

Fill in this information to identify the case:

Debtor 1 John Q. Hammons Fall 2006, LLC

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of Kansas

Case number 16-21142

RECEIVED
JAN 10 2017
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.

Part 1: Identify the Claim

1. Who is the current creditor? Lutheran Family Services of Nebraska, Inc.
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? 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)
	<u>Lutheran Family Services of Nebraska, Inc.</u> Name <u>124 S. 24th Street, Suite 230</u> Number Street <u>Omaha NE 68102</u> City State ZIP Code Contact phone <u>(402)978-5655</u> Contact email <u>rmatthes@lfsneb.org</u>	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ 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? _____



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? \$ 385.00 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.
Translation 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 one:

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).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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 08/08/2016

MM / DD / YYYY



Signature

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

Name Richard A. Henrichs
First name Middle name Last name

Title Vice President of Finance

Company Lutheran Family Services of Nebraska, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 124 S. 24th Street, Suite 230
Number Street
Omaha NE 68102
City State ZIP Code

Contact phone (402)978-5649 Email dhenrichs@lfsneb.org

Lutheran Family Services
Interpretation Services Program
1941 S. 42nd Street, Suite 402
Omaha, Nebraska 68105
Phone: (402)-536-3500

INVOICE

Invoice # 183

TO:
Stacey Otterson
Embassy Suites- Downtown
555 South 10th Street
Omaha, NE, 68102

FOR:
Interpretation Services for July
2015

Date	DESCRIPTION	HOURS	RATE	AMOUNT
7/27/2015	Employee Satisfaction Survey-Abdullah, Arabic, with Kara Kettelson	1	35	35
7/27/2015	Employee Satisfaction Survey-Menuka, Nepali, with Kara and Jennifer	1	35	35
7/28/2015	Employee Satisfaction Survey-Menuka, Nepali, with Kara and Jennifer	1	35	35
7/28/2015	Employee Satisfaction Survey-Abdullah, Arabic, with Kara and Jennifer	1	35	35
Total:		4		140

Make all checks payable to: **Robin Matthes, Lutheran Family Services**
124 S 24th Street, Suite 230
Omaha, NE 68102

Thank you!

Lutheran Family Services
Interpretation Services Program
941 S. 42nd Street, Suite 402
Omaha, Nebraska 68105
Phone: (402)-536-3500

INVOICE

Invoice # 283

TO:
Stacey Otterson
Embassy Suites- Downtown
555 South 10th Street
Omaha, NE, 68102

FOR:
Interpretation Services for October
2015

Date	DESCRIPTION	HOURS	RATE	AMOUNT
10/16/2015	Employee meeting-interpreter:Menuka, language: Nepali, with Kara Ketelsen	1	35	35
Total:		1		35

Make all checks payable to: **Robin Matthes, Lutheran Family Services**
124 S 24th Street, Suite 230
Omaha, NE 68102

Thank you!

Lutheran Family Services
Interpretation Services Program
1941 S. 42nd Street, Suite 402
Omaha, Nebraska 68105
Phone: (402)-536-3500

INVOICE

Invoice # 336

TO:
Stacey Otterson
Embassy Suites- Downtown
555 South 10th Street
Omaha, NE, 68102

FOR:
Interpretation Services for
December 2015

Date	DESCRIPTION	HOURS	RATE	AMOUNT
12/14/2015	Phone call-Interpreter:Santi, language:Nepali, with Kara Ketelsen	1	35	35
12/15/2015	Job interview-interpreter:Santi, language:Nepali, with Kara Ketelsen	1	35	35
Total:		2		70

Make all checks payable to: **Robin Matthes, Lutheran Family Services**
124 S 24th Street, Suite 230
Omaha, NE 68102

Thank you!

Lutheran Family Services
 Interpretation Services Program
 1941 S. 42nd Street, Suite 402
 Omaha, Nebraska 68105
 Phone: (402)-536-3500

INVOICE

Invoice # 407

TO:
 Stacey Otterson
 Embassy Suites- Downtown
 555 South 10th Street
 Omaha, NE, 68102

FOR:
 Interpretation Services for March
 2016

Date	DESCRIPTION	HOURS	RATE	AMOUNT
3/24/2016	meeting with employees with Kara Ketelsen- Interpreter: Abdullah- Language: Arabic (1:30-4:30pm)	3	35	105
Total:		3		105

Make all checks payable to: **Robin Matthes, Lutheran Family Services**
 124 S 24th Street, Suite 230
 Omaha, NE 68102

Thank you!

INVOICE

Lutheran Family Services
Interpretation Services Program
1941 S. 42nd Street, Suite 402
Omaha, Nebraska 68105
Phone: (402)-536-3500

Invoice # 471

TO:
Stacey Otterson
Embassy Suites- Downtown
555 South 10th Street
Omaha, NE, 68102

FOR:
Interpretation Services for May
2016

Date	DESCRIPTION	HOURS	RATE	AMOUNT
5/4/2016	Employee Staff Meeting-Interpereter:Hadeel Haider,Language:Arabic, with Kara Katelsen (9-10am)	1	35	35
Total:		1		35

Make all checks payable to: **Robin Matthes, Lutheran Family Services**
124 S 24th Street, Suite 230
Omaha, NE 68102

Thank you!

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:

Trustee:

Last Date to file (Govt):

Creditor: (8510209)
LUTHERAN FAMILY
SERVICES
OF NE INC ROBIN MATTHES
124 S 24TH STREET STE 230
OMAHA NE 68102

Claim No: 679
Original Filed
Date: 01/10/2017
Original Entered
Date: 01/10/2017

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

Amount claimed: \$385.00

History:

[Details](#) [679-1](#) 01/10/2017 Claim #679 filed by LUTHERAN FAMILY SERVICES, Amount claimed: \$385.00
[1](#) (Marshall, Terri)

Description: (679-1) services performed

Remarks: (679-1) ECF by Claims Agent 1/10/2017

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*	\$385.00
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		