| Fill in this information to identify the case: | | | | | |
|--|---|--|--|--|--|
| Debtor 1 | John Q. Hammons Fall 2006, LLC, et all | | | | |
| Debtor 2 (Spouse, if filing |) ————————————————————————————————————— | | | | |
| United States Bankruptcy Court for the: District of Kansas | | | | | |
| Case number | 16-21142 | | | | |



Clerk
U.S. Bankruptcy Court

Official Form 410

Proof of Claim

12/15

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? | Zoro | | | | | | | |
|---|--|------------------------|-----------------------|---|----------|----------|--|--|
| | Name of the current creditor (the person or entity to be paid for this claim) | | | | | | | |
| | Other names the creditor | or used with the debte | or Zoro Tools Inc | | | | | |
| Has this claim been acquired from someone else? | ☑ No ☐ Yes. From whor | m? | | | | | | |
| Where should notices and payments to the | Where should notic | es to the credito | r be sent? | Where should payments to the creditor be sent? (if different) | | | | |
| creditor be sent? | Zoro | | | • | | | | |
| Federal Rule of Bankruptcy Procedure | Name Name | | | | | | | |
| (FRBP) 2002(g) | PO Box 481193 | | | | | | | |
| | Number Street | | | Number Stre | et | | | |
| | Niles | IL | 60714 | | | | | |
| | City | State | ZIP Code | City | State | ZIP Cod | | |
| | Contact phone 800-9 | 34-2693 | | Contact phone | | | | |
| | Contact email Credit | services@zoro | o.com | Contact email | | _ | | |
| | Uniform claim identifier for electronic payments in chapter 13 (if you use one): | | | | | | | |
| Does this claim amend one already filed? | No Pes. Claim num | ber on court claims | s registry (if known) | | Filed on |) / YYYY | | |
| Do you know if anyone | ☑ No | | | | | | | |

Official Form 410

Proof of Claim

Filed 01/13/17

page 1

Desc Main Document Page

Page 1 of 5

00582

Part 2: Give Information About the Claim as of the Date the Case Was Filed 6. Do you have any number ZI No you use to identify the Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: debtor? 7. How much is the claim? 826.48 . 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 Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. claim? 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 ₹ No secured? ☐ 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? Amount necessary to cure any default as of the date of the petition. 11. Is this claim subject to a ☑ No right of setoff? ☐ Yes. Identify the property: _

Official Form 410 Case 16-21142 Claim 757 Filed 01/13/17 Desc Main Document Page 20/25

| 12. Is all or part of the claim entitled to priority under | ☑ No | | | | | | |
|---|--|---|---|-----------------------------|-----------------------------------|------------------------------|--|
| 11 U.S.C. § 507(a)? | Yes. Chec | ck all that apply: | | | | Amount entitled to priority | |
| A claim may be partly priority and partly | Dome: 11 U.S | stic support obligations (includ 6.C. § 507(a)(1)(A) or (a)(1)(B | ding alimony and child sup i). | port) unde | r | \$ | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | | | | | | |
| | bankrı | s, salaries, or commissions (uptcy petition is filed or the de 6.C. § 507(a)(4). | p to \$12,475*) earned with btor's business ends, which | nin 180 day chever is ea | rs before the arlier. | \$ | |
| | ☐ Taxes | or penalties owed to governn | nental units. 11 U.S.C. § 5 | 07(a)(8). | | \$ | |
| | ☐ Contril | outions to an employee benef | it plan. 11 U.S.C. § 507(a) | (5). | | \$ | |
| | Other. | Specify subsection of 11 U.S | .C. § 507(a)() that appli | es. | | \$ | |
| | * Amounts | are subject to adjustment on 4/0 | 1/16 and every 3 years after th | nat for cases | begun on or afte | r the date of adjustment. | |
| Part 3: Sign Below | | | | | | | |
| The person completing | Check the appr | opriate hox: | | | | | |
| this proof of claim must sign and date it. | ☐ I am the cr | • | | | | | |
| FRBP 9011(b). | _ | editor. editor's attorney or authorize | d agent | | | | |
| If you file this claim | ✓ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | | | |
| electronically, FRBP 5005(a)(2) authorizes courts | The tame assessment of the state of the stat | | | | | | |
| to establish local rules specifying what a signature | I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the | | | | | | |
| A parnon who files a | amount of the c | laim, the creditor gave the de | btor credit for any paymer | as an acki nts received | nowleagment to I toward the de | hat when calculating the bt. | |
| A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 | I have examine and correct. | d the information in this Proof | of Claim and have a reas | onable beli | ef that the info | mation is true | |
| years, or both. 18 U.S.C. §§ 152, 157, and 3571. | I declare under | penalty of perjury that the for | egoing is true and correct. | | | | |
| 3371. | Executed on da | te 01/04/2017 | | | | | |
| | Ky | Bub | | | | | |
| | Signature | | | | | | |
| | | of the person who is comp | leting and signing this c | laim: | | | |
| | Name | Kyle Brooks | | | | | |
| | | First name | Middle name | | Last name | | |
| | Title | Credit Services Supe | ervisor | | | | |
| | Company | Zoro | | | | | |
| | | Identify the corporate servicer | as the company if the authoriz | zed agent is | a servicer. | | |
| | Address | PO Box 481193 | | | | | |
| | | Number Street | | | | | |
| | | Niles | | IL_ | 60714 | | |
| | | City | | State | ZIP Code | | |
| | Contact phone | 800-934-2693 | | Email Crec | lit <u>services@</u> | zoro.com | |



