

Fill in this information to identify the case:

Debtor name: John Q Hammons
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (if known): _____

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

RECEIVED
MAR 07 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?
Facility Response Group, Inc
Name of the current creditor (the person or entity to paid for this claim)
Other name the creditor used with the debtor Hidalgo Facility Solutions, Inc

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?
Facility Response Group
Name
2100 Greenwood Dr #200
Number Street
Southlake TX 76092
City State ZIP Code
Contact phone 817-632-8093
Contact email +stanford@facilityresponse.com
Where should payments to the creditor be sent? (if different)
Same
Name
Number Street
City State ZIP Code
Contact phone
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: 1073

7. How much is the claim? \$ 3368.95. 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.

parts & service

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

- 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.

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 03/01/2017
MM / DD / YYYY

Trisha Renee Stanford
Signature

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

Name Trisha Renee Stanford
First name Middle name Last name

Title Accounts Receivable / Collections

Company Facility Response Group, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2100 Greenwood Dr #200
Number Street

South lake TX 76092
City State ZIP Code

Contact phone 817-632-8090 Email _____

tristanford@facilityresponse.com

HIDALGO

FACILITY SOLUTIONS, INC.

2550 114th Street, Suite 180
 Grand Prairie, TX 75050
 817-632-8090 Main Office Number

SERVICE INVOICE

REMIT TO:

Company: **Hidalgo Facility Solutions, Inc.**
 Address: **2535 Brennan Avenue
 Ft. Worth, TX 76106**

SOLD TO:

Marriott Courtyard / Allen Courtyard
 210 E. Stacy Road
 Allen TX 75002
 email: dick.dabagian@jgh.com

SERVICED AT:

210 E. Stacy Road
 Allen TX 75002

City/County:

Allen/Collin County

PO #	ORDERED BY	CUST ID#	SALESMAN	INVOICE DATE	INVOICE #
		M1073	Joseph Ford	1/14/2016	471211693-1

JOB DESCRIPTION:

WALK IN COOLER HAS A FREON LEAK

Found system low on 404a. Leaked checked cooler 2, leak was discovered at the evaporator coil but was unable to locate with an electronic leak detector. Injected dye into the unit and charged with 12 lb 404a. We used a black light to find the leak on the top of the stem on the liquid line solenoid valve. Rebuilt valve with a new stem assembly and gasket. Pressure checked for leaks and pulled a vacuum and charged the unit.



*mailed
1/20/16
JM*

PARTS USED

QTY	DESCRIPTION	PRICE	AMOUNT
1	Parts and materials		\$1,474.19
12	Freon - r404a	\$29.00	\$348.00
	Nitrogen		
	Vacuum		
	Jetter (Includes first 2 hours of labor)		
	Camera		
	Torch		
	Sewer Machine (small)		
	Sewer Machine (large)		
1	Trip/Fuel/Consumables/Clean Up Kits	\$100.00	\$100.00

SERVICE PERSON	DATE	HOURS	RATE	AMOUNT
Tom Cavanagh	12/30/15	8.0	\$85.00	\$680.00
David Esparza	12/30/15	6.0	\$85.00	\$510.00

PARTS	\$1,922.19
LABOR	\$1,190.00
P&L Subtotal	\$3,112.19
TAX @ 8.25%	\$256.76
TOTAL	\$3,368.95

*Thank you for allowing us to
 service your heating, air conditioning
 electrical and plumbing needs.
 Any Questions regarding this billing should
 be directed to Frankie Moeller*

817-632-8090

LABOR	TOTAL	\$1,190.00
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CUSTOMERS ORIGINAL

Thomas Tucker M-39672 Regulated by the Texas State Board of Plumbing Examiners PO Box 4200 Austin, TX. 78765 1-800-845-6584, 512-936-5200
 TACLA14148C & TECL 31249 Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin Texas 78711
 1-800-803-9202, 512-463-6599, www.license.state.tx.us

Job Name: MARRIOTT COURTYARD ALLEN	Status: DONE	Job Number: 47121169-3
Job Address: 210 E. STACY ROAD	Customer PO:	Order Date: 12/29/15
Job City: ALLEN	Completion Date: 12/30/15	Service Type: T&M
Job State: TX	Billing Type:	ICR. NO.
Job Zip: 75002	Conservation Report:	

Material				
QTY:	Break Down Description:	Vendor	Invoice #	TS/SS
1	hpc- 164-s - sporlan liquid line drier	Johnson supply	33031346	
12	12 lb R404a	Johnson supply		

Equipment:		
Manufacturer:	Model Number:	Serial Number:
Heatcraft	MOH030X63CF	T09A04644

