter 11
FEIN.: xx-xxx7898
Letter Id: L0053677138

Proof of Pre-Petition Tax Claim

1. The undersigned, who is authorized to make this proof of claim, is a representative of the Unemployment Insurance, Talent Investment Agency, a state taxing authority under the laws of the State of Michigan, doing business at 3024 W Grand Blvd, Detroit, MI 48202.
2. At the time of the filing of the petition and at present, the debtors indebtedness to the claimant is in the amount claimed in paragraphs below.
3. The consideration for the debt, as described in the attached analysis of account, is unpaid taxes, interest imposed under MCL 421.1 et seq.; MSA 17.501, et seq., and granted priority under MCL 421.15(e).
4. No judgment has been rendered on the claim.
5. All payments on this claim have been credited and deducted for the purpose of making the proof of claim. This claim is not subject to any setoff or counterclaim.
6. In the event there is insufficient property for a lien to attach, all claims so entitled will be treated as priority under 11USC section 507(a)(8).

Tax Pre-Petition Claim Types Included:

Amount of Claim:

☒ Priority

\$220.48

☒ General Unsecured

\$233.43

TOTAL AMOUNT OF CLAIM:

\$453.91

Name and address where notices should be sent:
STATE OF MICHIGAN, UJA Tax Office
POC Unit - Suite 12-650
3024 W Grand Blvd.
Detroit, Michigan 48202

By: /s/ Kaduvinkal George

Kaduvinkal George, Account Examiner
Date: July 1, 2019



Analysis of Account

FEIN.: xx-xxx7898
Letter ID: L0053677138

Employer Name: BODY CONTOUR VENTURES, LLC

Chapter 11 Tax Pre-Petition Priority Claim:

Quarter	Taxable Payroll	Rate %	Tax Due (Principal)	Report Due Date	Date Paid	Total Paid	Tax Paid	Interest Paid	Assess Date	Bal. Due on Principal	Interest on Balance to 2/22/2019**	Total Amount Due
3/31/2016	\$363,142.95	10.30	\$37,404.00	4/25/2016	5/5/2016	\$57,885.26	\$57,730.76	\$154.50	5/11/2016	\$154.50	\$51.91	\$206.41
	Obligation Asses.	2.64	\$9,586.97									
	Non Reporting	3.00	\$10,894.29									
6/30/2016	\$176,759.55	10.30	\$18,206.00	7/25/2016	7/25/2016	\$24,687.88	\$24,687.88	\$0.00		\$9.17	\$2.81	\$11.98
	Obligation Asses.	2.64	\$4,666.45									
	Non Reporting	3.00	\$5,302.79									
					8/2/2016	\$3,487.36	\$3,478.19	\$9.17				
12/31/2017	\$105,207.80	1.80	\$1,894.01	1/25/2018	1/25/2018	\$5,756.22	\$5,756.22	\$0.00	2/20/2018	\$1.02	\$0.12	\$1.14
	Obligation Asses.	1.04	\$1,094.16									
	Non Reporting	3.00	\$3,156.23									
					3/9/2018	\$392.65	\$387.16	\$5.49				
6/30/2018	\$81,081.54	3.30	\$2,676.00	7/25/2018	7/25/2018	\$3,705.00	\$3,705.00	\$0.00		\$0.74	\$0.05	\$0.79
	Obligation Asses.	1.27	\$1,029.74									
9/30/2018	\$107,492.47	3.30	\$3,547.00	10/25/2018	10/25/2018	\$4,912.00	\$4,912.00	\$0.00		\$0.15	\$0.01	\$0.16
	Obligation Asses.	1.27	\$1,365.15									
Total	\$833,684.31		\$100,822.79			\$100,826.37	\$100,657.21	\$169.16		\$165.58	\$54.90	\$220.48

Chapter 11 Tax Pre-Petition General Unsecured Claim:

