

**Fill in this information to identify the case:**

Debtor 1 <u>John Q. Hammons Fall 2006, LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>District of Kansas</u>
Case number: <u>16-21142</u>

FILED  
 U.S. Bankruptcy Court  
 District of Kansas  
 4/11/2017  
 David D. Zimmerman, Clerk

**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**

<b>1. Who is the current creditor?</b>	<u>Deloitte &amp; Touche LLP</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	<u>LRA by Deloitte</u>
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>Deloitte &amp; Touche LLP</u>	_____
	Name	Name
	<u>5 Walnut Grove Suite 280 Horsham, PA 19044</u>	_____
	Contact phone <u>215-449-0331</u>	Contact phone _____
	Contact email <u>juhildebrand@deloitte.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): <u>21952</u>	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2365</u>
7. How much is the claim?	\$ <u>1493.90</u> <b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 healthcare information. <u>Services provided in the form of a property audit</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____  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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
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.		

**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 4/11/2017  
MM / DD / YYYY

/s/ Judith Ann Hildebrand

Signature

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

Name	<u>Judith Ann Hildebrand</u>		
	First name	Middle name	Last name
Title	<u>Billing Revenue Specialist</u>		
Company	<u>Deloitte &amp; Touche LLP</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>5 Walnut Grove Suite 280</u>		
	Number	Street	
	<u>Horsham, PA 19044</u>		
Contact phone	City	State	ZIP Code
	<u>215-449-0331</u>	Email	<u>juhildebrand@deloitte.com</u>



**Deloitte & Touche LLP**

**Taxpayer ID No. 13-3891517**

Billing Office: LRA by Deloitte  
5 Walnut Grove Dr. Suite 280  
Horsham, PA 19044

Bill To Address:  
Renaissance Tulsa Hotel and Convention Center  
Chris Browell  
6808 South 107th East Avenue,  
Tulsa, Oklahoma, 74133

Service at Location:  
6808 South 107th East Avenue,  
Tulsa, Oklahoma 74133

# INVOICE

**Invoice Number: INV00021952**

Invoice Date: 05/02/2016  
Due Date: 06/01/2016  
Payment Terms: Per Contract or Due Upon Receipt

Electronic funds payment details:

Bank Name: Bank of America  
US ACH: 011900571  
US Wire: 026009593  
Swift Code: BOFAUS3N  
Account Name: Deloitte & Touche LLP  
Account No.: 385015866213

Check payment mailing address: Deloitte & Touche LLP  
P.O. Box 844708  
Dallas, TX 75284-4708

Overnight mailing address: Deloitte & Touche LLP  
LBX# 844708  
1950 N. Stemmons Freeway  
Suite 5010  
Dallas, TX 75207

Email remittance information to: [deloittepayments@deloitte.com](mailto:deloittepayments@deloitte.com)  
Please pay by ACH with CTX, CCD+ or WIRE. Include invoice number, amount and your company name with the payment.

Item	Unit Price	Qty	Subtotal	Sales Tax	Total
Examination - Non-Accountable Exam - Travel Fee	\$398.90	1	\$398.90	\$0.00	\$398.90
Examination - Non-Accountable Exam fee	\$1,095.00	1	\$1,095.00	\$0.00	\$1,095.00

Professional fees related to the Non-Accountable Audit performed on April 22, 2016.

Travel Expenses:  
Airfare: \$264.36  
Car Rental: \$116.14  
Parking: \$12.00  
Fuel: \$6.40

**Subtotal:** \$1,493.90  
**Sales Tax:** \$0.00  
**Total:** \$1,493.90  
**Balance Due:** \$1,493.90  
**Currency:** USD

# 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:* (8698084)  
Deloitte & Touche LLP  
5 Walnut Grove  
Suite 280  
Horsham, PA 19044

**Claim No: 784**  
*Original Filed*  
*Date:* 04/11/2017  
*Original Entered*  
*Date:* 04/11/2017

*Status:*  
*Filed by:* CR  
*Entered by:* admin  
*Modified:*

Amount claimed: \$1493.90

*History:*

[Details](#) [784-1](#) 04/11/2017 Claim #784 filed by Deloitte & Touche LLP, Amount claimed: \$1493.90 (admin)

*Description:*

*Remarks:* (784-1) Account Number (last 4 digits):2365

## 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

<b>Total Amount Claimed*</b>	\$1493.90
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		