

Fill in this information to identify the case:

Debtor 1 JQH FALL 2006, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-21142

RECEIVED

DEC 19 2016

United States Bankruptcy Court
Middle District of Alabama

FILED
Kansas City, KS
APR 10 2017

Official Form 410

Proof of Claim

Clerk
U.S. Bankruptcy Court 12/15

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? CHEMAQUA
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor NCH CORPORATION

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? NCH CORPORATION - CREDIT DEPT
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent? 2727 CHEMSEARCH BLVD
Name
Number Street
IRVING TX 75062
City State ZIP Code

Contact phone 800-527-9919 EXT 0541
Contact email CAC.CREDIT@NCH.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? _____

JQH Ct ID
00610

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: 0 4 2 4

7. How much is the claim? \$ 8,321.01. 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 one:

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.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

Up to \$2,775* 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 \$12,475*) 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 4/01/16 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 11/14/16
MM / DD / YYYY

Della Cruz
Signature

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

Name Della Cruz
First name Middle name Last name

Title Credit Manager

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2727 Chemsearch Blvd
Number Street

Irving TX 75062
City State ZIP Code

Contact phone 800 527 9919 Email CAC.CREDIT@nch.com

United States Bankruptcy Court

District Of Kansas

In re JQH Fall 2006, LLC
Debtor

Case No. 16-21142

Chapter 11

GENERAL POWER OF ATTORNEY

To Della Cruz of Chem-Aqua and
Russ Prieto of Chem-Aqua

The undersigned claimant hereby authorizes you, or any one of you, as attorney in fact for the undersigned and with full power of substitution, to vote on any question that may be lawfully submitted to creditors of the debtor in the above-entitled case; [if appropriate] to vote for a trustee of the estate of the debtor and for a committee of creditors; to receive dividends; and in general to perform any act not constituting the practice of law for the undersigned in all matters arising in this case.

Dated: 11/14/16

Signed: Chem-Aqua

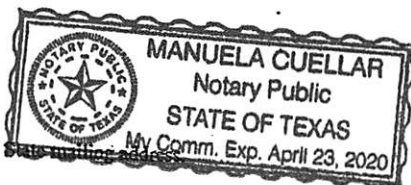
By Della Cruz
as Credit Manager

Address: 2727 Chemsearch Blvd
Irving, Tx 75062

[If executed by an individual] Acknowledged before me on _____

[If executed on behalf of a partnership] Acknowledged before me on _____
by _____, who says that he [or she] is a member of the partnership named above
and is authorized to execute this power of attorney in its behalf.

[If executed on behalf of a corporation] Acknowledged before me on 11/14/16
by Della Cruz, who says that he [or she] is Credit mgr of the corporation
named above and is authorized to execute this power of attorney in its behalf.



Manuela Cuellar

[Official character.]



CORRESPONDENCE TO
PO BOX 152170
IRVING TX 75015

**INVOICE
ORIGINAL COPY**

REORDERS CALL # 1-800-527-9921
FAX # 1-972-438-0634
WWW.CHEMAQUA.COM

CHEMAQUA
23261 NETWORK PLACE
CHICAGO, IL 60673-1232

Sold To Attn: PAUL MARTINEZ EMBASSY SUITES HOTEL MIAMI AIRPORT ENGINEERING DEPT 3974 NW SOUTH RIVER DR MIAMI FL 33142	Ship To Attn: PAUL MARTINEZ EMBASSY SUITES HOTEL MIAMI AIRPORT ENGINEERING DEPT 3974 NW SOUTH RIVER DR MIAMI FL 33142	Sign up to receive your next invoice via email or pay your next invoice a/c/eft/direct deposit simply email us at cac.credit@nch.com
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Customer No.	Billing Date	Terms	Due Date	Ship Date	Sales Order	
362488	20-MAY-16	10 NET	30-MAY-16	20-MAY-16	2511799	
Invoice No.	Purchase Order No.	Sales Rep. No.	Sales Rep. Name			
2331063	BANKRUPTCY	USCA3C03	ALBERT, Mr. JOSHUA FREDRICK (JOSH)			
Product	Qty Ordered	Description	Packaging	Qty Billed	Unit Price	Amount
12059484	3	CHEM-AQUA 52885, 49 LB / 2 X 2.5 GL, NAC CA	LB	147.00	12.66	1,861.02
12059485	1	CHEM-AQUA 52885, 49 LB, NAC CA	LB	49.00	10.31	505.19
10197192	1	EMSEMJT075 SEAMETRICS TOTALIZING WATER METER MJT-075, 3/4", 105F	EA	1.00	114.00	114.00

