Fill in this information to identify the case:	
Debtor 1 LIGHT RX FACE AND BODY	
Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: District of MICHIGAN	RECEIVED
United States Bankruptcy Court for the:          District of Michigan         Case number       MICHIGAN         Ferend          Case number       MICHIGAN	JUL 0 1 2019
	BMC GROUP

# Official Form 410 Proof of Claim

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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.

P	Part 1: Identify the C	laim
1.	Who is the current creditor?	JUIE       A. GORDON         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?	X No Yes. From whom?
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?       Where should payments to the creditor be sent? (if different)         JULIE A. GORDON       Name         2913E.SUNSET RIDGE DR.       Name         Number       Street         State       ZIP Code         City       State       ZIP Code         Contact phone       City       State         Contact phone       Contact phone       Contact phone         Uniform claim identifier for electronic payments in chapter 13 (if you use one):       Contact phone
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known) Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	Va No Yes. Who made the earlier filing?



P	art 2: Give Informatio	on 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: $333$
7.	How much is the claim?	<ul> <li>s_1047.00</li> <li>Does this amount include interest or other charges?</li> <li>□ No</li> <li>Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</li> </ul>
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
		SERVICES NOT PERFORMED/RENDERED
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:
		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?	Ves. Identify the property:

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12. Is all or part of the claim entitled to priority under	No Ves. Check one:	
11 U.S.C. § 507(a)?		Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	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).	\$
	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).	\$
	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 4/01/19 and every 3 years after that for cases begun on or after	er the date of adjustment.

# Part 3: Sign Below

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The person completing this proof of claim must sign and date it.	Check the appropriate box:
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 to establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.
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 $O_{MM / DD / YYYY}$
	Julia. Hordon
	Print the name of the person who is completing and signing this claim:
	Name JUILE A GTORDON First name Middle name Last name
	Title
	Company Identify the corporate servicer as the company if the authorized agent is a servicer.
	Address 2973 E. SUNSET RIDGE DR.
	SANDY UTAM 84042
	Contact phone <u>BOI-244-1163</u> Email jaordon: SIC Barnel.
	0 com

Account #: 8436480-5

\$1,106.00

\$31.00

Summary of Account Activity		Payment Information
Previous Balance	\$0.00	New Balance
Payments	-\$0.00	Minimum Payment Due
Other Credits	-\$0.00	Payment Due Date
Purchases	+\$1,047.00	Late Payment Warning: If
Other Debits	+\$0.00	above, you may have to pay
Fees Charged	+\$59.00	Minimum Payment Warnin
Interest Charged	+\$0.00	will pay more in interest and
New Balance	\$1,106.00	
Past Due Amount	\$0.00	If you make no addition
Credit Limit	\$10,059.00	charges using this card
Available Credit	\$8,953.00	each month you pay
Statement closing date	10/01/18	0.1.1.
Days in billing cycle	30	Only the minimum paym
		\$47

Pa	ayment Due Date		10/26/18
ab Mi	te Payment Warning: If we d ove, you may have to pay a late inimum Payment Warning: If Il pay more in interest and it will	e fee of up to \$38. you make only the minimu	
	If you make no additional charges using this card and each month you pay	You will pay off the balance shown on this statement in about	And you will end up paying an estimated total of
	Only the minimum payment \$47	6 years 3 years	\$2,235 \$1,692 (Savings = \$543)

If you would like information about credit counseling services, call 877-486-3442.

QUESTIONS?

Call 877-486-3440 or visit us Online: **www.hccredit.com** Lost or Stolen Credit Card: 877-486-3442.

Mail payments to:

HC PROCESSING CENTER®, P.O. BOX

268808, OKLAHOMA CITY OK 73126-8808

Or pay by phone at 877-486-3440 with Access Code 5708.

#### Interest Charge Calculation for Unexpired Deferred Interest Plans, If Any

\*PROMOTION PLAN NOTICE: To avoid finance charges, pay all minimum payments due on time, and pay the deferred interest balance by the promotion expiration date.

