

**Fill in this information to identify the case:**

Debtor name: \_\_\_\_\_

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: 7264  
FRANKS, SHAWN  
1 WILLIAMSBURG DR APT 503  
HENDERSONVILLE, TN 37075-5781

BMC RCUD 23DEC'16 PM2:48

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?**

Shawn Franks  
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?**

Shawn Franks  
Name  
504 Williamsburg Dr.  
Number Street  
Hendersonville, TN 37075  
City State ZIP Code

**Where should payments to the creditor be sent? (if different)**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

Contact phone 901-409-7212

Contact phone \_\_\_\_\_

Contact email sfranks81@hotmail.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 Ctl ID  
00461

**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? \$ 2796.31 Does this amount include interest or other charges?  
401K from 10/1/15  
my contribution of 5% comp match 4%  
☒ 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.

This was my 401K contribution plus company match  
Attached was my earnings to calculate 25 weeks of 401K contribution

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**

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

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_

☐ 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). \$ \_\_\_\_\_

☐ 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). \$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ \_\_\_\_\_

☒ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ 2796.31

☐ 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 Shawn Franks

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

Name Shawn A Franks  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 504 Williamsburg Dr.  
Number Street  
Hendersonville TN 37075  
City State ZIP Code

Contact phone 901-409-7212 Email sfranks81@hotmail.com



39363560007264

FRANKS, SHAWN  
1 WILLIAMSBURG DR APT 503  
HENDERSONVILLE, TN 37075-5781

## Instructions for Proof of Claim

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

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.

### How to fill out this form

- Fill in all of the information about the claim as of the date the case was filed.
- Fill in the caption at the top of the form.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- Attach any supporting documents to this form.  
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)  
  
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- Do not attach original documents because attachments may be destroyed after scanning.
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.

■ A **Proof of Claim** form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.

■ For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

### Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at: [www.bmcgroup.com/JOH](http://www.bmcgroup.com/JOH).

### Understand the terms used in this form

**Administrative expense:** Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

**Claim:** A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

**Evidence of perfection:** Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

**Priority claim:** A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. §507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages. Claims entitled to administrative priority under 11 U.S.C. §503(b)(9) should be asserted by filling in the appropriate information on this *Proof of Claim* form. All other administrative claims must be asserted by an appropriate "request" under 11 U.S.C. §503(a) and should not be asserted on this *Proof of Claim* form.

**Proof of claim:** A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

**Redaction of information:** Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

**Secured claim under 11 U.S.C. §506(a):** A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

**Setoff:** Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

**Uniform claim identifier:** An optional 24-character identifier that some creditors use to facilitate electronic payment.

**Unsecured claim:** A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

### **Offers to purchase a claim**

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

### **Please send completed Proof(s) of Claim to:**

#### **If by Regular Mail:**

BMC Group, Inc.

Attn: John Q Hammons Claims Processing

PO Box 90100

Los Angeles, CA 90009

#### **If by Messenger or Overnight Delivery:**

BMC Group, Inc.

Attn: John Q Hammons Claims Processing

3732 W 120th Street

Hawthorne, CA 90250

**Do not file these instructions with your form**



1 Wages, tips, other comp. 20393.40		2 Federal income tax withheld 2355.88	
3 Social security wages 20393.40		4 Social security tax withheld 1264.38	
5 Medicare wages and tips 20393.40		6 Medicare tax withheld 295.69	
d Control number 0240 TCO	Dept. 082791	Corp.	Employer use only 8958
c Employer's name, address, and ZIP code EMBASSY SUITES-FRANKLIN, TN 820 CRESCENT CENTRE DR FRANKLIN, TN 37067-0000			
b Employer's FED ID number 20-3373240		a Employee's SSA number 409-53-0143	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 DD 2552.22	
14 Other		12b	
		12c	
		12d	
13 Stat emp.		Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code SHAWN FRANKS 503 WILLIAMSBURG DR. HENDERSONVILLE, TN 37075-0000			
15 State TN	Employer's state ID no.	16 State wages, tips, etc. 20393.40	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
Federal Filing Copy <b>N-2</b> Wage and Tax Statement 2015 OMB No. 1545-0008 Copy 2 to be filed with employee's Federal Income Tax Return.			

