

Fill in this information to identify the case:

Debtor name: JOHN Q HAMMONS HOTEL
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (if known): 16-21142

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

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

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, 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? GLENN KAMMERMAN ENT. DBA GOURMET TABLE SKIRTS & LINENS
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? Name GLENN KAMMERMAN ENT.
Number Street 9415 W. BELLFORT AVE.
City State ZIP Code HOUSTON, TX 77031
Where should payments to the creditor be sent? (if different) Name _____
Number Street _____
City State ZIP Code _____
Contact phone 1-800-527-0440 Contact phone _____
Contact email accounting@tableskirts.com
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? _____

JOH Ct ID
00352

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? \$ 4,531.23 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.
Goods Sold

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:

	Amount entitled to priority
<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.

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. \$ _____

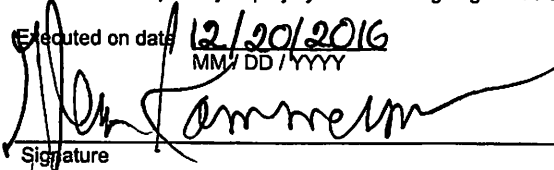
Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).
 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 12/20/2016
 MM/DD/YYYY


 Signature

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

Name GLENN KAMMERMAN
 First name Middle name Last name

Title PRESIDENT

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

Address 9415 W. BELLFORT AVE.
 Number Street

HOUSTON TEXAS 77031
 City State ZIP Code

Contact phone 1-800-527-0440 Email accounting@tableskirts.com



INVOICE

9415 W. BELLFORT AVE
HOUSTON, TX 77031
1-800-527-0440
713-666-0627-FAX

REMIT TO:
PO BOX 1564
Department #256
HOUSTON, TX 77251-1564

Date	Invoice #
6/23/2016	151540

Bill To
RENAISSANCE TULSA
6808 107TH EAST AVE.
TULSA, OK 74133

Ship To
RENAISSANCE TULSA
ATTN CHAD HORVATH
6808 107TH EAST AVE.
TULSA, OK 74133


S.O. No.	P.O. Number	Terms	Rep	Account #	Ship Date	Via	Acct Ind.
88444	CHAD HORVATH	Net 30	48	22167	6/23/2016	UPS FREIGHT	M

QTY	UOM	Item Code	Description	Price Each	Amount
28	DZ	D*LMES629752X90	52X90 Black MILLIKEN EMBASSY SIGNATURE TABLE LINENS 100% Polyester Washabl	154.90	4,337.20T
1	EA	S&H	SHIPPING & HANDLING 873249860	194.03	194.03T

YOUR ORDER IS COMPLETE THANK YOU, APRIL O'CONNELL		Subtotal	\$4,531.23
*Invoices over 30 days will be subject to interest at 1.5% per month. All orders are made to order-No Returns accepted without written authorization. Return is subject to a 25% restocking fee.		Sales Tax (0.0%)	\$0.00
		Total	\$4,531.23
		Payments/Credits	\$0.00
		Balance Due	\$4,531.23



Proof of Delivery

 [Close Window](#)

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.


Tracking Number / PRO Number:	873249860
Delivered On:	06/27/2016 12:15 P.M.
Service:	UPS Freight® LTL
Delivered To:	RENAISSANCE TULSA & CONV CTR TULSA, OK, US
Number of Pieces:	1
Weight:	605 LBS
Shipped From:	GOURMET TABLE SKIRTS
Received By:	MOONE

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 07/29/2016 11:34 A.M. ET

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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):**

<p><i>Creditor:</i> (8630965) Glenn Kammerman Ent. 9415 W. Bellfort Ave. Houston, TX 77031</p>	<p>Claim No: 458 <i>Original Filed</i> <i>Date:</i> 12/22/2016 <i>Original Entered</i> <i>Date:</i> 12/22/2016</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i></p>
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Amount claimed: \$4531.23

History:

[Details](#) [458-1](#) 12/22/2016 Claim #458 filed by Glenn Kammerman Ent., Amount claimed: \$4531.23 (Marshall, Terri)

Description: (458-1) Goods Sold

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*	\$4531.23
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		