

Fill in this information to identify the case:

Debtor name: John Q. Hammons Fall 2006, LLC  
United States Bankruptcy Court for the District of Kansas at Kansas City  
Case number (if known): 16-21142-11

See Appendix A to bar date notice for list of debtors and case numbers.

ID: 2531  
PELLERIN LAUNDRY MACH INC  
PO BOX 1137  
KENNER, LA 70063-1137

RECEIVED  
DEC 21 2016  
BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  
**THIS SPACE IS FOR COURT USE ONLY**

04/16

Official Form 410

Proof of Claim

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, except for administrative expenses under 11 U.S.C. § 503(b)(9).

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.

The original of this completed form (faxes not accepted), together with accompanying documentation, must be either (a) delivered to the Claims and Noticing Agent at the address set forth on the Bar Date Notice, or (b) filed using the online Document Filing System (CM/ECF) of the United States Bankruptcy Court for the District of Kansas, in either event so as to be received no later than 5:00 p.m. CST on the December 23, 2016.

Part 1: Identify the Claim

1. Who is the current creditor?  
Pellerin Laundry Machinery Sales Co.  
Name of the current creditor (the person or entity to paid for this claim)  
Other name the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  
 No  
 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)  
Pellerin Laundry Machinery Name  
P.O. Box 1137 Number Street  
Kenner La 70063 City State ZIP Code  
Contact phone 504-912-7751 Contact phone \_\_\_\_\_  
Contact email richard.fulgo@Pellerinlaundry.com Contact email \_\_\_\_\_  
Uniform claim identifier for electronic payments in chapter 13 (if you use one): \_\_\_\_\_

4. Does this claim amend one already filed?  
 No  
 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?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

JQH Ct ID  
00346

**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. 4200

7. How much is the claim? \$ 875.29 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.  
Goods Sold, 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:**

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 all that apply:

|   |          |
|---|----------|
| <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 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)(____) 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.

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?  No

Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ \_\_\_\_\_

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

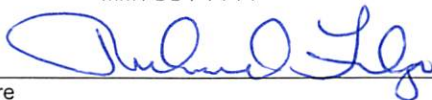
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

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 12/20/2016  
MM / DD / YYYY



Signature

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

Name Richard Fulgo  
First name Middle name Last name

Title Vice President of Administration

Company Pellerin Laundry Machinery Sales Co., Inc  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address P.O. Box 1137  
Number Street

Kenner La 70063  
City State ZIP Code

Contact phone 504-712-7751 Email richard.fulgo@pellerinlaundry.com



39363467002531

PELLERIN LAUNDRY MACH INC  
PO BOX 1137  
KENNER, LA 70063-1137



INVOICE COPY

PELLERIN LAUNDRY MACHINERY SALES COMPANY, INC.

INV 301847

SALES COMPANY  
PO Box 1137  
Kenner LA 70063  
(504) 467-9593

2009 108th St.  
Suite 903  
Grand Prairie, TX 75050  
(972) 641-9590

|                       |                          |                      |
|-----------------------|--------------------------|----------------------|
| Inv. Date<br>04/04/16 | Customer Number<br>14200 | Due Date<br>04/14/16 |
|-----------------------|--------------------------|----------------------|

Delivery Address  
COURTYARD BY MARRIOTT  
210 E. STACY RD.  
ALLEN TX 75002 8732

Invoice Address  
COURTYARD BY MARRIOTT  
210 E. STACY RD.  
ALLEN TX 75002 8732

|                        |                        |                             |           |  |
|------------------------|------------------------|-----------------------------|-----------|--|
| Order Number<br>506675 | Order Date<br>04/04/16 | Salesman<br>PARTS & SERVICE | Reference | Freight Terms<br>Freight prepaid and added |
|------------------------|------------------------|-----------------------------|-----------|--|

|                  |                            |                                   |            |
|------------------|----------------------------|-----------------------------------|------------|
| Your P.O. Number | Terms of Payment<br>Net 10 | Manner of Transport<br>UPS Ground | Goods Mark |
|------------------|----------------------------|-----------------------------------|------------|

Object..... ECHI TRI STAR 32 57288 IRONER/FOLDER/CROSSFOLDER  
 Service reason..... MISC Miscellaneous problems

| Product | Description | Unit | Del.Date | Unit Price | Extended Amount | FOC |
|---------|-------------|------|----------|------------|-----------------|-----|
|---------|-------------|------|----------|------------|-----------------|-----|

