

Fill in this information to identify the case:

Debtor name: Off the Dock Seafood, LLC
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (If known): 16-21142

See Appendix A to bar date notice for list of debtors and case numbers.

RECEIVED
JAN 25 2017
BMC GROUP
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? Off the Dock Seafood, LLC
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?
Name Neil Shapiro
Number Street P.O. Box 18811
City State ZIP Code Memphis TN 38181
Where should payments to the creditor be sent? (if different)
Name _____
Number Street _____
City State ZIP Code _____
Contact phone 901-547-7900
Contact email neil@otdseafood.com
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: EMBI

7. How much is the claim? \$ 1061.44. 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. Goods Sold

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
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> 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.

\$ 906.04

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 01/19/2017
MM / DD / YYYY

Signature Neil Shapira

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

Name Neil Shapira
First name Middle name Last name

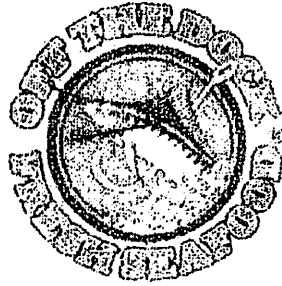
Title Credit Manager

Company Off the Dock Seafood, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3511 Sky Harbor Cove
Number Street

Memphis TN 38118
City State ZIP Code

Contact phone 901-547-7900 Email neil@otdseafood.com



Please remit to:
 P.O. BOX 18811
 MEMPHIS, TN 38181
 Memphis
 Ph. 901-547-7900
 Toll Free 877-267-8784
 Fax 901-547-7999

Nashville
 Ph. 615-228-6600
 Fax 615-228-0500

TRANSACTION	NUMBER	DATE	PAGE
Invoice	448769	06/02/16	1

PAYMENT DUE BY ► 07/02/16

EMBASSY SUITES -COOL SPRINGS
 820 CRESCENT CENTER DR
 FRANKLIN, TN 37067

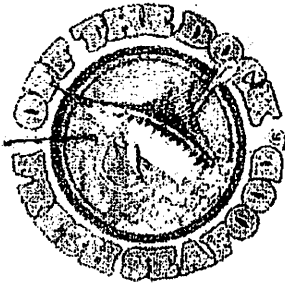
SHIP TO

NA 13

(615) 515-5197

CUSTOMER NO.	CUSTOMER P.O.	SALES PERSON	DATE SHIPPED	SHIPPED VIA	TERMS
EMB100		MIKE RAPP	06/03/16		
QUANTITY	PRODUCT	DESCRIPTION	UNIT	PRICE PER UNIT	AMOUNT
7.76 LBS	SAL1050	SALMON FIL PORTIONED 20/6OZ	LBS	9.99	77.52
1 CS	SHR1660	16-20 SHRIMP P&D TLON IQF 5X2	LBS	7.99	79.90
9.05 LBS	SAL1050	SALMON FIL PORTIONED 15/9OZ	LBS	9.99	90.41

TERMS: Full payment within 14 days of date of this invoice.
 Service charge of 1 1/2% per month on unpaid balance 30 days past date of this invoice.
 Purchaser agrees to pay all costs of collection of past due balances including reasonable attorneys' fees and costs.



Please remit to:
 P.O. BOX 18811
 MEMPHIS, TN 38181

Memphis
 Ph. 901-547-7900
 Toll Free 877-267-8784
 Fax 901-547-7999

Nashville
 Ph. 615-228-6600
 Fax 615-228-0600

TRANSACTION	NUMBER	DATE	PAGE
Invoice	449661	06/08/16	1

PAYMENT DUE BY 07/08/16

EMBASSY SUITES -COOL SPRINGS
 820 CRESCENT CENTER DR
 FRANKLIN, TN 37067

SHIP
 TO

CUSTOMER NO.	CUSTOMER PO.	SALES PERSON	DATE SHIPPED	SHIPPED VIA	TERMS
(615) 515-5197		MIKE RAPP	06/08/16		NA 13
EMB100 QUANTITY	PRODUCT	DESCRIPTION	UNIT	PRICE PER UNIT	AMOUNT
8.67 LBS	SAL1050	SALMON FIL PORTIONED 15/9OZ	LBS	9.99	86.61
7.7 LBS	SAL1050	SALMON FIL PORTIONED 20/6OZ	LBS	9.99	76.92
9.91 LBS	MON1005	MONKFISH FIL LG	LBS	8.99	89.09

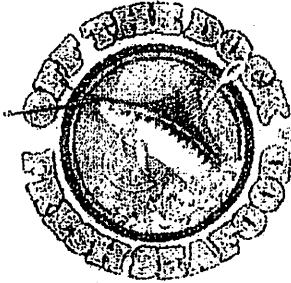
TERMS: Full payment within 14 days of date of this invoice.
 Service charge of 1 1/2% per month on unpaid balance 30 days past date of this invoice.
 Purchaser agrees to pay all costs of collection of past due balances including reasonable attorneys' fees and costs.

