

FILED 19 SEP 6 PM 1:44
US BANKRUPTCY COURT ME-DET

Fill in this information to identify the case:

Debtor 1 Light RX

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Michigan

Case number 2:2019 bk 42510

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. § 603.

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?	<u>Patricia Sinnott</u> 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? <u>Patricia Sinnott</u> Name <u>35550 West Ave.</u> Number Street <u>Warrenville IL 60555</u> City State ZIP Code Contact phone <u>630-930-2556</u> Contact email <u>sinnottproductions@gmail.com</u>	Where should payments to the creditor be sent? (if different) <u>← Same</u> Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
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? _____		

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? \$ \$1987.48 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 sold never provided

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:

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.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ 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).

\$ _____

☐ 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).

\$ _____

☐ 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 4/01/19 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 29 2019
MM / DD / YYYY

Patricia Sinnott
Signature

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

Name

Patricia M Sinnott
First name Middle name Last name

Title

Company

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

Address

35550 West Avenue
Number Street

Warrenville IL
City State

60555
ZIP Code

Contact phone

630-930-2556

Email

SINNOTTPRODUCTIONS@gmail.com

Itemized Statement

3 pages total showing \$1987.48 to be refunded from LightRX

1. Itemized Statement for \$1987.48
2. Original purchase of \$750.00 paid in full with only 4 neck treatments delivered in total. Those treatments received are useless as all the treatments are required to deliver any result. This required eight treatments needed is from LightRX's own statements regarding the services.
3. HC Processing Center Account for an additional 8 face treatments of \$750.00. This was for an additional set of treatments that were financed by HC Processing. In addition \$487.48 interest charges.

Professional Services By
LightRx Naperville 22 E Chicago Ave #220 Naperville, IL 60540

Invoice Balance	Invoice Number
\$0.00	02336741
Minimum Due	Amount Enclosed
\$0.00	

For Billing Questions: 630-420-4210

Payment Due Date
10/26/2017

Patricia Sinnott
3S550 West Ave
Warrenville, IL 60555



Date	Description	Charges	Credits	Balance
10/26/2017	Consultation 1 @ \$0.00 - No Tax	\$0.00		\$0.00
10/26/2017	Package Venus Legacy Neck 8 Tx 1 @ \$1,499.00 - No Tax	\$1,499.00		\$1,499.00
	Individual Service Discount		\$249.00	\$1,250.00
10/26/2017	Treatment Venus Legacy Face 1 @ \$250.00 - No Tax	\$250.00		\$1,500.00
	Individual Service Discount		\$250.00	\$1,250.00
10/26/2017	SD:\$250 Off - Same Day Discount		\$250.00	\$1,000.00
10/26/2017	SD:\$250 off -- Event Marketing		\$250.00	\$750.00
10/26/2017	Marini Juvenileck 1 @ \$90.00	\$90.00		\$840.00
10/26/2017	Product Tax	\$6.75		\$846.75
10/26/2017	Visa Payment		\$846.75	\$0.00
10/26/2017			Balance:	\$0.00

Signature: _____ Date: 10/26/2017

Thank you for your recent purchase at LightRx of Naperville . 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.

HC Processing Center® Statement of Account

Account #: 8101520-9

07/06/19 through 08/04/19

Summary of Account Activity	
Previous Balance	\$231.59
Payments	-\$50.00
Other Credits	-\$0.00
Purchases	+\$0.00
Other Debits	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$5.89
New Balance	\$187.48
Past Due Amount	\$0.00
Credit Limit	\$2,060.00
Available Credit	\$1,872.52
Statement closing date	08/04/19
Days in billing cycle	30
QUESTIONS?	
Call 877-486-3440 or visit us Online: www.hccredit.com	
Lost or Stolen Credit Card: 877-486-3442.	
Mail payments to:	
HC PROCESSING CENTER®, P.O. BOX	
268808, OKLAHOMA CITY OK 73126-8808	
Or pay by phone at 877-486-3440 with Access Code 4140.	

Payment Information

New Balance	\$187.48
Minimum Payment Due	\$29.00
Payment Due Date	09/03/19

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$38.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of ...
Only the minimum payment	8 months	\$208

If you would like information about credit counseling services, call 877-486-3442.

OCT 31, 2017
~~\$150.00~~
 \$487.48

Transactions			
Trans Date	Post Date	Merchant/Transaction	Amount
08/03/19	08/03/19	Thank you for Payment	-\$50.00
Interest Charged			
		Interest Charge on Purchases	\$5.89
		TOTAL INTEREST FOR THIS PERIOD	\$5.89

2019 Totals Year-to-Date	
Total fees charged in 2019	\$0.00
Total interest charged in 2019	\$77.44