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, Detroit Division				
Case number	19-42510-pjs			

E-Filed on 07/11/2019 Claim # 1174

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?			entity to be paid for this cl	laim)				
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom	☑ No ☑ Yes. From whom?						
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)				
		Tiffany Henderson							
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name			Name				
		3526 Lehi drive Number Street			Number Street				
		Memphis	TN	38128					
		City	State	ZIP Code	City	State	ZIP Code		
		Contact phone (901) 337-5550			Contact phone				
		Contact email tiffanyh	enderson2009@y	yahoo.com	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 numb	ber on court claim	s registry (if known) _		Filed on	O / YYYY		
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made	the earlier filing?						

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? Very 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 earnings						
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 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	□ No						
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:				Amount entitled to priority	y	
A claim may be partly priority and partly	☐ Domestic support obligations (including alimony and child support) under					\$0.0)0
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		to \$2,850* of deposits toward purchase, lease, or rental of property or services for sonal, family, or household use. 11 U.S.C. § 507(a)(7).					00
chance to phoney.	Wages, bankrup 11 U.S.0	\$1,500.0	00				
	_	r penalties owed to governmen	tal units. 11 U.S.C. § 50	07(a)(8).		\$	00
	☐ Contribu	itions to an employee benefit p	lan. 11 U.S.C. § 507(a)	(5).		\$0.0)0
	_	specify subsection of 11 U.S.C.	- , ,	. ,		\$0.0	00
		re subject to adjustment on 4/01/19			gun on or afte	r the date of adjustment.	
					-		_
Part 3: Sign Below							
The person completing this proof of claim must	Check the appro	priate box:					
sign and date it.	I am the cre	ditor.					
FRBP 9011(b).		ditor's attorney or authorized a	•				
If you file this claim electronically, FRBP	_	stee, or the debtor, or their auth					
5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules specifying what a signature							
is.		t an authorized signature on thi aim, the creditor gave the debto					
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 07/11/2019 MM / DD / YYYY						
	Tiffany Hende	rson					
	Signature						
Print the name of the person who is completing and signing this claim:							
	Name	Tiffany Henderson					_
		First name	Middle name	I	_ast 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 .			_

Attachment 1 - 814C5444-5AE6-4CF2-ACAB-53936F806A08.png Description -

Attachment 2 - 32595723-6933-4258-8713-74722B433E26.png
Description -

Attachment 3 - E4AA37B9-EA4A-412F-8799-131917F5505D.png
Description -

Attachment 4 - 47D0FDB1-51B3-4E05-A137-1527F8A00B94.png
Description -

Attachment 5 - B4CD6FDA-A989-4FF8-854A-2BF420B88489.png Description -

Attachment 6 - 1663C550-1242-4C05-9C9A-13E7AEBC5E9E.png
Description -