Quarter	Taxable Payroll	Rate %	Tax Due (Principal)	Report Due Date	Date Paid	Total Paid	Tax Paid	Interest Paid	Assess Date	Bal. Due on Principal	Interest on Balance to 2/22/2019**	Total Amount Due
9/30/2014 *	\$1,000.00	2.70	\$27.00	10/27/2014	1/25/2017	\$13.72	\$10.80	\$2.92	10/3/2017	\$27.00	\$13.50	\$40.50
	Obligation Asses.	1.08	\$10.80									
12/31/2014 *	\$1,000.00	2.70	\$27.00	1/26/2015	1/25/2017	\$13.39	\$10.80	\$2.59		\$27.00	\$13.20	\$40.20
	Obligation Asses.	1.08	\$10.80									
3/31/2015 *	\$1,000.00	2.70	\$27.00	4/27/2015	10/26/2017	\$2,606.01	\$11.20	\$3.36	4/3/2018	\$27.00	\$12.39	\$39.39
	Obligation Asses.	1.12	\$11.20									
6/30/2015 *	\$1,000.00	2.70	\$27.00	7/27/2015	10/26/2017	\$2,354.88	\$11.20	\$3.03	4/3/2018	\$27.00	\$11.59	\$38.59

	Obligation Asses.	1.12	\$11.20									
9/30/2015 *	\$1,000.00	2.70	\$27.00	10/26/2015	10/26/2017	\$2,103.73	\$11.20	\$2.69	4/3/2018	\$27.00	\$10.78	\$37.78
	Obligation Asses.	1.12	\$11.20									
12/31/2015 *	\$1,000.00	2.70	\$27.00	1/25/2016	10/26/2017	\$545.97	\$11.20	\$2.36		\$27.00	\$9.97	\$36.97
	Obligation Asses.	1.12	\$11.20									
Total	\$6,000.00		\$228.40			\$7,637.70	\$66.40	\$16.95		\$162.00	\$71.43	\$233.43

**Estimated Quarter*

***Interest will be charged on any unpaid principal balance at a rate of 1% per month, computed daily.*

Analysis of Account Penalties

Employer Name: BODY CONTOUR VENTURES, LLC

FEIN.: xx-xxx7898
Letter ID: L0053677138

Quarter	Report	Negligence	Fraud	Wage	Wage to 2/22/2019	Total Due	Total Paid	Balance Due
Sub Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

DESCRIPTION OF PENALTIES:

Report Penalty - 10% of the tax due, minimum \$5.00, maximum \$25.00 for late filing of Form UIA 1028, Employer's Quarterly Wage/Tax Report, Section 3
Negligence - 5% of the tax due
Fraud - Includes fraud penalties under Section 421.54, SUTA Penalties; Damages and Court costs under Section 421.15 (c) (d)
Wage - As provided Section 54(c)(2) of the , a \$0.00 penalty is assessed for each untimely, incomplete, or erroneous report filed within 0 days of the due date. A \$0.00 penalty will be assessed for any report not received or still containing errors more than one calendar quarter after the due date. An additional \$0.00 will be charged for each succeeding quarter that the report remains unfilled or still contains errors. In cases of intentional failure to comply or fraud, Section 54 provides for more severe penalties.

State of Michigan

SS

The amount due the Unemployment Insurance Agency from the above named employer, over and above all legal set offs on this date, is the amount(s) shown above

/s/ Kaduvinkal George

Kaduvinkal George, Account Examiner
July 1, 2019

Statement of Notices of Liens Recorded

Employer Name: BODY CONTOUR VENTURES, LLC

FEIN.: xx-xxx7898
Letter ID: L0053677138

UIA Lien Number	Date	Period(s) Covering	Amount	Recording County/SOS	Date of Recording	Liber	Page	Register

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: (26033665)
State of Michigan
Unemployment Insurance Agency
Tax Office, POC Unit, Ste.12-650
3024 W. Grand Blvd
Detroit MI 48202

Claim No: 130

Original Filed Date: 07/01/2019

Original Entered Date: 07/01/2019

Status:

Filed by: CR

Entered by: Kaduvinkal K. George

Modified:

Amount claimed: \$453.91

Priority claimed: \$220.48

History:

[Details](#) [130-1](#) 07/01/2019 Claim #130 filed by State of Michigan, Amount claimed: \$453.91 (George, Kaduvinkal)

Description: (130-1) Pre-Petiiton Tax Claim

Remarks: (130-1) Claim includes estimated quarters

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*	\$453.91
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		
Priority	\$220.48	
Administrative		