Mailing Address 909 Asbury Drive Buffalo Grove, IL 60089

Remit To PO Box 481193 Niles, IL 60714-6193

Date 6/17/2016 Invoice # INV2164587 Customer # CUST1548027 Terms Net 30 **Due Date** 7/17/2016

Bill To

Norm Magnuson Embassy Suites Hotel and Conferen... 1200 Conference Center Blvd Murfreesboro TN 37129 United States

Invoice

Tracking #

Ship To

SO# Purchase Order # Shipping Method Ship Date

Sales Order #SO4726474 66110 Standard Ground 6/17/2016

1Z175Y3W0320705696 1Z175Y3W0320705169 1Z175Y3W0320705007

Norm Magnuson Embassy Suites Hotel and Conferen... 1200 Conference Center Blvd Murfreesboro TN 37129 **United States**

For Questions Please Contact

http://www.zoro.com/pages/zoro_info/contactus/ (855) 289-9676

SUMMARY TERMS AND CONDITIONS

By placing an order, customers accept and agree to Zoro Tools, Inc.'s terms and conditions, the full text of which can be found at www.zoro.com/pages/zoro_info/legal/. Those terms and conditions are incorporated herein by reference.

Prices. Prices listed are wholesale, do not include shipping, handling fees, taxes, and/or duties, and are subject to correction or change without notice. Zoro Tools, Inc. reserves the right to accept or reject

any order.

Sales Tax. Zoro Tools, Inc. charges sales tax on shipments made to the following states: California, Connecticut, District of Columbia, Illinois, Kentucky, Maryland, Massachusetts, Mississippi, Missouri, New Jersey, New York, North Carolina, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, and Wisconsin.

Payment Terms. Zoro Tools, Inc. accepts cash, company checks, Visa, MasterCard, Discover, American Express, PayPal and Google Checkout. For customers with established Zoro Tools, Inc. credit, payment terms are net thirty (30) days for shipment or pick-up or fails to comply with Zoro Tools, Inc. credit, payment terms, Zoro Tools, Inc. may, among other things, defer shipments until such payment or compliance is made or cancel all or any part of an unshipped order. Anticipation and cash discounts are not allowed. Return Policy. If customer is not satisfied for any reason, products may be returned within 30 days of shipment for a full credit or exchange (provided the product is undamaged). Return documentation should clearly specify credit or exchange. Returned items must be in the original packaging. All returns must include a return authorization (RA) number that can be obtained by contacting Zoro Tools, Inc.'s Customer Services Department at 855-BUY-ZORO (855-289-9676). Include a copy of the original order confirmation or packing slip with your RA paperwork as proof of purchase. Returns received at Zoro Tools, inc. without a RA number may be assessed a 15% restocking (processing) fee that will be deducted from any credit due.

Product Substitution. Products (and country of origin) may be substituted and may not be identical to catalog or website published descriptions and/or images.

