

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 19-42510-pjs

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.

Part 1: Identify the Claim

| | |
|---|--|
| 1. Who is the current creditor? | |
| Thomas Montecalvo 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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? |
| | Where should payments to the creditor be sent? (if different) |
| Thomas Montecalvo Name | _____ |
| 7607 Covington Springs Ct Number Street | _____ |
| Westerville OH 43082 City State ZIP Code | _____ |
| Contact phone (614) 578-7814 | _____ |
| Contact email montecalvoj@gmail.com | _____ |
| 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? | _____ |

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? \$ _____ 3,434.00. 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.

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. \$ _____ 0.00

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

Attachment 1 - LightRXClaim.pdf

Description -

HC Processing Center® Statement of Account

Account #: 8372460-8

10/03/18 through 11/02/18

| Summary of Account Activity | |
|-----------------------------|-------------|
| 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 |

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 |

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 | 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 | Merchan/Transaction | Amount |
| 10/25/18 | 10/25/18 | Thank you for Payment | -\$125.00 |

| 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 www.hccredit.com or call 877-486-3440.
 FOR OVERNIGHT MAIL: HC Processing Center®, 380 Data Drive, Suite 200, Draper UT 84020 Page 1 of 4



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

AMOUNT ENCLOSED \$

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

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

00000083724608

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

| Summary of Account Activity | | Payment Information | |
|--|-------------|--|----------|
| Previous Balance | \$3,434.00 | New Balance | \$0.00 |
| Payments | -\$3,434.00 | Minimum Payment Due | \$0.00 |
| Other Credits | -\$0.00 | Payment Due Date | 01/01/19 |
| Purchases | +\$0.00 | If you would like information about credit counseling services, call 877-486-3442. | |
| Other 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 | | |
| 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 | | | |
|--------------|-----------|-----------------------|-------------|
| Trans Date | Post Date | Merchant/Transaction | Amount |
| 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 www.hccredit.com or call 877-486-3440. Page 1 of 4
 FOR OVERNIGHT MAIL: HC Processing Center®, 380 Data Drive, Suite 200, Draper UT 84020



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

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

THOMAS MONTECALVO
 7607 COVINGTON SPRINGS CT
 WESTERVILLE OH 43082-7915

Statement as of 12/02/18
 Account Number 8372460-8
 New Balance \$0.00
 Minimum Payment Due \$0.00
 Payment Due Date 01/01/19

AMOUNT ENCLOSED \$

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

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

00000083724608 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 | Total |
|--|-----------------|----------------|----------------|-----|------------------|
| 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



Date 07/27/2018

Receipt # 28479

For **Danita, Montecalvo**
7607 Covington Springs Ct
Westerville
Ohio
43082

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

Paid By Credit Lender - Help Card

\$1300.00

Additional Information