

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 MichiganCase number: 19-42510**FILED**U.S. Bankruptcy Court
Eastern District of Michigan

8/19/2019

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

1. Who is the current creditor?	City of Dearborn	
	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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	City of Dearborn	
	Name	Name
	Finance Dept-Treasury Division 16901 Michigan Ave Ste 21 Dearborn, MI 48126-2967	
	Contact phone <u>3139432035</u>	Contact phone _____
	Contact email <u>wdebiasi@ci.dearborn.mi.us</u>	Contact email _____
	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? _____	

Official Form 410

Proof of Claim

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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?	<div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</div></div>
7. How much is the claim?	<div style="display: flex; align-items: flex-start;"><div style="margin-right: 20px;">\$ 60.66 _____</div><div>Does this amount include interest or other charges? <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>
8. What is the basis of the claim?	<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>
9. Is all or part of the claim secured?	<div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div><div>Nature of property: <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: _____</div></div> <div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;">Basis for perfection:</div><div>_____</div></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; align-items: flex-start; margin-top: 10px;"><div style="margin-right: 10px;">Value of property:</div><div>\$ _____</div></div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"><div style="margin-right: 10px;">Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"><div style="margin-right: 10px;">Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; align-items: flex-start; margin-top: 20px;"><div style="margin-right: 10px;">Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"><div style="margin-right: 10px;">Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div></div>
11. Is this claim subject to a right of setoff?	<div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div></div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 checked="" 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)(<u> </u>) that applies	\$ _____ \$ _____ \$ _____ \$ 60.66 \$ _____ \$ _____
* 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 8/19/2019
MM / DD / YYYY

/s/ BRITTANY JOHNSON

Signature

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

Name	BRITTANY JOHNSON		
	First name	Middle name	Last name
Title	law clerk		
Company	City of Dearborn Department of Law		
	Identify the corporate servicer as the company if the authorized agent is a servicer		
Address	16901 michigan ave		
	Number	Street	
	dearborn, MI 48124		
	City	State	ZIP Code
Contact phone	3139432035		Email
			bjohnson@ci.dearborn.mi.us

**CITY OF DEARBORN
DELINQUENT PERSONAL PROPERTY TAX NOTICE**



DEARBORN ADMINISTRATIVE CENTER
FINANCE DEPT-TREASURY DIVISION
16901 MICHIGAN AVE STE #21
DEARBORN MI 48126-2967

LIGHT RX

22223 MICHIGAN
DEARBORN MI 48124

PROPERTY INFORMATION

Property Number: 84 00 010 48 705
School Dist: 82030
Property Address:
22223 MICHIGAN
DEARBORN MI 48124

Legal Description:
PERSONAL PROPERTY;

YOUR PERSONAL PROPERTY TAXES REMAIN UNPAID. IF YOU HAVE QUESTIONS, PLEASE CONTACT TREASURY ADMINISTRATIVE ASSISTANT COURTNEY SKORA AT (313) 943-2435 M-F 8 AM TO 5 PM.

ACCORDING TO THE MICHIGAN GENERAL PROPERTY TAX ACT, ANY BUSINESS OPERATING IN A TAXING JURISDICTION ON DECEMBER 31 (TAX DAY) IS LEGALLY RESPONSIBLE FOR PAYMENT OF THE PROPERTY TAXES LEVIED IN FOLLOWED YEAR (MCL SEC. 211.2). THIS TAX LIEN DOES NOT TERMINATE EVEN IF THE BUSINESS CEASES OPERATION DURING THE SUBSEQUENT YEAR.

DELINQUENT TAXES DUE

YEAR	TAX DUE	TOTAL DUE	TOTAL DUE	TOTAL DUE
		IF PAID BY	IF PAID BY	IF PAID BY
		07/31/19	08/31/19	09/30/19
2018	52.74	58.42	58.94	59.47
2017	0.95	1.17	1.19	1.19

PAST DUE

TOTAL	53.69	59.59	60.13	60.66
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UNDER THE PROVISIONS OF THE GENERAL PROPERTY TAX ACT (MCL SEC. 211.47), IF DELINQUENT PERSONAL PROPERTY TAXES ARE NOT PAID, THE LOCAL TREASURER MAY SEIZE THE PERSONAL PROPERTY OF THE BUSINESS (TO BE SOLD AT PUBLIC AUCTION) AND CLOSE THE BUSINESS, IF NECESSARY, TO SECURE THE PROPERTY. IN ADDITION, THE LOCAL TREASURER MAY SUE THE BUSINESS AND GARNISH ANY DEBTOR(S) OF THE BUSINESS IN ORDER TO COLLECT THE TAXES. THE TAX ROLL SHALL BE PRIMA FACIE EVIDENCE OF THE DEBT SOUGHT TO BE RECOVERED.

IN ORDER TO AVOID ANY OF THE ABOVE NOTED COLLECTION MEASURES, YOU MUST PAY YOUR DELINQUENT TAXES IN FULL

YOUR PROMPT PAYMENT AND ATTENTION TO THIS MATTER IS GREATLY APPRECIATED.

Please detach along perforation. Keep the top portion for your records.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.



Mail payments to:

DEARBORN ADMINISTRATIVE CENTER
FINANCE DEPT-TREASURY DIVISION
16901 MICHIGAN AVE STE #21
DEARBORN MI 48126-2967

Delinquent Tax for Property Number:

84 00 010 48 705

PAST DUE

DELINQUENT NOTICE

MAKE CHECK PAYABLE TO:

CITY OF DEARBORN

Property Address:
22223 MICHIGAN
DEARBORN MI 48124

LIGHT RX

22223 MICHIGAN
DEARBORN MI 48124

Due if paid by 07/31/19	59.59
Due if paid by 08/31/19	60.13
Due if paid by 09/30/19	60.66

TAXPAYER NOTE: Are your name & mailing address correct? If not, please make corrections below. Thank You.

Amount Remitted: _____

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: (25821344)

Claim No: 146

Status:

City of Dearborn

Original Filed

Filed by: CR

Finance Dept-Treasury Division

Date: 08/19/2019

Entered by: ePOC

16901 Michigan Ave Ste 21

Original Entered

Modified:

Dearborn, MI 48126-2967

Date: 08/19/2019

Amount claimed: \$60.66

Priority claimed: \$60.66

History:

[Details](#) [146-1](#) 08/19/2019 Claim #146 filed by City of Dearborn, Amount claimed: \$60.66 (ePOC)

Description:

Remarks:

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

Total Amount Claimed*	\$60.66
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority	\$60.66	
Administrative		