Case 16-21142 Claim 763-1 Filed 01/25/17 Desc Main Document Page 5 of 8

PAY THIS AMOUNT

252.62

Received Time Jan. 19. 2017 11:55AM No. 3387



Please remit to:
 P.O. BOX 18811
 MEMPHIS, TN 38181

Memphis
 Ph. 901-547-7900
 Toll Free 877-267-8784
 Fax 901-547-7999

Nashville
 Ph. 615-228-6600
 Fax 615-228-0600

TRANSACTION	NUMBER	DATE	PAGE
Invoice	450606	06/14/16	1

PAYMENT DUE BY ► 07/14/16

EMBASSY SUITES - COOL SPRINGS
 820 CRESCENT CENTER DR
 FRANKLIN, TN 37067

SHIP
 TO

(615) 515-5197

NA 13

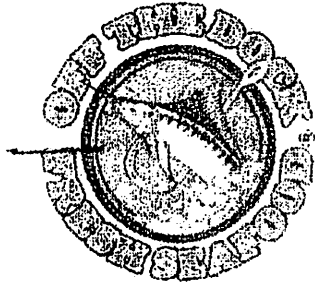
CUSTOMER NO.	CUSTOMER P.O.	SALES PERSON	DATE SHIPPED	SHIPPED VIA	TERMS
EMB100		MIKE RAPP	06/14/16		
QUANTITY	PRODUCT	DESCRIPTION	UNIT	PRICE PER UNIT	AMOUNT
10.18 LBS	SAL1050	SALMON FIL PORTIONED 20/8OZ	LBS	9.99	101.70
7.63 LBS	SAL1050	SALMON FIL PORTIONED 20/6OZ	LBS	9.99	76.22

TERMS: Full payment within 14 days of date of this invoice.
 Service charge of 1 1/2% per month on unpaid balance 30 days past date of this invoice.
 Purchaser agrees to pay all costs of collection of past due balances including reasonable attorneys' fees and costs.

PAY THIS AMOUNT ►

177.92

Received Time Jan. 19. 2017 11:55AM No. 3387



Please remit to:
 P.O. BOX 18811
 MEMPHIS, TN 38181

Memphis
 Ph. 901-547-7900
 Toll Free 877-287-8784
 Fax 901-547-7999

Nashville
 Ph. 615-228-6600
 Fax 615-228-0600

TRANSACTION	NUMBER	DATE	PAGE
Invoice	450924	06/16/16	1

PAYMENT DUE BY ► 07/16/16

EMBASSY SUITES -COOL SPRINGS
 820 CRESCENT CENTER DR
 FRANKLIN, TN 37067

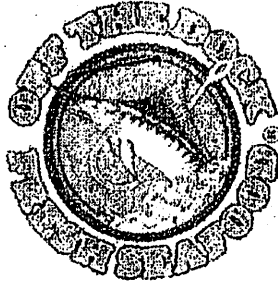
SHIP
 TO

(615) 515-5197

NA 13

CUSTOMER NO.	CUSTOMER PO.	SALES PERSON	DATE SHIPPED	SHIPPED VIA	TERMS
EMB100		MIKE RAPP	06/16/16		
QUANTITY	PRODUCT	DESCRIPTION	UNIT	PRICE PER UNIT	AMOUNT
7.87 LBS	SAL1050	SALMON FIL PORTIONED 15/8OZ	LBS	9.99	78.62
9.32 LBS	SAL1050	SALMON FIL PORTIONED 25/6OZ	LBS	9.99	93.11

TERMS: Full payment within 14 days of date of this invoice.
 Service charge of 1 1/2% per month on unpaid balance 30 days past date of this invoice.
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 Ph. 901-547-7900
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Nashville
 Ph. 615-228-6600
 Fax 615-228-0600

TRANSACTION	NUMBER	DATE	PAGE
Invoice	452386	06/25/16	1

PAYMENT DUE BY ► 07/25/16

EMBASSY SUITES -COOL SPRINGS
 820 CRESCENT CENTER DR
 FRANKLIN, TN 37067

SHIP
TO

(615) 515-5197

NA 13

CUSTOMER NO.	CUSTOMER P.O.	SALES PERSON	DATE SHIPPED	SHIPPED VIA	TERMS
EMB100		MIKE RAPP	06/25/16		
QUANTITY	PRODUCT	DESCRIPTION	UNIT	PRICE PER UNIT	AMOUNT
11.88 LBS	SAL1050	SALMON FIL PORTIONED 6 oz	LBS	9.99	118.68
10.53 LBS	SAL1050	SALMON FIL PORTIONED 8 oz	LBS	9.99	105.19
1 CS	SHR1660	16-20 SHRIMP P&D TLON IQF 5X2	LBS	7.99	79.90

TERMS: Full payment within 14 days of date of this invoice.
 Service charge of 1 1/2% per month on unpaid balance 30 days past date of this invoice.
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Case 16-21142 Claim 763-1 Filed 01/25/17 Desc Main Document Page 8 of 8

PAY THIS AMOUNT ►

303.77

Received Time Jan. 19, 2017 11:55AM No. 3387

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: (8510511)
OFF THE DOCK
FRESH SEAFOOD
PO BOX 18811
MEMPHIS TN 38181

Claim No: 763
Original Filed
Date: 01/25/2017
Original Entered
Date: 01/25/2017

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

Amount claimed: \$1061.44

History:

[Details](#) [763-1](#) 01/25/2017 Claim #763 filed by OFF THE DOCK, Amount claimed: \$1061.44 (Marshall, Terri)

Description: (763-1) Goods sold

Remarks: (763-1) ECF by Claims Agent 1/25/2017

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*	\$1061.44
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		