1 Wages, tips, other comp. 20393.40		2 Federal income tax withheld 2355.88	
3 Social security wages 20393.40		4 Social security tax withheld 1264.38	
5 Medicare wages and tips 20393.40		6 Medicare tax withheld 295.69	
d Control number 040240 TCO	Dept. 082791	Corp.	Employer use only 8958
c Employer's name, address, and ZIP code EMBASSY SUITES-FRANKLIN, TN 820 CRESCENT CENTRE DR FRANKLIN, TN 37067-0000			
b Employer's FED ID number 20-3373240		a Employee's SSA number 409-53-0143	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a DD 2552.22	
14 Other		12b	
		12c	
		12d	
13 Stat emp.		Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code SHAWN FRANKS 503 WILLIAMSBURG DR. HENDERSONVILLE, TN 37075-0000			
15 State TN	Employer's state ID no.	16 State wages, tips, etc. 20393.40	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
TN. State Filing Copy <b>W-2</b> Wage and Tax Statement 2015 OMB No. 1545-0008 Copy 2 to be filed with employee's State Income Tax Return.			

1 Wages, tips, other comp. 20393.40		2 Federal income tax withheld 2355.88	
3 Social security wages 20393.40		4 Social security tax withheld 1264.38	
5 Medicare wages and tips 20393.40		6 Medicare tax withheld 295.69	
d Control number 040240 TCO	Dept. 082791	Corp.	Employer use only 8958
c Employer's name, address, and ZIP code EMBASSY SUITES-FRANKLIN, TN 820 CRESCENT CENTRE DR FRANKLIN, TN 37067-0000			
b Employer's FED ID number 20-3373240		a Employee's SSA number 409-53-0143	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a DD 2552.22	
14 Other		12b	
		12c	
		12d	
13 Stat emp.		Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code SHAWN FRANKS 503 WILLIAMSBURG DR. HENDERSONVILLE, TN 37075-0000			
15 State TN	Employer's state ID no.	16 State wages, tips, etc. 20393.40	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
City or Local Filing Copy <b>W-2</b> Wage and Tax Statement 2015 OMB No. 1545-0008 Copy 2 to be filed with employee's City or Local Income Tax Return.			







CO FILE # 000000-000000  
725 000040240

John Q. Hammons Hotels Mgmt., LLC  
EMBASSY SUITES-FRANKLIN, TN  
820 CRESCENT CENTRE DR  
FRANKLIN, TN 37067

## Earnings Statement

Page 001 of 001  
Period Beg/End: 05/28/2016 - 06/10/2016  
Pay Date: 06/17/2016  
Advice Number: 0000014575  
Batch Number: 201606150938

Exemptions/Allowance/Addtl W/H  
Federal: 1  
State:  
Local:  
Taxable Marital Status: S  
SSN: XXX-XX-0143

SHAWN FRANKS  
503 WILLIAMSBURG DR.  
HENDERSONVILLE, TN 37075

Earnings	Rate	Hours	This Period	Year-to-Date
Regular			1615.20	

Deductions	This Period	Year-to-Date
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### Post-Tax Deductions

Meal-Spc	15.00	30.00
CoH Combined	1.50	18.00

Gross Pay	1615.20	19440.50
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### Pre-Tax Deductions

Sect.125	53.67	642.66
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Total Post-Tax	16.50	48.00
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Total Pre-Tax Deductions	53.67	642.66
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Net Pay	1245.44
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### Tax Deductions

Federal Income Tax	180.14	2170.61
Social Security	96.81	1165.42
Medicare	22.64	272.54

PTO:	Earned	Taken	Avail.
	57.23		57.23

### Message:

Total Tax Deductions	299.59	3608.57
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John Q. Hammons Hotels Mgmt., LLC  
EMBASSY SUITES-FRANKLIN, TN  
820 CRESCENT CENTRE DR  
FRANKLIN, TN 37067

Advice Number: 0000014575

Pay Date: 06/17/2016

Deposited to the account of	Account Number	Transit ABA	Amount
SHAWN FRANKS	CHECKING XXXXXXXXX6610	064003768	\$1245.44

THIS IS NOT A CHECK



# 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:* (8632761)  
Shawn Franks  
504 Williamsburg Drive  
Hendersonville, TN 37075

**Claim No:** 631  
*Original Filed*  
*Date:* 12/23/2016  
*Original Entered*  
*Date:* 12/23/2016

*Status:*  
*Filed by:* CR  
*Entered by:* Terri Marshall  
*Modified:*

Amount claimed: \$2796.31

Priority claimed: \$2796.31

*History:*

[Details](#) [631-1](#) 12/23/2016 Claim #631 filed by Shawn Franks, Amount claimed: \$2796.31 (Marshall, Terri )

*Description:* (631-1) 401K Balance

*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>	\$2796.31
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>	\$2796.31	
<b>Administrative</b>		