

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

RECEIVED

JUL 02 2019

BMC GROUP

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?	<u>Texas Comptroller of Public Accounts</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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Office of the Attorney General - Bankruptcy & Collections Division Name <u>P.O. Box 12548, MC-008</u> Number Street <u>Austin TX 78711</u> City State ZIP Code Contact phone <u>(512) 463-2173</u> Contact email <u>bankruptcytax@oag.texas.gov</u>	Where should payments to the creditor be sent? (if different) Revenue Accounting Division - Attention: Bankruptcy Name <u>P.O. Box 13528</u> Number Street <u>Austin TX 78711</u> City State ZIP Code Contact phone <u>(512) 463-4510</u> Contact email <u>bankruptcysection@cpa.texas.gov</u>
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? _____	

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: 6 1 9 8

7. How much is the claim? \$ 1,050.00. 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 health care information.

Franchise Tax Ch. 171

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: See attached.

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 all that apply:

☐ 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

\$ _____

\$ _____

\$ _____

\$ 1,000.00

\$ _____

\$ _____

* 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 06/19/2019
MM / DD / YYYY

Signature

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

Loretta Hernandez

Name

First name

Middle name

Last name

Title

Accounts Examiner

Company

Texas Comptroller of Public Accounts

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

Address

111 E. 17th Street, Attention: Revenue Accounting Division

Number Street

Austin

City

TX

State

78711

ZIP Code

Contact phone

(512) 463-4510

Email **loretta.hernandez@cpa.texas.gov**

BANKRUPTCY CLAIM WORKSHEET WITH ADDENDUM

6/19/2019	Prepared by: LHER	CHAPTER 11	Case ID Number: 19-42510-pjs
Entity Name: BODY CONTOUR VENTURES, LLC			Bankrupt ID Number: XXXXXXXX6198
Taxpayer Number: XXXXXXXX6198		Bar Date: 7/1/2019	Bankruptcy Date: 2/22/2019
			Judicial/Calc. date: 2/21/2019

Tax ID: 13		Taxing Class: FRANCHISE			Court/District Name: EASTERN MICHIGAN (DETROIT)		
PERIOD	BASIS	GROSS TAX	PAYMENTS	NET TAX	PENALTY	INTEREST	TOTAL
19	E	1,000.00	0.00	1,000.00	0.00	0.00	1,000.00
18	R	0.00	0.00	0.00	50.00	0.00	50.00
NET TOTAL STATE				1,000.00	50.00	0.00	1,050.00

Tax ID:		Taxing Class:					
PERIOD	BASIS	GROSS TAX	PAYMENTS	NET TAX	PENALTY	INTEREST	TOTAL
NET TOTAL LOCAL				0.00	0.00	0.00	0.00
NET TOTAL STATE AND LOCAL				1,000.00	50.00	0.00	1,050.00

ORIGINAL PRIORITY PROOF OF CLAIM

GRAND TOTAL **\$1,050.00**

R -Tax Return	A - Audit	SA -Successor Assessment
E -Estimated Tax Return	EA -Estimated Audit	PA -Predecessor Assessment
F -Final Return	RE -Reporting Entity for Combined Group	OOB -Out of Business Date

Addendum:

Claim is based on statute. No other supporting documentation is required. Creditor reserves all setoff rights under Texas law, including those arising from audits, credits, refunds, or payments due for goods and services provided to the State of Texas. This claim is based, in whole or in part, on estimated liability due to the debtor's non-filing of a return or returns. The claim may be amended when actual amounts are obtained. This claim may be amended based on Debtor's filing of amended tax returns/reports.



GLENN HEGAR TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

P.O. Box 13528 • Austin, TX 78711-3528

June 26, 2019

BMC Group
Attn: LightRx Claims Processing
P.O. Box 90100
Los Angeles, CA 90009

Re:

Taxpayer Number	Taxpayer Name	Case Number
XXXXXXXX6198	BODY CONTOUR VENTURES, LLC	19-42510

In the above-captioned proceeding, the State of Texas submits for your office to file the enclosed Pre-petition Tax Claims.

The Comptroller of Public Accounts will be represented in this proceeding by the Office of the Attorney General. Please direct all notices and correspondence to:

Office of the Attorney General
Bankruptcy – Collections Division MC-008
PO Box 12548
Austin, TX 78711-2548

Attached is an extra copy of the proof of claims. Please stamp the copy with the date received and return in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

Sincerely,

Loretta Hernandez
Accounts Examiner
Bankruptcy and Liens Section
Revenue Accounting Division

Enclosures