

Fill in this information to identify the case:

Debtor 1 19-42510-PJS-Body Contour Ventures LLC
Debtor 2 (Spouse, if filing) _____
United States Bankruptcy Court for the Eastern District of Michigan
Case number 19-4251-PJS

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JUL 02 2019
BMC GROUP

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? Michele Palmer
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?
Michele Palmer
Name
1525 Pennsylvania Ave NW
Number Street
Champlin, MN 55316
City State ZIP Code
Where should payments to the creditor be sent? (if different)
Name
Number Street
City State ZIP Code
Contact phone 763 458-3005
Contact email Gabby.palmer@comcast.net
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? \$ 2,850⁰⁰. 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.
Services performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.

Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- | | Amount entitled to priority |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 6/27/2019
MM / DD / YYYY

Michele Palmer

 Signature

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

Name Michele Belores Palmer
First name Middle name Last name

Title _____

Company _____

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

Address 1525 Pennsylvania Ave No
Number Street

Champlin MN 55316
City State ZIP Code

Contact phone 763 458-3005 Email Gabby.palmer@comcast.net

See Attachments

Professional Services By
 LightRx Maple Grove
 11720 Elm Creek Boulevard
 Building A, Suite 140
 Maple Grove, MN 55369

Invoice Balance	Invoice Number
\$0.00	02721441
Minimum Due	Amount Enclosed
\$0.00	

For Billing Questions: (952) 444-6522

Payment Due Date	05/11/2018
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michele palmer
 , 55316



Date	Description	Charges	Credits	Balance
05/11/2018	Consultation 1 @ \$0.00 - No Tax	\$0.00		\$0.00
05/11/2018	SculpSure Thighs (Front) 1 @ \$2,500.00 - No Tax	\$2,500.00		\$2,500.00
05/11/2018	Package Venus Legacy Arms 10 Tx 1 @ \$2,500.00 - No Tax	\$2,500.00		\$5,000.00
05/11/2018	Package Venus Legacy Knees 10 Tx 1 @ \$2,500.00 - No Tax	\$2,500.00		\$7,500.00
05/11/2018	SD:70% Off Open House Discount		\$5,250.00	\$2,250.00
05/11/2018	Visa Payment		\$2,250.00	\$0.00
05/11/2018			Balance:	\$0.00

Signature: _____ Date: 05/11/2018

Thank you for your recent purchase at LightRx of Maple Grove. Please keep this receipt for your records. *LightRx Lifetime Promise ♦ In the event that after 8 Laser Hair Removal treatments you feel additional treatments are needed (in the purchased area) you will receive 2 additional treatments free of charge. Any further treatments, may be purchased at 90% off the current per treatment price. *Cancellation Policy: LightRx requires a 24 hour advance notice to cancel an appointment. Clients who miss an appointment without the required 24 hour notice are subject to a \$50 cancellation fee.

BMC Group,

6/27/2019

I do not have the receipt for \$600.00 of services I paid for and never received. Also the \$2,250.00 is for services I received that showed no results. Scheduled an appt at the Maple Grove location to discuss but when I went there the clinic was vacant and I made numerous calls to the Edina location and also the answering service with no return call. The treatments were suppose to be guaranteed and with no results would like a refund on this also. That's a lot of money to lose and with the clinics closing I had no way of discussing with them and when the Edina location was still open no one ever returned my calls. Very frustrating

Thank-You

Michele Palmer