B10 (Official Form 10) (04/13)				1		
UNITED STATES BANKRUPT	CY COURT	District of Kan	sas	PE	OOF OF CLAIM	
Name of Debtor:		Case	Number:		Kansas City KS	
Hammons of Tulsa, LLC dba Renaissance Tulsa		16-	21167		JAN 17 2017	
NOTE: Do not use this form to make a may file a request for pay Name of Creditor (the person or other er	ment of an administrative expe	ense according to 11 U		u U	Clerk .S. Bankruptcy Court	
American Automobile Associat	•				COURT USE ONLY	
Name and address where notices should AAA - Mail Stop 2 1000 AAA Drive Heathrow FL 32746	be sent:			☐ Check t previously	his box if this claim amends a filed claim. im Number:	
Telephone number: (800) 866-5222	email: credit@nationa	al.aaa.com		'*	Filed on:	
Name and address where payment should	d be sent (if different from abo	ove):		Check t anyone else relating to	his box if you are aware that e has filed a proof of claim this claim. Attach copy of giving particulars.	
Telephone number:	email:					
1. Amount of Claim as of Date Case F	`iled:	1,400.0	00			
If all or part of the claim is secured, com	plete item 4.					
If all or part of the claim is entitled to pr	iority, complete item 5.					
Theck this box if the claim includes in	iterest or other charges in addit	tion to the principal am	ount of the claim. Attach	a statement tha	t itemizes interest or charges.	
2. Basis for Claim: Licensing Fee (See instruction #2)	1					
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have sched	duled account as: 3	b. Uniform Claim Iden	tifier (optional)	:	
5 5 7 4	(See instruction #3a)		(See instruction #3b)	<u>-</u> -		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is setoff, attach required redacted documen		or a right of	Amount of arrearage an ncluded in secured clair		s, as of the time case was filed,	
Nature of property or right of setoff: Describe:	□Real Estate □Motor Vehic	cle Other E	Basis for perfection:			
Value of Property: \$		n n - n - n - n - n	amount of Secured Clai	m:\$ <u></u> -	Company Compan	
Annual Interest Rate% ☐ Fixe (when case was filed)	ed or 🗇 Variable	A	Amount Unsecured:	\$		
5. Amount of Claim Entitled to Priori the priority and state the amount.	ty under 11 U.S.C. § 507 (a).	If any part of the cla	im falls into one of the f	ollowing catego	ries, check the box specifying	
☐ Domestic support obligations under I U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	 Wages, salaries, or concearmed within 180 days be debtor's business ceased. U.S.C. § 507 (a)(4). 	before the case was file	d or the employee be	enefit plan – 507 (a)(5).	Amount entitled to priority:	
Up to \$2,775* of deposits toward Upurchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(8).		ved to governmental un	applicable p	- F	s	
*Amounts are subject to adjustment on 4	V01/16 and every 3 years there	eafter with respect to ca	ses commenced on or aft	er the date of ad	justment.	
6. Credits. The amount of all payments	on this claim has been credite	ed for the numose of ma	king this proof of claim	(See instruction	#6)	

JOH Cti ID Page 1 0 tess 6

B10 (Official Form 10) (04/13)

7. **Documents:** Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filled with this claim. (See instruction #7. and the definition of "**redacted**".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor.

✓ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.
(See Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Ro

Robin Roos

Title:

Manager Credit and Collections

Company: American Automobile Association Inc.

Address and telephone number (if different from notice address above):

(Signature)

(Date)

Telephone number: (407) 444-7316

email: rroos@national.aaa.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. \$101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. 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 is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien

Claim Entitled to Priority Under 11 U.S.C. § 507

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

__INFORMATION_

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system

(www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the 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 or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.



Invoice

Account Number: 55747000

Invoice Number:

1681239

SC

Invoice Date:

04/01/16

Customer P.O./Ref .: Christopher D. Smith

|--|

Bill To: RENAISSANCE TULSA HOTEL & CONVENTION CEN

6808 S 107TH E AVE TULSA OK 74133

Ship To: RENAISSANCE TULSA HOTEL & CONVENTION CEN 6808 S 107TH E AVE TULSA OK 74133

PAGE:

Customer Service: (407) 444-7253 or Toll - Free (800) 866-5222 (U.S. or Canada) or Fax (407) 444-7274

Item Description	Item Number	Unit	Tax	Quantity	Unit Price	Total Price	
2016 EDITION							
April 1, 2016 - March 31, 2017							
Renaissance Tulsa Hotel & Conv						Section 1995	
TULSA OK 74133 127752							
OFFICIAL APPOINTMENT - LODGING	46031010	EA	N	1.0000	2,800.0000	2,800.00	
AR/KS/MO/OK							
50% AAA DISCOUNT	46037002	EA	N	1.0000-	1,400.0000	1,400.00-	
If not paid within 30 days						2	
Please remit gross of							
\$2,800.00							
Total OA: \$1,400.00							
Terms: Net 30	Due Date:	05/01/16		Tax @	0 %		
				*TOTAL DUE		1,400.00	
					Powerla in 110 for de		

Payable in US funds.