ZORO TOOLS, INC. LIMITED WARRANTY

LIMITED WARRANTY. ZORO TOOLS, INC. WARRANTS ANY PRODUCT PURCHASE, ANY PRODUCT DETERMINED BY ZORO TOOLS, INC. TO BE DEFECTIVE IN MATERIALS UNDER NORMAL USE FOR A PERIOD OF ONE YEAR FROM THE DATE OF PURCHASE. ANY PRODUCT DETERMINED BY ZORO TOOLS, INC. TO BE DEFECTIVE IN MATERIAL OR WORKMANSHIP AND RETURNED TO ZORO TOOLS, INC. SHIPPING COSTS PREPAID WILL, AT ZORO TOOLS, INC.S OPTION, BE REPAIRED OR REPLACED OR THE PURCHASE PRICE REFUNDED. ALL OTHER WARRANTIES TO ANY BUSINESS CUSTOMER, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTIABILITY, FITNESS FOR A PARTICULAR PURPOSE OR NONINFRINGEMENT OF INTELLECTUAL PROPERTY RIGHTS, ARE SPECIFICALLY DISCLAIMED, EXCEPT WHERE PROHIBITED BY STATE LAW, INC.'S LIABILITY. ZORO TOOLS, INC. EXPRESSLY DISCLAIMS ANY LIABILITY FOR CONSEQUENTIAL, INCIDENTAL, SPECIAL, EXEMPLARY, OR PUNITIVE DAMAGES. ZORO TOOLS, INC.'S LIABILITY IN ALL CIRCUMSTANCES IS LIMITED TO, AND SHALL NOT EXCEED, THE PURCHASE PRICE PAID FOR THAT GIVES RISE TO ANY LIABILITY. MAIL OF THAT GIVES RISE TO ANY LIABILITY.

| G9783374 | Buckeye Fire Extinguishers | 5 | Fire Extinguisher, Dry Chemical, Class ABC, UL Rating 4A:80B:C, Capacity 10 lb., Extinguish Agent Type Monoammonium Phosphate, Height 21 ln., | 63.80 | 319.00 |
|----------|-------------------------------|---|---|-------|--------|
| | , | | Diameter 5-1/8 In., Cylinder Material Steel, Operating Pressure 195 psi, Discharge Time 20 to 24 sec., Range Max. 21 ft., Bracket Included Wall, | | |
| | | | Handle Material Aluminum, Valve Material Metal, Rechargeable Yes, Disposable No, Hose Included Yes, Standards UL Listed | | |

319.00 Subtotal Shipping Cost (Standard Ground) 0.00 Total Tax 31.10 Total \$350.10

Please detach and return with payment

Zoro

| Customer | Invoice # |
|----------------------------------|------------|
| CUST1548027 Embassy Suites Hotel | INV2164587 |

Make Checks Payable To Zoro Tools, Inc PO BOX 481193 NILES IL 60714-6193

If you prefer to pay your invoice with a credit card, please visit https://www.zoro.com/how-to-pay-zoro-invoices-online



Mailing Address

909 Asbury Drive Buffalo Grove, IL 60089

Remit To PO Box 481193 Niles, IL 60714-6193

Date 5/2/2016 Invoice # INV2022410 Customer # CUST1548027 Terms Net 30 **Due Date** 6/1/2016

Bill To

Norm Magnuson Embassy Suites Hotel and Conferen... 1200 Conference Center Blvd Murfreesboro TN 37129 **United States**

Invoice

SO# Purchase Order # Shipping Method Ship Date Tracking #

Sales Order #SO4406671 837324 Standard Ground 5/2/2016 1ZR6A8390300063581

Ship To

Norm Magnuson Embassy Suites Hotel and Conferen... 1200 Conference Center Blvd Murfreesboro TN 37129 United States

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any order.

any order.

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Payment Terms. Zoro Tools, Inc. accepts cash, company checks, Visa, MasterCard, Discover, American Express, PayPal and Google Checkout. For customers with established Zoro Tools, Inc. credit, payment lerms are net thirty (30) days from the date of shipment or pick-up, if customer fails to make payment within thirty (30) days of shipment or pick-up or tails to comply with Zoro Tools, Inc. scredit terms, Zoro Tools, Inc. may, among other things, defer shipments until such payment or compliance is made or cancel all or any part of an unshipped order, Anticipation and cash discounts are not allowed. Return Policy. If customer is not satisfied for any reason, products may be returned within 30 days of shipment for a full credit or exchange (provided the product is undamaged). Return documentation should clearly specify credit or exchange. Returned items must be in the original packaging. All returns must include a return authorization (RA) number that can be obtained by contacting Zoro Tools, Inc.'s Customer Services Department at 855-BUY-ZORO (855-289-9676). Include a copy of the original order confirmation or packing slip with your RA paperwork as proof of purchase. Returns received at Zoro Tools, Inc. without a RA number may be assessed a 15% restocking (processing) fee that will be deducted from any credit due. Products (and country of origin) may be substituted and may not be identical to catalog or website published descriptions and/or images.

