

Fill in this information to identify the case:

Debtor 1 Body Contour Ventures LLC ; LightRX Face & Body
Debtor 2 (Spouse, if filing) _____
United States Bankruptcy Court for the: Eastern District of Michigan
Case number 2:2019bk42510 Body Contour Ventures, LLC

RECEIVED

JUL 09 2019

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?

Ava Kunkler

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?

Ava Kunkler

Name

2916 Shalimar Cir

Number Street

Fort Wayne IN

City

State

46808

ZIP Code

Contact phone (260) 766-0013

Contact email kunkleram@cougars.sf.edu

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) 13626430

BBB ID: _____

Filed on

6/18/2019
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? \$ 1,440.00 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.

Services not given, location closed

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).

Amount entitled to priority

\$ _____

☐ 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.

\$ _____

* 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

6/21/2019
MM / DD / YYYY


Signature

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

Name

Ava
First name

Maure
Middle name

Kunkler
Last name

Title

Company

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

Address

2916 Shalimar Cir
Number Street

Fort Wayne
City

IN ; 46808
State ZIP Code

Contact phone

(260) 766-0013

Email

kunkleram@couriers.sf.edu



LightRx Fort Wayne

Inkler, Ava M

11

11 February

Do not

ATTEND ANY SCHEDULED APPOINTMENTS IN FORT WAYNE LIGHTRX!! We regret to inform you that location has been closed. We will reach out to investigate to see if there is any available refund for unused treatments only. We are very sorry but th

V. Jefferson Blvd., Ft. Wayne, IN 46804
8-6862
e@lightrx.com

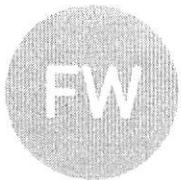
ght in front of the Covington Plaza, next to Verizon. Also across the street from 'Chops' steakhouse.

id Location Details: <http://www.lightrx.com/fort-wayne/>

Reply

Thank you,
Ava

Get [Outlook for Android](#)



Fort Wayne LightRx
Kunkler, Ava M

12/04/2018



I apologize and I'm unsure why the other areas were not treated as the appointment shows all those areas. The technician who treated you was not in today but I will make sure and ask and I apologize for the misunderstanding. Your next appointment shows all areas. Please reach out to me if you have any further questions

APR 23 POS PUR TARGET I -
2018 7239 TARGET T-1102 - \$24.17

MAR 20 POS PUR LRX FORT W -
2018 7239 LRX FORT WAYNE

- \$1,440.00

Account Details

Description:

POS PUR LRX FORT W - 7239 LRX FORT WAYNE
LLC FARMINGTON HI MI

Date:

3/20/2018

Type:

Debit

MAR 19 POS PUR FRESH MKT- -
2018 7239 FRESH MKT-064 - \$8.98

MAR 19 POS PUR ALDI 44057 -
2018 7239 ALDI 44057 FOR - \$13.23