Debtor 1	John Q. Hammons Fall 2006, LLC	
Debtor 2 (Spouse, if filing)		
11-14-4 01-4	Bankruptcy Court for the: District of Kansas	
United States		

RECEIVED DEC 1 9 2016 BMC GROUP

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.

•	Who is the current creditor?	BellSouth Teleco Name of the current cred Other names the creditor	itor (the person or entity		im)		
•	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom	?				
	Where should notices and payments to the creditor be sent?	Where should notice c/o AT&T Services, In			Where should payn different)	nents to the creditor	be sent? (if
	Federal Rule of	Name			Name		
	Bankruptcy Procedure (FRBP) 2002(g)	One AT&T Way, Room 3A104					
		Number Street			Number Street		
		Bedminster	NJ	07921			
		City	State	ZIP Code	City	State	ZIP Code
		Contact phone (908) 5	32-1957		Contact phone		
		Contact email km142	6@att.com		Contact email		
		Uniform claim identifier fo	or electronic payments in	n chapter 13 (if you us	e one): 		
	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numb	er on court claims re	gistry (if known)		Filed on	D / YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made t	he earlier filing?				

00324

Official Form 410 Proof of Claim Case 16-21142 Claim 419-1 Filed 12/20/16 Desc Main Document

Page 1 of 5

L	Give information	on 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:8133
7.	How much is the claim?	\$ 70.23 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 performed
9.	Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. Nature of property:
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	☑ No						
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check	one:				Amount entitled to priority	
A claim may be partly priority and partly		ic support obligations (in C. § 507(a)(1)(A) or (a)(1	cluding alimony and child (I)(B).	support) unde	er	\$	
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$5 persons	2,850* of deposits toward al, family, or household u	d purchase, lease, or renta se. 11 U.S.C. § 507(a)(7).	l of property o	or services for	\$	
common or proving.	bankrup	salaries, or commission of the or the C. § 507(a)(4).	s (up to \$12,850*) earned to debtor's business ends, v	within 180 da whichever is e	ys before the arlier.	\$	
	☐ Taxes o	or penalties owed to gove	ernmental units. 11 U.S.C.	§ 507(a)(8).		\$	
	☐ Contrib	utions to an employee be	enefit plan. 11 U.S.C. § 507	7(a)(5).		\$	
	Other. S	Specify subsection of 11	U.S.C. § 507(a)() that a	pplies.		\$	
	* Amounts a	are subject to adjustment on	4/01/19 and every 3 years aft	er that for case	s begun on or afte	er the date of adjustment.	
Part 3: Sign Below	***************************************						
The person completing	Check the appro	opriate hox:					
this proof of claim must sign and date it.	I am the cre						
FRBP 9011(b).		editor's attorney or autho	rized agent.				
If you file this claim	Section 10 No. of the Contract Contract of the		eir authorized agent. Bank	ruptcy Rule 3	004.		
electronically, FRBP 5005(a)(2) authorizes courts			or other codebtor. Bankrup				
to establish local rules							
specifying what a signature is.			on this Proof of Claim ser				
A person who files a	amount of the cl	aim, the creditor gave the	e debtor credit for any pay	ments receive	ed toward the d	ebt.	
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined and correct.	I the information in this F	Proof of Claim and have a r	easonable be	elief that the info	ormation is true	
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.						
3571.	Executed on date	te 12/12/2016 MM / DD / YYYY	=				
	Signature	ureiola.	Jite Co		_		
	Print the name	of the person who is co	ompleting and signing th	is claim:			
	Name	Nereida			Vitela		
		First name	Middle name		Last name		
	Title	Bankruptcy Repre	esentative				
*	Company		mmunications, Inc. vicer as the company if the au	thorized agent	is a servicer.		
	Address	PO Box 769					
		Number Street					
		Arlington		TX	76004		
		City		State	ZIP Code		
	Contact phone	(888) 827-3238		Email	nereida.\	vitela@att.com	

AT&T Corp **Pre-petition Claim Documentation**

Creditor: <u>BellSouth Telecommun</u>	ications, Inc.		_
Debtor 1: <u>John Q. Hammons Fal</u>	l 2006, LLC		
Debtor 2 (Spouse, if filing):			
Court: District of Kansas			
File Date: <u>06/26/2016</u>			
Chapter: 11			
Total Amount Filed: \$ 70.23			
	Billed Amount Due		Last Payment
8133	\$ 70.23	06/25/2016	4/29/2016



JOHN Q HAMMONS HOTFLS C/O ECS JQH PO BOX 6190 ORLANDO FL 32802-6190

Page 1 of 1 Account Number XXXXXXXXX8133 Jun 11, 2016 Billing Date

WebSite att.com

Bill-At-A-Glance	
Previous Bill	47.13
Payment	.00
Adjustments	.00
Past Due - Please Pay Immediately	47.13
Current Charges	46.20
Total Amount Due	\$93.33
Current Charges Due in Full by	Jul 3, 2016

