

**Fill in this information to identify the case:**

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

**FILED**  
 U.S. Bankruptcy Court  
 Eastern District of Michigan  
 7/15/2019  
 Katherine B. Gullo, Clerk

**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**

<b>1. Who is the current creditor?</b>	South Carolina Department of Revenue	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b> South Carolina Department of Revenue  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Name P.O. Box 12265 Columbia, SC 29211-9979  Contact phone 803-898-5130 Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one):	<b>Where should payments to the creditor be sent? (if different)</b>  Name  Contact phone Contact email
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)	
	Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

page 1

LIGHTRX POC  
  
 01181

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">7898</div></div>
<b>7. How much is the claim?</b>	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>500.00</u></div><div><b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
<b>8. What is the basis of the claim?</b>	<p>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 healthcare information.</p> <p style="text-align: center;">Taxes</p> <hr/>
<b>9. Is all or part of the claim secured?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div><b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: <hr/></div> <div><b>Basis for perfection:</b> <hr/></div> <p>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.)</p> <div style="display: flex; justify-content: space-between;"><div><b>Value of property:</b></div><div>\$ <hr/></div></div> <div style="display: flex; justify-content: space-between;"><div><b>Amount of the claim that is secured:</b></div><div>\$ <hr/></div></div> <div style="display: flex; justify-content: space-between;"><div><b>Amount of the claim that is unsecured:</b></div><div>\$ <hr/></div><div style="font-size: small;">(The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div><b>Amount necessary to cure any default as of the date of the petition:</b></div><div>\$ <hr/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>Annual Interest Rate</b> (when case was filed)</div><div><hr/> %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
<b>10. Is this claim based on a lease?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ <hr/></div>
<b>11. Is this claim subject to a right of setoff?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: <hr/></div>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<b>Amount entitled to priority</b>
		<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 checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 500.00
		<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 7/15/2019  
MM / DD / YYYY

/s/ Herman C. Harrington

Signature

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

Name	<u>Herman C. Harrington</u>		
	First name	Middle name	Last name
Title	<u>Paralegal</u>		
Company	<u>SCDOR</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>P.O. Box 12265</u>		
	Number Street <u>Columbia, SC 29211-9979</u>		
	City	State	ZIP Code
Contact phone	<u>803-898-5130</u>		Email <u>_____</u>

135

Issued:  
12-Jul-2019



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**Bankruptcy Debt List**

(Rev. 08/10/17)  
0012

Case #: 19-42510MI

Name BODY CONTOUR VENTURES LLC

**Proof of Claim is based on the following taxes:**

File Number	Account Type	Filing Period	Priority	Tax	Penalty	Interest	Total	Liened Date	Date Assessed
100860098	Withholding Tax	31-Mar-2019	P	\$500.00	\$0.00	\$0.00	\$500.00		
				<b>\$500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$500.00</b>		

**Priority: \$500.00**

**Secured: \$0.00**

**Unsecured: \$0.00**

# Eastern District of Michigan Claims Register

## [19-42510-pjs Body Contour Ventures, LLC](#)

**Judge:** Phillip J Shefferly

**Chapter:** 11

**Office:** Detroit

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):** 09/30/2019

*Creditor:* (26053991)  
South Carolina Department of  
Revenue  
P.O. Box 12265  
Columbia, SC 29211-9979

**Claim No:** 140  
*Original Filed*  
*Date:* 07/15/2019  
*Original Entered*  
*Date:* 07/15/2019

*Status:*  
*Filed by:* CR  
*Entered by:* ePOC  
*Modified:*

Amount claimed: \$500.00

Priority claimed: \$500.00

### *History:*

[Details](#) [140-1](#) 07/15/2019 Claim #140 filed by South Carolina Department of Revenue, Amount claimed: \$500.00 (ePOC)

### *Description:*

*Remarks:* (140-1) Account Number (last 4 digits):7898

## Claims Register Summary

**Case Name:** Body Contour Ventures, LLC

**Case Number:** 19-42510-pjs

**Chapter:** 11

**Date Filed:** 02/22/2019

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$500.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>	\$500.00	
<b>Administrative</b>		