INCIDENT# 974030

Service reason..... MISC Miscellaneous problems

|                   |                                |    |          |        |        |   |
|-------------------|--------------------------------|----|----------|--------|--------|---|
| PEL LABOR REGULAR | Labor Regular                  |    |          |        |        |   |
|                   | 3.25                           | HR | 03/23/16 | 100.00 | 325.00 | N |
| PCHI 1607-277-01  | PHOTOEYE SENSOR DARK OPER W/CO |    |          |        |        |   |
|                   | 1                              | EA | 04/04/16 | 144.91 | 144.91 | N |
| PEL LABOR REGULAR | Labor Regular                  |    |          |        |        |   |
|                   | 1.50                           | HR | 03/30/16 | 100.00 | 150.00 | N |
| PEL ZONE 2        | Zone 2 Service Charge          |    |          |        |        |   |
|                   | 1.00                           | EA | 03/30/16 | 140.00 | 140.00 | N |
|                   | Order subtotal.....            |    |          |        | 759.91 |   |

Total Before Tax  
759.91

Total Tax  
62.68

Invoice Total  
**822.59** USD



REMIT TO:



INVOICE COPY

PELLERIN LAUNDRY MACHINERY SALES COMPANY, INC.

INV 304906

SALES COMPANY  
PO Box 1137  
Kenner LA 70063  
(504) 467-9593

2009 108th St.  
Suite 903  
Grand Prairie, TX 75050  
(972) 641-9590

Inv. Date  
06/10/16

Customer Number  
14200

Due Date  
06/20/16

Delivery Address  
COURTYARD BY MARRIOTT  
210 E. STACY RD.  
ALLEN TX 75002 8732

Invoice Address  
COURTYARD BY MARRIOTT  
210 E. STACY RD.  
ALLEN TX 75002 8732

Order Number  
508287

Order Date  
04/29/16

Salesman  
PARTS & SERVICE

Reference  
DICK

Freight Terms  
Freight prepaid and added

Your P.O. Number

Terms of Payment  
Net 10

Manner of Transport  
UPS Ground

Goods Mark

Object..... EMIS MISCELLANEOUS 0904004377 MISCELLANEOUS  
Service reason..... MISC Miscellaneous problems

| Product | Description | Unit | Del.Date | Unit Price | Extended Amount | FOC |
|---------|-------------|------|----------|------------|-----------------|-----|
|---------|-------------|------|----------|------------|-----------------|-----|

INCIDENT #974500

Service reason..... MISC Miscellaneous problems

|                       |                     |    |          |       |       |   |
|-----------------------|---------------------|----|----------|-------|-------|---|
| PHUE M406934P         | SPARK IGNITOR       | EA | 04/29/16 | 35.87 | 35.87 | N |
| PEL FREIGHT OUT PARTS | Freight Out Parts   | EA | 04/29/16 | 12.83 | 12.83 | N |
|                       | Order subtotal..... |    |          |       | 48.70 |   |

Total Before Tax  
48.70

Total Tax  
4.00

Invoice Total  
**52.70** USD



REMIT TO:

# 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:* (8510607)      **Claim No:** 452      *Status:*  
PELLERIN LAUNDRY MACH      *Original Filed*      *Filed by:* CR  
INC      *Date:* 12/22/2016      *Entered by:* Terri Marshall  
PO BOX 1137      *Original Entered*      *Modified:*  
KENNER LA 70063      *Date:* 12/22/2016

Amount claimed: \$875.29

*History:*

[Details](#)    [452-1](#)    12/22/2016 Claim #452 filed by PELLERIN LAUNDRY MACH INC, Amount claimed: \$875.29  
(Marshall, Terri )

*Description:* (452-1) Goods Sold/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

|                              |          |
|------------------------------|----------|
| <b>Total Amount Claimed*</b> | \$875.29 |
| <b>Total Amount Allowed*</b> |          |

\*Includes general unsecured claims

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

|                       | Claimed | Allowed |
|-----------------------|---------|---------|
| <b>Secured</b>        |         |         |
| <b>Priority</b>       |         |         |
| <b>Administrative</b> |         |         |