B10 (Official Form 10) (04/13)			
UNITED STATES BANKRUPTO	CY COURT District of	Kansas	PROOF OF CLAIM
Name of Debtor:		Case Number:	
Chateau Lake, LLC dba Chateau on the Lake Resor	t & Spa	16-21183	Kansas City. KS APR 14 2017
	claim for an administrative expense that arises ment of an administrative expense according to		Clark
Name of Creditor (the person or other ent American Automobile Association	ity to whom the debtor owes money or propert on	у):	U.S. Bankruptcy Court COURT USE ONLY
Name and address where notices should be AAA - Mail Stop 2 1000 AAA Drive Heathrow FL 32746			☐ Check this box if this claim amends a previously filed claim. Court Claim Number: (If known)
Telephone number: (800) 866-5222	email: credit@national.aaa.com		Filed on:
Name and address where payment should	be sent (if different from above):		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number:	email:		
If all or part of the claim is secured, comp If all or part of the claim is entitled to pric Check this box if the claim includes int Basis for Claim: Advertising (See instruction #2)		oal amount of the claim. Attach a	statement that itemizes interest or charges.
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as	: 3b. Uniform Claim Identifi	ier (optional):
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is setoff, attach required redacted documents		(See instruction #3b) Amount of arrearage and cincluded in secured claim,	other charges, as of the time case was filed, if any:
Nature of property or right of setoff: (Real Estate	Basis for perfection:	
Value of Property: \$		Amount of Secured Claim:	 _
Annual Interest Rate% ☐Fixed (when case was filed)	d or □Variable	Amount Unsecured:	\$
5. Amount of Claim Entitled to Priorit the priority and state the amount.	y under 11 U.S.C. § 507 (a). If any part of t	he claim falls into one of the foll	owing categories, check the box specifying
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	□ Wages, salaries, or commissions (up) earned within 180 days before the case w debtor's business ceased, whichever is eat 11 U.S.C. § 507 (a)(4).	as filed or the employee bene	efit plan –

☐ 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).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__).

\$_____

*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

B10 (Official Form 10) (04/13)

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7. Documents: Attached are redacted copies of any documents the running accounts, contracts, judgments, mortgages, security agreems statement providing the information required by FRBP 3001(c)(3)(A evidence of perfection of a security interest are attached. If the claim filed with this claim. (See instruction #7, and the definition of " reda ")	ents, or, in the case of a claim based on (a). If the claim is secured, box 4 has be a is secured by the debtor's principal res	an open-end or revolving consumer credit een completed, and redacted copies of docu-	agreement, a uments providing
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCU	MENTS MAY BE DESTROYED AF	ΓER SCANNING.	
If the documents are not available, please explain:			
8. Signature: (See instruction #8) Check the appropriate box.			1
☐ I am the creditor. ☐ I am the creditor's authorized agent.	☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)	☐ I am a guarantor, surety, indorser, or (See Bankruptcy Rule 3005.)	other codebtor.
I declare under penalty of perjury that the information provided in the	nis claim is true and correct to the best	of my knowledge, information, and reasona	ible belief.
Print Name: Robin Roos Title: Manager, Credit and Collections Company: American Automobile Association Address and telephone number (if different from notice address above	ve): (Signature)	Date))

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

email: rroos@national.aaa.com

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Telephone number: (407) 444-7316

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same — bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

___INFORMATION_

Acknowledgment of Filing of Claim
To receive acknowledgment of your filing, you may
either enclose a stamped self-addressed envelope and
a copy of this proof of claim or you may access the
court's PACER system

(www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.



Invoice

Account Number:

Invoice Number:

88164000 1696245

Invoice Date:

06/03/16

Customer P.O./Ref.: Mr Stephen Marshall

invoice@national.aaa.com

See Reverse Side for Important Information.

PAGE:

Bill To: CHATEAU ON THE LAKE RESORT & S ACCOUNTS PAYABLE DEPT. 415 N STATE HWY 265

BRANSON MO 65616

Ship To:

CHATEAU ON THE LAKE RESORT & S ACCOUNTS PAYABLE DEPT. 415 N STATE HWY 265

BRANSON MO 65616

SC

Customer Service: (407) 444-7253 or Toll - Free (800) 866-5222 (U.S. or Canada) or Fax (407) 444-7274

Item Description	Item Number	Unit	Tax	Quantity	Unit Price	e Total	Price
JUNE 2016 Questions concerning this in (407) 444-8278 or e-mail pm	, ,						
(401) 444-0210 or e-mail pm	ayyıwı ratioriai. ada. com						
aaa.com Advertising	15424	EA	N	1.0000	790.00	00	790.00
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June 2016							
Chateau on the Lake Resort &							
BRANSON							
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Terms: Net 30	Due Date: 0	7/03/16		Tax @	0 %		
				*TOTAL DUE		,	247.00

Payable in US funds.

Return this portion with your payment. Please write your account number on your check.

Account Number: 88164000 **Invoice Number:** 1696245 SC **Amount Due:** 247.00 Make your checks payable to AAA and mail to:

AAA - Mail Stop 2 1000 AAA Drive

Heathrow, FL 32746-5063

...or Fax Credit Card Payments to (407) 444-7274

IF PAYING BY CREDIT CARD, FILL OUT BELOW					
☐ MasterCard ☐ Visa ☐ Discover \$					
Card #					
CVC (3 digits on back)					
Exp. Date					
Print Name					
Billing Address (if different than above)					
Signature					

CHATEAU ON THE LAKE RESORT & S ACCOUNTS PAYABLE DEPT. 415 N STATE HWY 265 **BRANSON MO 65616**

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Street Address:	415 N State Hwy 265									\neg
City:	BRANSON			ST/PR:	МО		P	ostal Code:	65616	\neg
Sales Contact Pe	erson: Stephen Marshall - (GM								\neg
Sales Contact En	nail: stephen.marshall@j	qh.com								
Sales Contact Ph	none: (417) 334-1161			Fax;	(417) 339-5	5566	-			\neg
AAA Regional M	anager: Terry Patton									\neg
			Varket Place	nent Se	ction					
City & State: Bra	nson, MO Size	e: Small		Posi	tion:]1 🔲 2	10	Type:	New Renew	/al
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Address:	415 N State Hwy 265									
City:	BRANSON		7.0	ST/PR: 1	MO		l D	ostal Code: 6	5616	\dashv
Phone:	(417) 334-1161	_/			417) 339-55	66	1,,			\dashv
Authorized Signature:	Stephen Marshall	11	July	1	1.1	00	Date:	November 1	7, 2016	
Print Name:	Stephen Marshall	1 6	ans,	1466	We C					\dashv
Title:	General Manager									
Email:	stephen.marshall@jqh.co	m					□ Fm	nail Invoices	to Payer Email	\dashv
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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:

Last Date to file (Govt):

Creditor: (8703422) Claim No: 787 Status: AMERICAN AUTOMOBILE Original Filed Filed by: CR

ASSOCIATION Date: 04/17/2017 Entered by: Terri Marshall

MAIL STOP 2 Original Entered Modified:

1000 AAA DRIVE Date: 04/17/2017

HEATHROW FL, 32746 Amount claimed: \$247.00

History:

<u>Details</u> 787- 04/17/2017 Claim #787 filed by AMERICAN AUTOMOBILE ASSOCIATION, Amount claimed:

1 \$247.00 (Marshall, Terri)

Description: (787-1) Advertising (16-21183)

Remarks: (787-1) ECF by Claims Agent 4/17/17

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*	\$247.00
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		