

Fill in this information to identify the case:

Debtor 1 John Q. Hammons Fall 2006, LLC, et al. (Jointly Administered)

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-21142

FILED
Kansas City KS
FEB 21 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? American Classic Carpet Cleaning, 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)
Name <u>American Classic Carpet Cleaning, Inc.</u>	Name _____
Number Street <u>PO Box 2655</u>	Number Street _____
City State ZIP Code <u>Matthews NC 28106</u>	City State ZIP Code _____
Contact phone <u>704-261-1100</u>	Contact phone _____
Contact email <u>jenc@americanclassiccarrpet.com</u>	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? _____

JQH Ctl ID

00599

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? \$ 2,257.00. 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.
Services performed May 2016

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:

Amount entitled to priority

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. \$ _____

* 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:

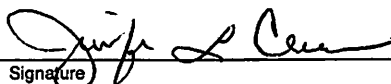
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 02/14/2017
MM / DD / YYYY


Signature

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

Name Jennifer Leigh Creech
First name Middle name Last name

Title General Manager

Company American Classic Carpet Cleaning, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 2655
Number Street

Matthews NC 28106
City State ZIP Code

Contact phone 704-261-1100 Email jenc@americanclassiccarrpet.com

American Classic Carpet Cleaning

**P O Box 2655
 Matthews, NC 28106
 704-261-1100 704-261-7137 (FAX)
 www.americanclassiccarpets.com**

Invoice

DATE	INVOICE #
5/31/2016	65862

Embassy Suites - Hampton Roads
 Attn: Accounts Payable
 1700 Coliseum Dr.
 Hampton, VA 23666

Kevin Wolfe, GM 757-827-8200 757-827-8010 (Fax) kevin.wolfe@jqh.com
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P O #	TERMS	Mgmt
	Net-30	JQH

ITEM	DESCRIPTION	AMOUNT
CC	Steam clean and deodorize public area carpet (excluding meeting rooms) IF PAYING BY VISA OR MASTERCARD, THERE WILL BE A 3% CONVENIENCE FEE ADDED TO THE TOTAL PRICE Interest shall be charged on any net amount which is not paid by the due date at the rate of 1.5% per month from the date of the invoice.	2,257.00
WE APPRECIATE YOUR BUSINESS!		TOTAL: \$2,257.00

AMERICAN CLASSIC CARPET CARE
MATTHEWS, NC 28106
704-261-1100 800-879-3069 704-261-7137-FAX

HOTEL WORK ORDER

Name: Embassy Suites - Hampton

Address: 1700 Coliseum Drive

City/St: Hampton, VA

Phone: 757-827-8200

DESCRIPTION OF WORKSCOPE COMPLETED:

- All hallways and 1st Floor Carpet including Admin + Sales offices
- Did not do meeting rooms. They have new carpet

COMMENTS:

Customer acknowledges satisfaction with work completed:

HOTEL REPRESENTATIVE:

DATE:


(signature)

5-25-16

Mike Santochko
(print name)

Chief Est.
(title)

AMERICAN CLASSIC CARPET CARE, INC.
MATTHEWS, NC 28106
704-261-1100 800-879-3069 704-261-7137-fax
www.americanclassiccarpet.com

May 6, 2016

Mike Sawtschenko/ Chief Engineer
Embassy Suites
1700 Coliseum Drive
Hampton, VA 23666

Dear Mike,

We have scheduled your carpet cleaners to arrive on Sunday, May 22 around 2:00pm and will be cleaning upon arrival through Tuesday, May 24.

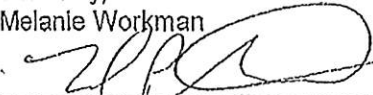
- 1) The workscope of your cleaning is: Guest Hallways, 1st floor carpet including Admin & Sales offices
- 2) Any special cleaning needs or concerns should be communicated to our crew chief.
- 3) Hotel agrees to American Classic Carpet hotel requirements (see attached).

Please review and initial the attached hotel requirements. Return with this confirmation letter.

Please reserve complimentary double room(s)* for our two crew members in the name of American Classic Carpet Care for the evenings of May 22 & 23 (*either one room with 2 beds, or 1 room).

Thanks again Mike, and we'll see you soon. If you have any questions, please call 1-800-879-3069. Please sign and fax back to us at 704-261-7137.

Sincerely,
Melanie Workman


Mike Sawtschenko, Embassy Suites

5-9-16
Date

Please provide complimentary room confirmation #'s 81437790

** ALL PAYMENT TERMS ARE NET 30. IF PAYING BY VISA OR MASTERCARD, THERE WILL BE A 3% CONVENIENCE FEE ADDED TO THE TOTAL PRICE**

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: (8664679)
American Classic Carpet
Cleaning, Inc.
PO Box 2655
Matthews, NC 28106

Claim No: 773
Original Filed
Date: 02/23/2017
Original Entered
Date: 02/23/2017

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

Amount claimed: \$2257.00

History:

[Details](#) [773-1](#) 02/23/2017 Claim #773 filed by American Classic Carpet Cleaning, Inc., Amount claimed: \$2257.00 (Marshall, Terri)

Description: (773-1) Services Performed

Remarks: (773-1) ECF by Claims Agent 2/23/2017

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*	\$2257.00
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		