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	<u>19-42510-pjs</u>			

E-Filed on 12/06/2019 Claim # 1205

## 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.

1	Who is the current								
١.	creditor?	Thomas Montecalvo							
		Name of the current creditor (the person or entity to be paid for this claim)							
		Other names the creditor	or used with the debt	or					
2.	Has this claim been	☑ No							
	acquired from someone else?		n?						
3.	Where should notices and payments to the creditor be sent?	Where should notic	es to the credito	or be sent?	Where should pay different)	yments to the creditor	be sent? (if		
		Thomas Montecalvo							
	Federal Rule of Bankruptcy Procedure	Name			Name				
	(FRBP) 2002(g)	7607 Covington Sprii Number Street	ngs Ct		Number Street	t			
		Westerville	ОН	43082					
		City	State	ZIP Code	City	State	ZIP Code		
		Contact phone (614) 5	78-7814		Contact phone				
		Contact email monted	calvotj@gmail.com	<u>n</u>	Contact email				
			. ,	ents in chapter 13 (if you u	use one):				
— 4.	Does this claim amend	<b>☑</b> No							
	one already filed?	☐ Yes. Claim num	ber on court claim	ns registry (if known) _		Filed on MM / DI	D / YYYY		
<u> </u>	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?  I No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).			
3.	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.			
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	ls this claim based on a lease?	✓ No  Yes. Amount necessary to cure any default as of the date of the petition.  \$0.00			
11	. Is this claim subject to a right of setoff?	✓ No  ✓ Yes. Identify the property:			

12. Is all or part of the claim	Ø	No						
entitled to priority under 11 U.S.C. § 507(a)?		Yes. Check	one:				Amount entit	led to priority
A claim may be partly priority and partly nonpriority. For example,			c support obligations (includin c. § 507(a)(1)(A) or (a)(1)(B).	g alimony and child su	upport) under		\$	0.00
in some categories, the law limits the amount entitled to priority.			,850* of deposits toward purcl , family, or household use. 11		of property or	services for	\$	0.00
, ,		bankrupt	salaries, or commissions (up t cy petition is filed or the debto c. § 507(a)(4).	o \$12,850*) earned w or's business ends, wh	ithin 180 days nichever is ea	s before the rlier.	\$	0.00
		☐ Taxes or	penalties owed to governmen	ntal units. 11 U.S.C. §	507(a)(8).		\$	0.00
		☐ Contribu	tions to an employee benefit p	olan. 11 U.S.C. § 507(	a)(5).		\$	0.00
		Other. S	pecify subsection of 11 U.S.C	. § 507(a)() that app	olies.		\$	0.00
		* Amounts ar	re subject to adjustment on 4/01/1	9 and every 3 years after	that for cases	begun on or afte	er the date of adju	ustment.
Part 3: Sign Below								
The person completing this proof of claim must	Chec	ck the approp	oriate box:					
sign and date it.	<b>U</b>	I am the cred	ditor.					
FRBP 9011(b).			ditor's attorney or authorized a	o .				
If you file this claim electronically, FRBP	_		tee, or the debtor, or their aut			04.		
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.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.							
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 dec	clare under p	enalty of perjury that the foreg	oing is true and corre	ct.			
3571.	Executed on date 12/06/2019  MM / DD / YYYY							
	Th	nomas Monte	ecalvo					
		Signature						
	Print	t the name o	of the person who is comple	ting and signing this	s claim:			
	Name	e	Thomas Montecalvo					
			First name	Middle name		Last name		
	Title		N/A					
	Comp	pany	N/A					
			Identify the corporate servicer as	s the company if the auth	orized agent is	a servicer.		
	Addre	ess						
			Number Street					
			City		State	ZIP Code		
	Conta	act phone			Email			

Attachment 1 - LightRXClaim.pdf Description -

### **HC Processing Center® Statement of Account**

Account #: 8372460-8

10/03/18 through 11/02/18

Previous Balance	\$3,559.00
Payments	-\$125.00
Other Credits	-\$0.00
Purchases	+\$0.00
Other Debits	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	\$3,434.00
Past Due Amount	\$0.00
Credit Limit	\$10,059.00
Available Credit	\$6,625.00
Statement closing date	11/02/18
Days in billing cycle	31

Ψ0.00	, , ,
+\$0.00	La
+\$0.00	at
+\$0.00	М
+\$0.00	wi
434.00	
\$0.00	

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 1605.

Payment Information	
New Balance	\$3,434.00
Minimum Payment Due	\$107.00
Payment Due Date	12/01/18

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

linimum Payment Warning: If you make only the minimum payment each period, you ill 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	5 years	\$6,544	
\$146	3 years	\$5,256 (Savings = \$1,288)	

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

#### Interest Charge Calculation for Unexpired Deferred Interest Plans, If Any

\*PROMOTION PLAN NOTICE: To avoid finance charges, pay all minimum payments due on time, and pay the deferred interest balance by the promotion expiration date.