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
2,480.21	148.82	24.80	101.99		USD	2,755.82
FL		Tax ID # 78-8011956191-0		Federal ID # 75-2761907		

CHEM-AQUA, INC. . ALL RETURNS CLAIMS FOR ERRORS, OR ADJUSTMENTS OF ANY KIND MUST BE MADE WITHIN 15 DAYS AFTER RECEIPT OF GOODS. MERCHANDISE NOT ACCEPTED FOR CREDIT WITHOUT OUR PRIOR WRITTEN CONSENT. ** DISTRIBUTION SERVICES INCLUDE SHIPPING & HANDLING CHARGES - F.O.B. MIAMI .

Please MAIL WITH PAYMENT

TO ENSURE PROPER CREDIT PLEASE DETACH THIS STUB AND RETURN WITH YOUR REMITTANCE
MAKE CHECKS PAYABLE ONLY TO CHEMAQUA



Customer Acct. No.	Invoice No.	Amount Due	Amount Paid	Currency
362488	2331063	2,755.82		USD

Sold To EMBASSY SUITES HOTEL MIAMI AIRPORT ENGINEERING DEPT 3974 NW SOUTH RIVER DR MIAMI FL 33142	Make Checks Payable To CHEMAQUA 23261 NETWORK PLACE CHICAGO, IL 60673-1232
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Address Changes or Comments
A/P Email Address :



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PO BOX 152170
IRVING TX 75015

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CHEMAQUA
23261 NETWORK PLACE
CHICAGO, IL 60673-1232

Sold To
Attn: STEVE MOJINA

EMBASSY SUITES HOTEL
2 CONVENTION CENTER
SAINT CHARLES MO 63303

Ship To
Attn: STEVE MOJINA

EMBASSY SUITES HOTEL
2 CONVENTION CENTER
SAINT CHARLES MO 63303

Sign up to receive your
next invoice via email
or pay your next invoice
ach/eft/direct deposit
simply email us at
cac.credit@nch.com

Customer No.	Billing Date	Terms	Due Date	Ship Date	Sales Order	
307073	02-JUN-16	10 NET	12-JUN-16		2528837	
Invoice No.	Purchase Order No.	Sales Rep. No.	Sales Rep. Name			
2335340	BANKRUPTCY	USCA2C18	KIRCHOFF, Mr. SCOTT JEFFREY			
Product	Qty Ordered	Description	Packaging	Qty Billed	Unit Price	Amount
12015268	1	WATER TREATMENT PROGRAM	EA	1.00	1,550.00	1,550.00

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
1,550.00	65.49	49.99	0.00		USD	1,665.48
MO		Tax ID # 16780736		Federal ID # 75-2761907		

CHEM-AQUA, INC. . ALL RETURNS CLAIMS FOR ERRORS, OR ADJUSTMENTS OF ANY KIND MUST BE MADE WITHIN 15 DAYS AFTER RECEIPT OF GOODS. MERCHANDISE NOT ACCEPTED FOR CREDIT WITHOUT OUR PRIOR WRITTEN CONSENT. ** DISTRIBUTION SERVICES INCLUDE SHIPPING & HANDLING CHARGES - F.O.B. INDIANAPOLIS .

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Customer Acct. No.	Invoice No.	Amount Due	Amount Paid	Currency
307073	2335340	1,665.48		USD

Sold To
EMBASSY SUITES HOTEL
2 CONVENTION CENTER
SAINT CHARLES MO 63303

Make Checks Payable To
CHEMAQUA
23261 NETWORK PLACE
CHICAGO, IL 60673-1232

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A/P Email Address :



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PO BOX 152170
IRVING TX 75015

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Sold To	Ship To	Sign up to receive your next invoice via email or pay your next invoice ach/efit/direct deposit simply email us at cac.credit@nch.com
RENAISSANCE PHOENIX GLENDALE HOTEL & SPA 9495 W COYOTES BLVD GLENDALE AZ 85305	Attn: ROLANDO GALINDO RENAISSANCE PHOENIX GLENDALE HOTEL & SPA 9495 W COYOTES BLVD GLENDALE AZ 85305	

Customer No. 562229	Billing Date 15-JUN-16	Terms 10 NET	Due Date 25-JUN-16	Ship Date	Sales Order 2544270	
Invoice No. 2349617	Purchase Order No. BANKRUPTCY		Sales Rep. No. USCA6C15	Sales Rep. Name TREAT, Mr. JEREMY EVAN		
Product 12015268	Qty Ordered 1	Description WATER TREATMENT PROGRAM	Packaging EA	Qty Billed 1.00	Unit Price 1,290.00	Amount 1,290.00

Merchandise 1,290.00	State Tax 72.24	Local Tax 46.44	** Shipping 0.00	Split Inv. No.	Currency USD	Total Amount 1,408.68
AZ		Tax ID # 07 575967-X		Federal ID # 75-2761907		

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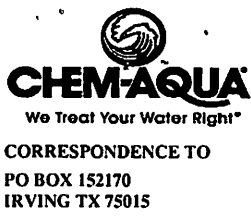
Customer Acct. No.	Invoice No.	Amount Due	Amount Paid	Currency
562229	2349617	1,408.68		USD

Sold To **Make Checks Payable To**

RENAISSANCE PHOENIX GLENDALE HOTEL & SPA
9495 W COYOTES BLVD
GLENDALE AZ 85305

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CHICAGO, IL 60673-1232

Sold To		Ship To		Sign up to receive your next invoice via email or pay your next invoice ach/eft/direct deposit simply email us at cac.credit@nch.com
UNIVERSITY PLAZA HOTEL 333 JOHN Q HAMMONS PKWY SPRINGFIELD MO 65806		Attn: MIKE CARLSON UNIVERSITY PLAZA HOTEL 333 JOHN Q HAMMONS PKWY SPRINGFIELD MO 65806		

Customer No. 510960	Billing Date 15-JUN-16	Terms 10 NET	Due Date 25-JUN-16	Ship Date	Sales Order 2544839	
Invoice No. 2348229	Purchase Order No.		Sales Rep. No. USCA9C82	Sales Rep. Name HUTSELL, Mr. JAMES G (GREG)		
Product	Qty Ordered	Description	Packaging	Qty Billed	Unit Price	Amount
12015268	1	WATER TREATMENT PROGRAM	EA	1.00	548.24	548.24

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
548.24	23.17	18.50	0.00		USD	589.91
MO		Tax ID # 16780736		Federal ID # 75-2761907		

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Customer Acct. No.	Invoice No.	Amount Due	Amount Paid	Currency
510960	2348229	589.91		USD

Sold To	Make Checks Payable To
UNIVERSITY PLAZA HOTEL 333 JOHN Q HAMMONS PKWY SPRINGFIELD MO 65806	CHEMAQUA 23261 NETWORK PLACE CHICAGO, IL 60673-1232

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A/P Email Address :



CORRESPONDENCE TO
PO BOX 152170
IRVING TX 75015

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WWW.CHEMAQUA.COM

Page: 1 of 1
Remittance Address

CHEMAQUA
PO BOX 971269
DALLAS, TX 75397-1269

Sold To	Ship To	
JOHN Q HAMMONS CONVENTION CNTR 3303 PINNACLE HILLS PKWY ROGERS AR 72756	JOHN Q HAMMONS CONVENTION CNTR 3303 PINNACLE HILLS PKWY ROGERS AR 72756	Sign up to receive your next invoice via email or pay your next invoice ach/eft/direct deposit simply email us at cac.credit@nch.com

Customer No.	Billing Date	Terms	Due Date	Ship Date	Sales Order	
340669	20-JUN-16	10 NET	30-JUN-16		2551461	
Invoice No.	Purchase Order No.	Sales Rep. No.	Sales Rep. Name			
2355793	BANKRUPTCY	USCAK225	SUVINO, Mr. ROBERT A			
Product	Qty Ordered	Description	Packaging	Qty Billed	Unit Price	Amount
12015268	1	WATER TREATMENT PROGRAM	EA	1.00	229.58	229.58

