

2107

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

Debtor name: Embassy Suites Frisco

United States Bankruptcy Court for the District of Kansas at Kansas City

Case number (if known): 16-21142

RECEIVED

AUG 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

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

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?  
Texas Airsystems LLC  
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)
	<u>Texas Airsystems</u> Name <u>10029 W. Campus Circle Dr</u> Number Street <u>Irving TX 75063</u> City State ZIP Code Contact phone <u>972-315-9084</u> Contact email <u>lrockett@texasairsystems.com</u>	<u>Texas Airsystems</u> Name <u>10029 W. Campus Circle Dr.</u> Number Street <u>Irving TX 75063</u> City State ZIP Code Contact phone <u>972-315-9084</u> Contact email <u>lrockett@texasairsystems.com</u>

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? \_\_\_\_\_

2107

**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: EMB003

7. How much is the claim? \$ 103.92. 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, HVAC parts

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: \_\_\_\_\_



2107

**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
<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 8-21-2017  
MM / DD / YYYY

Laura Rockett  
Signature

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

Name Laura Rockett  
First name Middle name Last name

Title Credit analyst

Company Texas Air Systems  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 6029 W. Campus Circle Dr. #100  
Number Street

Irving TX 75063  
City State ZIP Code

Contact phone 972-375-9084 Email lrockett@texasairsystems.com



**Texas AirSystems**  
 6029 West Campus Circle Dr  
 Suite 100  
 Irving TX 75063  
 Phone: (972) 570-4700  
 Fax: (972) 570-4207

INVOICE

Invoice	PT12645
Date	6/28/2016
Page	1

2107

**Bill To:**

EMBASSY SUITES - FRISCO  
  
 7600 JOHN Q. HAMMONS DRIVE  
 FRISCO TX 75034

**Ship To:**

EMBASSY SUITES - FRISCO  
 BRETT  
 7600 JOHN Q. HAMMONS DRIVE  
 FRISCO TX 75034

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Sales Order No.
JQH858582	EMB003	RML	BEST WAY	NET 30	6/20/2016	

Description	Ext. Price
GREASE CANISTER / Single	81.00
UPS TRACKING# 1Z007Y750340608724	0.00

Subtotal	\$81.00
Misc	0.00
Tax	7.92
Freight	15.00
Trade Discount	0.00
Less Payment	0.00
<b>Total</b>	<b>\$103.92</b>

**We Appreciate Your Business!**

Please enclose Texas Resale or Exemption Certificate with payment if not paying tax on this invoice.

Purchase Order

Report Date: Monday, June 20, 2016

<b>JQH PO #: JQH858582 Information</b>			
Ordered From	Texas Air System Frisco	Confirmation #:	863720
Location:	Texas Air System	Texas Air Order #	11
Address:	6029 West Campus Circle Dr Irving, TX 75063	Approval Date	6/20/2016 3:24:27PM (CT)
		Print Date:	6/20/2016
		Location Manager:	Brett Masters
Person Who Placed Order : <b>Brett Masters</b>			

<b>Bill To</b>	<b>Ship To</b>
<b>Account #:</b> John Q. Hammons Bill Hotel Directly At, Ship To Address (417) 873-3570	<b>Account #:</b> Embassy Suites - Frisco - Eng #80713 7600 John Q. Hammons Drive Frisco, TX 75034 U.S.A. 972-712-7200

Order #	Texas Air Whse. Item #	UOM	Pk./Sz.	Product Name	JQH Item #
<b>Uncategorized : Uncategorized</b>					
3	C00-778870	ca	ca	Grease Canister	

Total Line Items:	1
Total Quantity Ordered	3

<u>General Comments:</u>	<u>Comments to Distributor:</u>

EQUAL OPPORTUNITY AND EXECUTIVE ORDERS: The Equal Opportunity Clauses required by Executive Order 11246, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212 (formerly 2012), Section 503 of the Rehabilitation Act of 1973, as amended, Executive Order 13201, as amended, and their implementing regulations at 41 CFR Chapter 60 (including 41 CFR 60-1.4, 41 CFR 60-250.5, 41 CFR 60-300.5 and 41 CFR 60-741.5 respectively), Executive Order 13465 (73 FR 67704) paragraphs: (a) 1-4 of the Contract Clause Section of Executive Order 13496 and any valid notice requirements under Executive Order 13496 (29 CFR part 471.2(d)) are part of this contract and binding upon the parties, including any Seller, Purchaser, Contractor, Subcontractor, Vendor, or Supplier) unless exempted by rules, regulation or orders of the Secretary of Labor. The parties further agree to adhere to all federal, state and local nondiscrimination laws regarding equal opportunity for all persons without regard to race, color, religion, sex, national origin, disability or veteran's status.

*Note: Freight charges that may apply to this order must be updated on our web site to insure proper invoice presentation. Please use the confirmation number, PO number or supplier order number to locate the order.*



ReactorNet Technologies PO Box 591789 San Antonio, TX 78259

© 2016 ReactorNet Technologies, LLC All rights reserved.

PH (210) 477-0200

Page 1 of 1

Run by: Brett Masters

Monday, June 20, 2016 3:24:28 pm

2107



## Proof of Delivery

[Close Window](#)

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

<b>Tracking Number:</b>	1Z007Y750340608724
<b>Service:</b>	UPS GROUND
<b>Delivered On:</b>	06/21/2016 12:19 P.M.
<b>Delivered To:</b>	FRISCO, TX, US
<b>Received By:</b>	COATS
<b>Left At:</b>	Inside Delivery

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 02/20/2017 4:27 P.M. ET

[Print This Page](#)

[Close Window](#)





# