

Fill in this information to identify the case:

Debtor name: John Q Hammons Fall 2006, LLC et al
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (If known): 16-21183 (16-21142)

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

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FEB 28 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

04/16

Official Form 410

Proof of Claim

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? Clay Cooper Theatre
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?	Where should payments to the creditor be sent? (if different)
Name <u>Clay Cooper Theatre</u>	Name _____
Number Street <u>1440 State Hwy 248</u>	Number Street _____
<u>Suite Q 210</u>	
City State ZIP Code <u>Branson MO 65616</u>	City State ZIP Code _____
Contact phone <u>417/337-7123</u>	Contact phone _____
Contact email <u>accounting@claycoopertheatre.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? _____

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? \$ \$44.00. 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.
Goods sold - Show Tickets for your guests
Your voucher + our invoice attached

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

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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. \$ _____

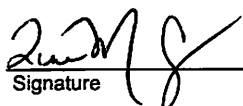
Part 3: Sign Below

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 02/23/17
 MM/DD/YYYY


 Signature

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

Name Tina M. Cooper
 First name Middle name Last name

Title Director of Operations

Company Clay Cooper Theatre
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1440 State Hwy 248, Ste Q 210
 Number Street

Branson MO 65616
 City State ZIP Code

Contact phone 417/337-7123 Email accounting@claycoopertheatre.com

Clay Cooper Theatre
 1440 State Hwy 248, Ste
 Q210
 Branson, MO 65616

Invoice

Date	Invoice #
5/29/2016	252

Bill To
Chateau on the Lake 415 N State Hwy 265 Branson, MO 65616

Terms
NET 15 Days

Qty	Item	Date Sold - Conf# - Vouch# - Customer	Rate	Amount
2	Hot Rod n High Heels ...	05/23/16 1374964 059710 Jamison, Joe	22.00	44.00

Telephone 417/337-7123 Option 4 Fax 417/690-4582	Total	\$44.00
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RECEIVED MAY 23 2016

No 059710

VOUCHER

CHATEAU
ON THE LAKE
RESORT & SPA

415 N. Highway 265
Branson, Missouri 65616
Phone (417) 334-1161

	ADULTS	TEENS	CHILDREN
# OF TICKETS	2		
PRICE PER TICKET	30.46		
TAX	3.54		
TOTAL	34.00		
	x 2		
	68.00		

Name: Joe Jamison Date: 5/23/16 Show/Tee Time: 2:00 Pm
 Attraction: Hot Rods + High Heels Confirmation Number: 1374964
 Seating: 5th Row Center 11 + 12 Resv. Made By: Susan
 Theater: Clay Cooper

Any changes or cancellations (to receive refund) must be done at least 72 hours prior to showtime, otherwise you will be charged for this reservation. Your signature guarantees receipt of vouchers.

Guest Signature: [Signature]

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: (8667520)
Clay Cooper Theatre
1440 State Hwy 248
Suite Q210
Branson, MO 65616

Claim No: 774
Original Filed
Date: 02/28/2017
Original Entered
Date: 02/28/2017

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

Amount claimed: \$44.00

History:

[Details](#) [774-1](#) 02/28/2017 Claim #774 filed by Clay Cooper Theatre, Amount claimed: \$44.00 (Marshall, Terri)

Description: (774-1) Goods Sold (case number 16-21183 also listed)

Remarks: (774-1) ECF by Claims Agent 2/28/2017

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*	\$44.00
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		