Your Annual Percentage Rate (APR) is the annual interest rate on your account. (v) = Variable Rate

Type of Balance	Plan Des	scription	Annual Percentage Rate	Promo Expiration Date *	Deferred Interest Balance *	Deferred Interest Charges	Total Deferred Interest Charges
Promotional Purchases	LightRX D	raper (200)	29.74% (v)	09/26/19	\$1,106.00	\$10.86	\$10.86
Transactions	1406361						
Trans Date	Post Date	Merchant/T	ransaction		***		Amount
09/20/18	09/20/18	LightRX Dra	per (200) - DRAPER UT	- (801) 308-8433			\$1,047.00
				Fees			
09/20/18	09/20/18	Annual Fee TOTAL FEE	S FOR THIS PERIOD				\$59.00 <b>\$59.00</b>
			2018 T	otals Year-to-Date	Contraction of the second		

2010 Totals Teal to Date	
Total fees charged in 2018	\$59.00
Total interest charged in 2018	\$0.00

If you have any questions please visit our website FOR OVERNIGHT MAIL: HC Processing Center <sup>®</sup> , 38			Page 1 of 4
	HC PROCESSING CENTER®	Statement as of 10/01/18	
( HELPcard	PO BOX 708670 SANDY UT 84070-8670	Account Number	8436480-5
E IIII Cald	SANDI OT CHOROGOTO	New Balance	\$1,106.00
5-780-02883-0010452-003-000-010	-000-000	Minimum Payment Due	\$31.00
		Payment Due Date	10/26/18
		AMOUNT ENCLOSED	\$
JULIE A GORDON 2973 E SUNSET RIDGE DR		Make Check Payable to HC Processing Cer There will be a fee of up to \$27 for handing	
SANDY UT 84092-2503		HC PROCESSING CENT	TER®
		P.O. BOX 268808	
		<b>OKLAHOMA CITY OK 7</b>	3126-8808

Trans Date

Account #: 8436480-5

-\$100.00

Summary of	Account Activity	Pay	ment Information			the second second
Previous Balance	ce	\$1,106.00 New	Balance			\$1,006.00
Payments		-\$100.00 Minir	num Payment Due			\$31.00
Other Credits		-\$0.00 Payn	nent Due Date			11/26/18
Purchases		+\$0.00 Late	Payment Warning: If	we do not receive v	our minimum oavmer	t by the date listed
ther Debits			e, you may have to pay			,
ees Charged			mum Payment Warning			t each period, you
terest Charge	ed		ay more in interest and	it will take you longe	r to pay off your balan	ce. For example:
ew Balance		\$1,006.00				
ast Due Amou	int	\$0.00	If you make no additiona			ou will end up
edit Limit		\$10,059.00 C	harges using this card a each month you pay	nd balance show statement in a		n estimated total of
ailable Credit		\$9,053.00	caen monar you puy			
atement closi	5	11/01/18	Only the minimum payme	ent 5 year	s	\$1.947
ys in billing c	cycle	31	, , , ,			
			\$43	3 year	5	\$1,548
					(Savi	ings = \$399)
ail payments HC PROCES 268808, OKI pay by phon	SSING CENTER <sup>®</sup> , P.O. BOX LAHOMA CITY OK 73126-88 e at 877-486-3440 with Acces • Calculation for Unexpired	08 s Code 5708. Deferred Interest Plan				
PROMOTION promotion exp					the deferred interes	t balance by the
PROMOTION romotion exp our Annual Pe		annual interest rate on	your account. (v) = Varia	able Rate		
PROMOTION promotion exp	iration date.		your account. (v) = Varia		Deferred Interest Charges	t balance by the Total Deferred Interest Charges

	LAN NOTICE: To avoid fination date.	ance charges, pay all m	inimum payments o	lue on time, and pay	the deferred interest	balance by the
I Pe	centage Rate (APR) is the	annual interest rate on yo	ur account. (v) = Var	iable Rate	entransi ()	
	Plan Description	Annual Percentage Rate	Promo Expiration Date *	Deferred Interest Balance *	Deferred Interest Charges	Total Deferred Interest Charges
	LightRX Draper (200)	29.99% (v)	09/26/19	\$1,006.00	\$26.86	\$37.72

10/13/18	10/13/18	Thank you for Payment	
		2018 Totals Year-to-Date	

	2010 10113 101100	
	Total fees charged in 2018	\$59.00
	Total interest charged in 2018	\$0.00
_		

ou have any questions please visit our web R OVERNIGHT MAIL: HC Processing Center®	site at <u>www.hccredit.com</u> or call 877-486-3440. , 380 Data Drive, Suite 200, Draper UT 84020		Page 1 o
	HC PROCESSING CENTER®	Statement as of 11/01/18	
HELPcard	PO BOX 708670 SANDY UT 84070-8670	Account Number	8436480-5
THELICald		New Balance	\$1,006.00
2-780-02907-0010077-003-000-0	010-000-000	Minimum Payment Due	\$31.00
		Payment Due Date	11/26/18
		AMOUNT ENCLOSED	\$
JULIE A GORDON 2973 E SUNSET RIDGE DR		Make Check Payable to HC Processing Cen There will be a fee of up to \$27 for handling	
SANDY UT 84092-2503		<b>HC PROCESSING CENTER®</b>	
		P.O. BOX 268808	
		OKLAHOMA CITY OK 73	3126-8808