Your Annual Percentage Rate (APR) is the annual interest rate on your account. (v) = Variable Rate

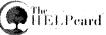
Type of Balance	Plan Description	Annual Percentage Rate	Promo Expiration Date *	Deferred Interest Balance *	Deferred Interest Charges	Total Deferred Interest Charges
Promotional Purchases	LightRX Columbus (200)	29.99% (v)	08/01/19	\$2,134.00	\$57.33	\$198.99
Promotional Purchases	LightRX Columbus (300)	29,99% (v)	08/01/19	\$1,300.00	\$33.52	\$105.29

Transactions			
Trans Date	Post Date	Merchant/Transaction	Amount
10/25/18	10/25/18	Thank you for Payment	-\$125.00

2018 Totals Year-	o-Date
Total fees charged in 2018	\$66.00
Total interest charged in 2018	\$0,00

lf you have any questions please visit our website at <u>www.hccredit.com</u> or call 877-486-3440. FOR OVERNIGHT MAIL: HC Processing Center의 380 Data Drive, Suite 200, Draper UT 84020

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HC PROCESSING CENTER® PO BOX 708670 SANDY UT 84070-8670

5-780-02910-0000240-001-000-000-000-000

THOMAS MONTECALVO 7607 COVINGTON SPRINGS CT WESTERVILLE OH 43082-7915 Statement as of 11/02/18

**Account Number** 

8372460-8 \$3,434.00 \$107.00

New Balance Minimum Payment Due Payment Due Date

12/01/18

AMOUNT ENCLOSED

Make Check Payable to HC Processing Certer There will be a fee of up to \$27 for handling returned psyments.

HC PROCESSING CENTER®

P.O. BOX 268808 OKLAHOMA CITY OK 73126-8808

80445758000000

0010700

Attachment 2 - Light RX claim 2.pdf
Description -

### HC Processing Center® Statement of Account

Account #: 8372460-8

11/03/18 through 12/02/18

<b>Summary of Account Activi</b>	lty -
Previous Balance	\$3,434.00
Payments	-\$3,434.00
Other Credits	-\$0.00
Purchases	+\$0.00
Olher Debits	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	\$0.00
Past Due Amount	\$0.00
Credit Limit	\$10,059.00
Available Credit	\$10,059.00
Statement closing date	12/02/18
Days in billing cycle	30

Payment Information	
New Balance	\$0.00
Minimum Payment Due	\$0.00
Payment Due Date	01/01/19

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

#### 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 1605.

	Transactions			
I	Trans Date	Post Date	Merchant/Transaction	Amount
l	11/17/18	11/17/18	Thank you for Payment	-\$3,434.00

2018 Totals Year-to-Date	
Total fees charged in 2018	\$66.00
Total interest charged in 2018	\$0.00

if you have any questions please visit our website at <u>www.hccredit.com</u> or call 877-486-3440. FOR OVERNIGHT MAIL: HC Processing Center⊚, 380 Data Drive, Suite 200, Draper UT 84020

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HC PROCESSING CENTER® PO BOX 708670 SANDY UT 84070-8670

7-780-02934-0000231-001-000-000-000-000

Minimum Payment Due Payment Due Date

Statement as of 12/02/18 **Account Number** 

New Balance

8372460-8 \$0.00

\$0.00 01/01/19

AMOUNT ENCLOSED

Make Check Payable to HC Processing Center There will be a fee of up to \$27 for handing returned payments.

HC PROCESSING CENTER® P.O. BOX 268808 **OKLAHOMA CITY OK 73126-8808** 

7607 COVINGTON SPRINGS CT WESTERVILLE OH 43082-7915

THOMAS MONTECALVO

80445758000000

0000000

# **RECEIPT**

**LightRx Columbus** 

8729, Sancus Blvd. Columbus Ohio, 43240 Ph: +16145910011



Date

07/24/2018

Receipt #

25190

For

Tom, Montecalvo

7607 Covington Springs Ct

Westerville Ohio 43082

Description	Provider	Standard Price	Adjusted Price	Qty	Tota
Consultation - Hair Removal Consultation	Anne Bentley CD	0.00	0.00	1	0.00
Hair Removal T-Shirt (Half) 10 Tx	Anne Bentley CD	5500.00	2500.00	1	2500.00
Hair Removal Male Grooming 10 Tx	Anne Bentley CD	3500.00	2500.00	1	2500.00
Hair Removal Neck (Back) 10 Tx	Anne Bentley CD	2000.00	833.33	1	833.33
Hair Removal Buttocks 10 Tx	Anne Bentley CD	3500.00	2500.00	1	2500.00
Promo Code - B1530534545	Anne Bentley CD	-5833.33	-5833.33	1	-5833.33
Tax Payable					\$0.00
Total					\$2500.00

Paid By Credit Lender - Help Card

\$2500.00

### **Additional Information**

# **RECEIPT**

**LightRx Columbus** 

8729, Sancus Blvd. Columbus Ohio, 43240

Ph: +16145910011

LIGHTR FACE & BODY

Date

07/27/2018

Receipt # 28479

For

Danita, Montecalvo

7607 Covington Springs Ct

Westerville Ohio 43082

Total					\$1300.00
Tax Payable					\$0.00
Promo Code - B1530534545	Anne Bentley CD	-3033.33	-3033.33	1	-3033.33
Hair Removal Underarms 10 Tx	Anne Bentley CD	2000.00	1033.33	1	1033.33
Hair Removal Brazilian (Peri A) 10 Tx	Anne Bentley CD	4000.00	3300.00	1	3300.00
Consultation - Hair Removal Consultation	Anne Bentley CD	0.00	0.00	1	0.00
Description	Provider	Standard Price	Adjusted Price	Qty	Tota

Paid By Credit Lender - Help Card

\$1300.00

### **Additional Information**