

Fill in this information to identify the case:

Debtor 1 John Q Hammons Fall 2006, LLC et al(Embassy Suites)

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-21142

**FILED**  
Kansas City KS  
JAN 06 2017  
Clerk  
U.S. Bankruptcy Court

**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? Dabora, Inc.  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor VIP Magazine

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)

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>Dabora, Inc.</u> Name <u>P O Box 1007</u> Number Street <u>Shelbyville, TN 37162</u> City State ZIP Code</p> <p>Contact phone <u>931-684-8123</u></p> <p>Contact email _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>_____ Name _____ Number Street _____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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 Ch ID  
00583

**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: 106316

7. How much is the claim? \$ 825.85. 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.  
Services Performed-Advertising

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).

Amount entitled to priority

\$ \_\_\_\_\_

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.

\$ \_\_\_\_\_

\* 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.

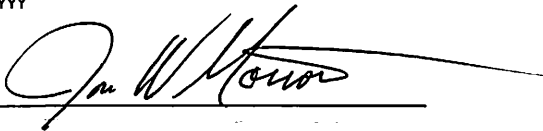
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 01/02/2017  
MM / DD / YYYY

Jon W Morrow  
Signature



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

Name Jon W Morrow  
First name Middle name Last name

Title Collections Manager

Company Dabora, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 730 Madison St  
Number Street  
Shelbyville, TN 37160  
City State ZIP Code

Contact phone 931-684-8123 Email morrow@horseworld.net



Remit Payment To:  
 P.O. Box 1007  
 Shelbyville, TN. 37162  
 Phone:931-684-8123

**STATEMENT  
 OF ACCOUNT**

\*FOR PAPERLESS BILLING EMAIL "PAPERLESS" TO  
 morrow@horseworld.net OR INCLUDE EMAIL ON THIS RETURN INVOICE

LAST PAYMENT INFORMATION  
 10/31/16 \$1,365.00  
 PAYMENT - Check # 707495

EMBASSY SUITES  
 ATTN: DENISE TENNEY  
 1200 CONFERENCE CENTER BLVD  
 MURFREESBORO TN 37129

PERIOD ENDING: 12/31/16

**CUSTOMER#:106316**

DOCUMENT#	DATE	TYPE	REFERENCE	*VIPM AMOUNT															
2095510	06/03/16	INVOICE	ORD:209551 PG 23 EMBASSY SUITES JUNE/JULY VIP MURFREESBORO	790.00															
20161031	10/31/16	LATE FEE	Late Fee	12.08															
20161130	11/30/16	LATE FEE	Late Fee	11.69															
20161231	12/31/16	LATE FEE	Late Fee	12.08															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">Current</td> <td style="width:20%; text-align: center;">61-90 Day</td> <td style="width:20%; text-align: center;">91-120 Day</td> <td style="width:20%; text-align: center;">Over120 Day</td> <td style="width:25%; text-align: center;">TOTAL DUE</td> </tr> <tr> <td style="text-align: center;">23.77</td> <td style="text-align: center;">12.08</td> <td style="text-align: center;">.00</td> <td style="text-align: center;">790.00</td> <td style="text-align: center;">\$825.85</td> </tr> <tr> <td colspan="5" style="text-align: center;">PAST DUE</td> </tr> </table>					Current	61-90 Day	91-120 Day	Over120 Day	TOTAL DUE	23.77	12.08	.00	790.00	\$825.85	PAST DUE				
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23.77	12.08	.00	790.00	\$825.85															
PAST DUE																			

Thank you for your business. Please call (931)684-8123 or send email  
 to customerservice@horseworld.net with any questions or comments.

# DABORA, INC.

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World Champion Horse Equipment  
Walking Horse Report • Saddle Horse Report  
Horse World

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P.O. Box 1007  
Shelbyville, TN 37162

Phone: (931) 684-8123  
Fax: (931) 684-8196

JON W. MORROW  
Collections Manager

morrow@horseworld.net

# 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:* (8642607)  
Dabora, Inc  
PO Box 1007  
Shelbyville, TN 37162

**Claim No: 758**  
*Original Filed*  
*Date:* 01/13/2017  
*Original Entered*  
*Date:* 01/13/2017

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

Amount claimed: \$825.85

*History:*

[Details](#) [758-1](#) 01/13/2017 Claim #758 filed by Dabora, Inc, Amount claimed: \$825.85 (Marshall, Terri )

*Description:* (758-1) services performed

*Remarks:* (758-1) KSB Filed 1/6/17; 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

<b>Total Amount Claimed*</b>	\$825.85
<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>		