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Account #: 8436480-5

Summary of	Account Activity		and the former the second			
-	Account Activity	Contraction and a second	ment Information			
Previous Balan	ce		Balance			\$506.00
Payments			num Payment Due			\$31.00
Duraharan (20.00)			ient Due Date			12/26/18
Other Del: 10		+\$0.00 Late	Payment Warning: If we	e do not receive your minin	mum payment	by the date liste
Other Debits			e, you may have to pay a l	ate fee of up to \$38.		
Fees Charged				If you make only the minir		
Interest Charg	ed	+\$0.00 will pa	ay more in interest and it v	will take you longer to pay (	off your balanc	e. For example:
New Balance		\$506.00	If you make no additional	You will pay off the		
Past Due Amount \$0.00			harges using this card and			will end up estimated total
Credit Limit Available Credit		\$10,033.00	each month you pay	statement in about		of
Statement closi		\$9,553.00 12/01/18		•		
Days in billing o	5	30 0	nly the minimum payment	22 months	5	\$662
Lost or Stolen Cri Mail payments	0 or visit us Online: www.hccre edit Card: 877-486-3442. to: SSING CENTER®, P.O. BOX	edit.com				
268808, OKI Or pay by phon Interest Charge PROMOTION promotion expl		s Code 5708. Deferred Interest Plans ance charges, pay all n	ninimum payments due	6 (5)	erred interest	balance by the
268808, OKI Or pay by phon Interest Charge PROMOTION FOROMOTION FOROMOTION	e at 877-486-3440 with Acces e Calculation for Unexpired I PLAN NOTICE: To avoid fina	s Code 5708. Deferred Interest Plans ance charges, pay all n annual interest rate on yo	ninimum payments due our account. (v) = Variable	e Rate		-
268808, OKI Or pay by phon Interest Charge "PROMOTION promotion expi Your Annual Pe Type of Balance	e at 877-486-3440 with Acces e Calculation for Unexpired I PLAN NOTICE: To avoid fina iration date.	s Code 5708. Deferred Interest Plans ance charges, pay all n annual interest rate on yo	ninimum payments due our account. (v) = Variable	e Rate eferred Interest   Deferr	erred interest ed Interest harges	balance by the Total Deferred Interest Charge
268808, OKI Or pay by phon Interest Charge PROMOTION promotion expi Your Annual Per Type of Balance	e at 877-486-3440 with Acces e Calculation for Unexpired I PLAN NOTICE: To avoid fina iration date. ercentage Rate (APR) is the a	s Code 5708. Deferred Interest Plans ance charges, pay all n innual interest rate on you Annual Percentage	ninimum payments due our account. (v) = Variable Promo Expiration De	e Rate eferred Interest Deferr Balance * Cl	ed Interest	Total Deferred
268808, OKI Or pay by phon Interest Charge PROMOTION promotion expi Your Annual Pe Type of Balance Promotional	e at 877-486-3440 with Acces e Calculation for Unexpired I PLAN NOTICE: To avoid fina iration date. ercentage Rate (APR) is the a Plan Description	s Code 5708. Deferred Interest Plans ance charges, pay all m innual interest rate on you Annual Percentage Rate	ninimum payments due pur account. (v) = Variable Promo Expiration De Date *	e Rate eferred Interest Deferr Balance * Cl	ed Interest harges	Total Deferred Interest Charge
268808, OKI Or pay by phon Interest Charge PROMOTION promotion expi Your Annual Pe Type of Balance Promotional Purchases	e at 877-486-3440 with Acces e Calculation for Unexpired I PLAN NOTICE: To avoid fina iration date. ercentage Rate (APR) is the a Plan Description	s Code 5708. Deferred Interest Plans ance charges, pay all n annual interest rate on yo Annual Percentage Rate 29.99% (v)	ninimum payments due pur account. (v) = Variable Promo Expiration De Date *	e Rate eferred Interest Deferr Balance * Cl	ed Interest harges	Total Deferred Interest Charge
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268808, OKI Or pay by phon Interest Charge PROMOTION Promotion expi Your Annual Pe Type of Balance Promotional Purchases Transactions	e at 877-486-3440 with Access e Calculation for Unexpired I PLAN NOTICE: To avoid fina iration date. ercentage Rate (APR) is the a Plan Description LightRX Draper (200)	s Code 5708. Deferred Interest Plans ance charges, pay all n innual interest rate on you Annual Percentage Rate 29.99% (v) ansaction r Payment	ninimum payments due our account. (v) = Variable Promo Expiration De Date * 09/26/19	e Rate eferred Interest Deferr Balance * Cl \$506.00 \$	ed Interest harges	Total Deferrec Interest Charge \$60.34
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268808, OKI Or pay by phon Interest Charge PROMOTION formotion expired Your Annual Per Type of Balance Promotional Purchases Transactions Trans Date	e at 877-486-3440 with Access e Calculation for Unexpired I PLAN NOTICE: To avoid fina iration date. ercentage Rate (APR) is the a Plan Description LightRX Draper (200) Post Date Merchant/Tr 11/26/18 Thank you for Total f	s Code 5708. Deferred Interest Plans ance charges, pay all n innual interest rate on you Annual Percentage Rate 29.99% (v) ansaction r Payment	ninimum payments due our account. (v) = Variable Promo Expiration De Date * 09/26/19	e Rate eferred Interest Deferr Balance * Cl \$506.00 \$	ed Interest harges	Total Deferred Interest Charge \$60.34 Amoun