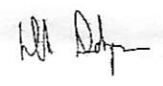
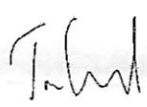
Labor			
Date:	Tech:	Reg:	OT:
1/4/2016	Tom Cavanagh	3.5	0
Labor Sub Total of Hours:		3.50	0.00
Labor Total of Hours:		3.50	

Refrigerant		
Recovered	Re-Installed	New
12		12

Comments:
Returned and checked in with maintenance. After the cooler has been running for a few days, I recovered the refrigerant charge and replaced the drier. To insure the system is clean. I purged line with nitrogen as I replaced the high acid removal liquid line drier. I pressure checked and pulled a 500 micron vacuum. I recharged the cooler with 12 lb. R404a. Cooler running properly at this time.

Recommended Repairs:

Warranty	Miscellaneous Charges
LIMITED WARRANTY; ALL MATERIALS, PARTS, AND EQUIPMENT ARE WARRANTED BY THE MANUFACTURERS WRITTEN WARRANTY ONLY. ALL LABOR PERFORMED BY THE ABOVE NAMED COMPANY IS WARRANTED FOR 30 DAYS, OR AS OTHERWISE INDICATED IN WRITING.	Total Materials/Outside Services: Torch
	Sewer Machine Size:
	Torch Details: Yes
	Trip Charge: Yes
	Hazardous Waste Charge: Yes
	Freight Charge:

Date of Signatures: 1/4/2016	Technician Signature:
Customer Signature:	
	

Job Name: <u>MARRIOTT COURTYARD ALLEN</u>	Status: <u>DONE</u>	Job Number: <u>47121169-3</u>
Job Address: <u>210 E. STACY ROAD</u>	Customer PO: _____	Order Date: <u>12/29/15</u>
Job City: <u>ALLEN</u>	Completion Date: <u>12/30/15</u>	Service Type: <u>T&M</u>
Job State: <u>TX</u>	Billing Type: _____	ICR. NO. _____
Job Zip: <u>75002</u>	Conservation Report: <u>Ref. Leak Check</u>	

Material				
QTY:	Break Down Description:	Vendor	Invoice #	TS/SS
1	solenoid rebuild kit	tech plan		
1	dye tube			
12	404a refrigerant			
2	soap bubbles			

Equipment:		
Manufacturer:	Model Number:	Serial Number:
Bohn (cooler 2)	ADT208AEK	T09B10514

Labor				
Date:	Tech:	Reg:	OT:	
12/29/2015	Greg McKoy	3	0	
12/30/2015	Greg McKoy	2	0	
12/30/2015	David Esparza	6	0	
12/30/2015	Tom Cavanagh	8	0	
Labor Sub Total of Hours:		19.00	0.00	
Labor Total of Hours:		19.00		

Refrigerant		
Recovered	Re-Installed	New
		12

Comments:
Found system low on 404a. Leaked checked cooler 2 and was picking up a leak at the evaporator coil but was unable to locate with an electronic leak detector. David came out to help and we injected dye into the unit and charged with 12 lb 404a. We ran the unit for a couple of hours. We used a black light to find the leak which was on the top of the stem on the liquid line solenoid valve. We went and picked up a replacement kit and rebuilt the valve with a new stem assembly and gasket. Pressure checked for leaks and pulled a vacuum and charged the unit.

Recommended Repairs:

Warranty	Miscellaneous Charges
LIMITED WARRANTY; ALL MATERIALS, PARTS, AND EQUIPMENT ARE WARRANTED BY THE MANUFACTURERS WRITTEN WARRANTY ONLY. ALL LABOR PERFORMED BY THE ABOVE NAMED COMPANY IS WARRANTED FOR 30 DAYS, OR AS OTHERWISE INDICATED IN WRITING.	Total Materials/Outside Services: Vacuum
	Sewer Machine Size:
	Torch Details:
	Trip Charge: Yes
	Hazardous Waste Charge:
	Freight Charge: Yes

Date of Signatures: <u>12/30/2015</u>	Technician Signature: _____
Customer 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: (8509455)
FACILITY RESPONSE GROUP
2100 GREENWOOD DRIVE 200
SOUTHLAKE TX 76092

Claim No: 781
Original Filed
Date: 03/07/2017
Original Entered
Date: 03/07/2017

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

Amount claimed: \$3368.95

History:

[Details](#) [781-1](#) 03/07/2017 Claim #781 filed by FACILITY RESPONSE GROUP, Amount claimed: \$3368.95
[1](#) (Marshall, Terri)

Description: (781-1) Parts & Service

Remarks: (781-1) ECF by Claims Agent 3/7/2017

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*	\$3368.95
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		