Billing Summary		
Online: att.com/myatt	Page	
Plans and Services 1 866 620-6000	1	46.20
Repair Service: 1 866 620-6900		
Total Current Charges		46.20

Government Fees and Taxes Item		emote Call For easured Local	-				42.00
Local Usage Summary for Local Area DAY NIGHT/WKND Total Total Band Calls Mins Calls Mins 0	Local Us	sage					
DAY NIGHT/WKND Total Total							
Total	Local Us						
Band Calls Mins Calls Mins 0 18 28 8 18 .00 .00 .00		DA	5000 C NO	NIGHT/			
0 18 28 8 18 .00 .00 2. Local Usage Summary Government Fees and Taxes Item No. Description 3. Federal Excise Tax 4. NC - State/Local Tax 2.	04	0-11-		0-11-			
2. Local Usage Summary Government Fees and Taxes Item		Cano					
2. Local Usage Summary Government Fees and Taxes Item No. Description Quantity 3. Federal Excise Tax 1. 4. NC - State/Local Tax 2. 2. 2. 2. 2. 2. 3. 4. 2. 2. 2. 2. 4. 2. 2. 2. 2. 5. 5. 5. 2. 2. 6. 7. 7. 7. 2. 7. 7. 7. 7. 7. 8. 7. 7. 7. 7. 9. 9. 9. 9. 9. 9. 9.	0	18	28	8	18		
Government Fees and Taxes Item						.00	
Item	2. Lo	cal Usage Su	mmary				.00
No. Description Quantity 3. Federal Excise Tax 1. 4. NC - State/Local Tax 2.	Governm	ent Fees and	Taxes				
3. Federal Excise Tax 1. 4. NC - State/Local Tax 2.	Item						
NC - State/Local Tax 2	No. D	escription		Quar	ntity		
11. 112. 21011.7210. 1701	3. Fe	ederal Excise T	ax				1.26
Total Government Fees and Taxos	4. N	C - State/Local	Tax				2.94
Total Obvernment rees and raxes	Total Go	vernment Fees	and Taxes				4.20

News You Can Use

PREVENT DISCONNECT

Thank you for being a valued customer. Please be aware that all charges must be paid each month to keep your account current and prevent collection activities. We are required to inform you that certain charges MUST be paid in order to prevent interruption of basic local service. These charges are already included in the Total Amount Due and are \$93.33. Also, neglecting to pay for remaining charges may result in interruption or removal of these remaining services or further collection action.

MOVING SOON?

Stay connected with AT&T. Please visit us online at att.com/move or call 800.MOVE.ATT (800.668.3288). Moves of Lifeline service must be placed via phone.

News You Can Use Summary

. PREVENT DISCONNECT

MOVING SOON?

See "News You Can Use" for additional information.

Local Services provided by AT&T North Carolina.

Return bottom portion with your check in the enclosed envelope

Total Amount DUE BY Jul 3, 2016

\$93.33

at&t

Past Due Charges - \$47.13 - Please Pay Immediately

Billing Date Jun 11, 2016

Account Number

XXXXXXXXX8133

Please include your account number on your check.

Make checks payable to:

JOHN Q HAMMONS HOTELS C/O ECS JQH PO BOX 6190 ORLANDO FL 32802-6190

AT&T P.O. BOX 105262 ATLANTA, GA 30348-5262

District of Kansas Claims Register

16-21142 John Q. Hammons Fall 2006, LLC

Judge: Robert D. Berger **Chapter:** 11

Office: Kansas City Last Date to file claims: 12/23/2016

Trustee: Last Date to file (Govt):

Creditor: (8629342) Claim No: 419 Status:
Bellsouth Telecommunications Original Filed Filed by: CR

c/o AT&T Services. Inc Date: 12/20/2016 Entered by: Terri Marshall

Karen A. Cavagnaro-Lead Original Entered Modified:

Paralegal *Date*: 12/20/2016

One AT&T Way. Room 3A104

Bedminister, NJ 07291 Amount claimed: \$70.23

History:

<u>Details</u> <u>419-</u> 12/20/2016 Claim #419 filed by Bellsouth Telecommunications, Amount claimed: \$70.23

(Marshall, Terri)

Description: (419-1) Services Performed

Remarks:

Claims Register Summary

Case Name: John Q. Hammons Fall 2006, LLC

Case Number: 16-21142

Chapter: 11

Date Filed: 06/26/2016 **Total Number Of Claims:** 1

Total Amount Claimed*	\$70.23
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		
Administrative		