you have any questions please visit our website OR OVERNIGHT MAIL: HC Processing Center®, 3			Page 1
	HC PROCESSING CENTER®	Statement as of 12/01/18	
HELPcard	PO BOX 708670 SANDY UT 84070-8670	Account Number	8436480-5
		New Balance	\$506.00
1-780-02931-0009570-002-000-010	-000-000	Minimum Payment Due	\$31.00
		Payment Due Date	12/26/18
		AMOUNT ENCLOSED	\$
JULIE A GORDON 2973 E SUNSET RIDGE DR		Make Check Payable to HC Processing Cen There will be a fee of up to \$27 for handling i	
SANDY UT 84092-2503		HC PROCESSING CENTER®	
		P.O. BOX 268808	
		OKLAHOMA CITY OK 73	3126-8808

Account #: 8436480-5

Summary of /	Account Act	tivity	Payment Information	
Previous Balance	е	\$506.00	New Balance	\$0.00
Payments		-\$506.00	Minimum Payment Due	\$0.00
Other Credits		-\$0.00	Payment Due Date	01/26/19
Purchases		+\$0.00		
Other Debits		+\$0.00		
Fees Charged		+\$0.00	If you would like information about and it as	
Interest Charge	d	+\$0.00	If you would like information about credit cou	Inseling services, call 877-486-3442.
New Balance		\$0.00		
Past Due Amoun	nt	\$0.00		
Credit Limit		\$10,059.00		
Available Credit		\$10,059.00		
Statement closin	ng date	01/01/19		
Days in billing cy	/cle	31		
QUESTIONS? Call 877-486-3440 Lost or Stolen Crec		e: <b>www.hccredit.com</b> 6-3442.		
268808, OKL	SING CENTER AHOMA CITY	OK 73126-8808		
Or pay by phone	at 877-486-34	40 with Access Code 5708.		
Transactions	<b>Rodel</b> a est			
Trans Date	Post Date	Merchant/Transaction		Amount
12/17/18	12/17/18	Thank you for Payment		-\$506.00

2018 Totals Year-to-Da	ite
Total fees charged in 2018	\$59.00
Total interest charged in 2018	\$0.00

	HC PROCESSING CENTER <sup>®</sup> PO BOX 708670 SANDY UT 84070-8670	Statement as of 01/01/19	
HELPcard		Account Number	8436480-5
Timmeard	SAMET OF 04070-0070	New Balance	\$0.00
5-780-02955-0009100-002-000-01	0-000-000	Minimum Payment Due	\$0.00
		Payment Due Date	01/26/19
		AMOUNT ENCLOSED	S
JULIE A GORDON 2973 E SUNSET RIDGE DR		Make Check Payable to HC Processing Cent There will be a fee of up to \$27 for handling ri	
SANDY UT 84092-2503		HC PROCESSING CENT	ER®
		P.O. BOX 268808	
		OKLAHOMA CITY OK 73	126-8808

### PROOF OF CLAIM FILING INFORMATION FOR

### BODY CONTOUR VENTURES, LLC

#### CASE NO. 19-42510

### US BANKRUPTCY COURT, EASTERN DISTRICT OF MICHIGAN

#### (See Attached Schedule of All Debtors)

General Bar Date: July 1, 2019

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Governmental Bar Date: September 30, 2019

General Administrative Bar Date: TBD

You may file your claim online at: <u>www.bmcgroup.com/LightRx</u> (click on <u>File A Claim</u> tab) or send completed Proofs of Claim to:

If by Regular Mail: BMC Group Attn: LightRx Claims Processing PO Box 90100 Los Angeles, CA 90009 If by Messenger or Overnight Delivery: BMC Group Attn: LightRx Claims Processing 3732 West 120th Street Hawthorne, CA 90250