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
229.58	14.92	6.89	0.00		USD	251.39
AR		Tax ID # 00205077-SLS		Federal ID # 75-2761907		

CHEM-AQUA, INC. . ALL RETURNS CLAIMS FOR ERRORS, OR ADJUSTMENTS OF ANY KIND MUST BE MADE WITHIN 15 DAYS AFTER RECEIPT OF GOODS. MERCHANDISE NOT ACCEPTED FOR CREDIT WITHOUT OUR PRIOR WRITTEN CONSENT. ** DISTRIBUTION SERVICES INCLUDE SHIPPING & HANDLING CHARGES - F.O.B. IRVING .

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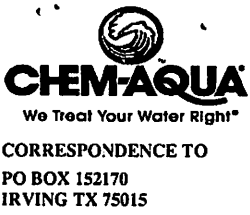
Customer Acct. No.	Invoice No.	Amount Due	Amount Paid	Currency
340669	2355793	251.39		USD

Sold To **Make Checks Payable To**

JOHN Q HAMMONS CONVENTION CNTR
3303 PINNACLE HILLS PKWY
ROGERS AR 72756

CHEMAQUA
PO BOX 971269
DALLAS, TX 75397-1269

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A/P Email Address :



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FAX # 1-972-438-0634
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CHICAGO, IL 60673-1232

Sold To Attn: DANIEL EVERT EMBASSY SUITES HOTEL 4705 CLYDESDALE PKWY LOVELAND CO 80538	Ship To Attn: DANIEL EVERT EMBASSY SUITES HOTEL 4705 CLYDESDALE PKWY LOVELAND CO 80538	Sign up to receive your next invoice via email or pay your next invoice ach/eft/direct deposit simply email us at cac.credit@nch.com
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Customer No. 260424	Billing Date 25-JUN-16	Terms 10 NET	Due Date 05-JUL-16	Ship Date	Sales Order 2557803	
Invoice No. 2362030	Purchase Order No. BANKRUPTCY	Sales Rep. No. USCA8C93	Sales Rep. Name SHAW, Mr. FREDERICK H			
Product	Qty Ordered	Description	Packaging	Qty Billed	Unit Price	Amount
12015268	1	WATER TREATMENT PROGRAM	EA	1.00	451.87	451.87

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
451.87	13.10	13.56	0.00		USD	478.53
CO		Tax ID # 13-48754-0000		Federal ID # 75-2761907		

CHEM-AQUA, INC. . ALL RETURNS CLAIMS FOR ERRORS, OR ADJUSTMENTS OF ANY KIND MUST BE MADE WITHIN 15 DAYS AFTER RECEIPT OF GOODS. MERCHANDISE NOT ACCEPTED FOR CREDIT WITHOUT OUR PRIOR WRITTEN CONSENT. ** DISTRIBUTION SERVICES INCLUDE SHIPPING & HANDLING CHARGES - F.O.B. DENVER .

Please MAIL WITH PAYMENT

TO ENSURE PROPER CREDIT PLEASE DETACH THIS STUB AND RETURN WITH YOUR REMITTANCE
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Customer Acct. No.	Invoice No.	Amount Due	Amount Paid	Currency
260424	2362030	478.53		USD

Sold To EMBASSY SUITES HOTEL 4705 CLYDESDALE PKWY LOVELAND CO 80538	Make Checks Payable To CHEMAQUA 23261 NETWORK PLACE CHICAGO, IL 60673-1232
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Address Changes or Comments
A/P Email Address :

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: (8698637)
CHEMAQUA
NCH CORPORATION -
CREDIT DEPT
2727 CHEMSEARCH BLVD
IRVING, TX 75062

Claim No: 785
Original Filed
Date: 04/11/2017
Original Entered
Date: 04/11/2017

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

Amount claimed: \$8321.01

History:

[Details](#) [785-1](#) 04/11/2017 Claim #785 filed by CHEMAQUA, Amount claimed: \$8321.01 (Marshall, Terri)

Description: (785-1) Goods Sold

Remarks: (785-1) ECF by Claims Agent 4/11/2017

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*	\$8321.01
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		