Return this portion with your payment. Please write your account number on your check.

Account Number: Invoice Number:

55747000

Amount Due:

1681239 SC 1,400.00

IF PAYING BY CREDIT CARD, FILL OUT BELOW ☐ MasterCard ☐ Visa ☐ Discover \$ CVC (3 digits on back) Exp. Date _____ Print Name __ Billing Address (if different than above) Signature _

Make your checks payable to AAA and mail to:

AAA - Mail Stop 2 1000 AAA Drive

Heathrow, FL 32746-5063

...or Fax Credit Card Payments to (407) 444-7274

RENAISSANCE TULSA HOTEL & CONVENTION CEN 6808 S 107TH E AVE **TULSA OK 74133**





LODGING OFFICIAL APPOINTMENT AGREEMENT

ID # A0127752

The undersigned, hereinafter referred to as "Appointee", hereby applies to the American Automobile Association ("AAA/CAA"), for permission to use the trademarks and service marks AAA and CAA (hereinafter collectively called the AAA/CAA mark), whether in logo form or otherwise, in accordance with the provisions hereof, including the rules set forth on the reverse side of this application. This application becomes a contract only when accepted by AAA at Heathrow, Florida.

Appointed may cancel this agreement at any time after the first twelve months the agreement is in effect by written notice sent certified mail to AAA, 1000 AAA Drive, Heathrow, Florida 32746-5063. To be effective, notice of cancellation must be received 180 days prior to the date fee is payable. AAA/CAA may increase or decrease the prevailing fee for Official Appointment renewals by giving written notice to Appointee at least 180 days prior to the date fee is payable. After contract deadline, this agreement shall be irrevocable by the Appointee.

ANNUAL FEE: Appointed located at the address specified below agrees to pay an annual fee for AAA/CAA Official Appointment services as follows: The annual fee will be invoiced and payable on the first day of April of each year and continuing yearly thereafter. The fee payable on April 1, 2017 will be \$2,800,00** \$1,400.00. All fees payable in U.S. funds or Canadian equivalent.

**50% LODGING PARTNER DISCOUNT HAS BEEN APPLIED TO ANNUAL FEE SHOWN ABOVE

Featured Amenity* (Please select 1) Printed as shown *provided free of charge	Property Photo (one photo only) Please provide EMAIL ADDRESS so that we may email you instructions to upload one property photo to our system.
☐ Continental breakfast ☐ Breakfast buffet ☐ Full hot breakfast ☐ None ✓	OR Provide your WEBSITE ADDRESS authorizing AAA staff to select one photo for AAA's use (as indicated in Paragraph B of the Terms and Conditions.)

Appointee acknowledges receipt of, and has read and agrees to be bound by the Terms and Conditions contained on the reverse side of this Agreement					
ACCEPTED		M		Title:	
Print Full Name	Chr.3	Bronell		Date:	6
Email Address:	B Chris. Brown	ne Jan.com			
Name of 18 J	ohn altamanons	Yoxels 1	Corporation / 🗆 Pa	artnership / Sole Propr	ictor/ LLC
Establishment: Renaissance	Tulsa Hotel & Convention	on Center		Phone: 918-307-2600	
Address: 6808	3 S 107th E Ave			Fax: 918-307-290)7
City St/Pro- Tulsa, OK	Postal Code Country 74133				
# Units: 300	Acct #: 55747000	ID# A0127752	AM: HOUSE/In		Pub ID: 4603
Pl	ease Provide Billing Address	If Different Than Above	Contact	Name:	
Name: Renaiss	sance Tulsa Hotel & Conver	ntion Center	Title:		
Address: 6808	S 107th E Ave		Email:		
City, SVProv, Zip:	Tulsa, OK 74133		Phone:		
For Office Use O Accepted for A		mith		Date: 10/14/	16
□ New Ø Ren	ewal	Change 🔲 New Owner	□ Units FIL	E. AC, SCAN, PRO	OP. SL
Special Instruction	ns:				

Return Signed Agreement by fax (407-444-7314) or email Inesmith@national.aaa.com

REN

Lodg Renew FLD (Rev 04/21/16)

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: (8508460) Claim No: 761 Status: AAA MAIL STOP 2 Original Filed Filed by: CR

1000 AAA DRIVE Date: 01/23/2017 Entered by: Terri Marshall

HEATHROW FL 32746 Original Entered Modified:

5063 Date: 01/23/2017

Amount claimed: \$1400.00

History:

Details 761- 01/23/2017 Claim #761 filed by AAA MAIL STOP 2, Amount claimed: \$1400.00 (Marshall, Terri

Description: (761-1) Licensing Fee (16-21167)

Remarks: (761-1) KSB Filed 1/17/17; ECF by Claims Agent 1/23/2017

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*	\$1400.00
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		