ZORO TOOLS, INC. LIMITED WARRANTY

LIMITED WARRANTY. ZORO TOOLS, INC. WARRANTS ANY PRODUCT PURCHASED FOR USE IN BUSINESS OR RESALE AGAINST DEFECTS IN WORKMANSHIP OR MATERIALS UNDER NORMAL USE FOR A PERIOD OF ONE YEAR FROM THE DATE OF PURCHASE. ANY PRODUCT DETERMINED BY ZORO TOOLS, INC. TO BE DEFECTIVE IN MATERIAL OR WORKMANSHIP AND RETURNED TO ZORO TOOLS, INC. SHIPPING COSTS PREPAID WILL, AT ZORO TOOLS, INC.'S OPTION, BE REPAIRED OR REPLACED OR THE PURCHASE PRICE REFUNDED. ALL OTHER WARRANTIES TO ANY BUSINESS CUSTOMER, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTIABILITY, FITNESS FOR A PARTICULAR PURPOSE OR NONINFRINGEMENT OF INTELLECTULAL PROPERTY RIGHTS, ARE SPECIFICALLY DISCLAIMED, EXCEPT WHERE PROHIBITED BY STATE LAW. LIMITATION OF LIABILITY, ZORO TOOLS, INC. EXPRESSLY DISCLAIMS ANY LIABILITY FOR CONSEQUENTIAL, INCIDENTAL, SPECIAL, EXEMPLARY, OR PUNITIVE DAMAGES. ZORO TOOLS, INC. SLABILITY IN ALL CIRCUMSTANCES IS LIMITED TO, AND SHALL NOT EXCEED, THE PURCHASE PRICE PAID FOR THE PRODUCT THAT GIVES RISE TO ANY LIABILITY. MAD MADULACHURE'S WARRANT, FOR INformation on a Specific manufacturer's warranty please contact ZORO TOOLS for at 855-811-27-200 (855-289-9876). Manufacturer's Warranty. For information on a specific manufacturer's warranty, please contact Zoro Tools, Inc. at 855-BUY-ZORO (855-289-9676).

| G8634333 | Ice Machines | 1 | Ice Machine Filter System, Microns 1, Flow Rate 0.75 gpm, Max. Pressure 125 psi, Min. Pressure 25 psi, Pressure Drop 1 to 5 psi, Service Life 20,000 gal., With Gauge, Application Ice Machine 850 lb. Thru 1000 lb., With Valve, Overall Height 21.34 In., Overall Width 5-3/4 In., Overall Depth 4 In., Max. Temp. 100 Degrees F, Number of Cartridges Required 1, Cartridges Required Mfr. No. K-00339, Connection 3/8 In. NPT, Color White, Filter Media Graded Density Carbon Block | 434.06 | 434.06 |
|----------|--------------|---|--|--------|--------|
|----------|--------------|---|--|--------|--------|

Subtotal 434.06 Shipping Cost (Standard Ground) 0.00 **Total Tax** 42.32 \$476.38 Total

Please detach and return with payment

Zoro

| Customer | Invoice # |
|----------------------------------|------------|
| CUST1548027 Embassy Suites Hotel | INV2022410 |

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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:

Last Date to file (Govt):

Creditor: (8642606) Claim No: 757 Status:
Zoro Original Filed Filed by: CR

PO Box 481193 Date: 01/13/2017 Entered by: Terri Marshall

Niles, IL 60714 Original Entered Modified:

Date: 01/13/2017

Amount claimed: \$826.48

History:

<u>Details</u> 757- 01/13/2017 Claim #757 filed by Zoro, Amount claimed: \$826.48 (Marshall, Terri)

Description: (757-1) Goods sold

Remarks: (757-1) KSB Filed 1/9/17; ECF by Claims Agent 1/13/2017

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* | \$826.48 |
|------------------------------|----------|
| 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 | | |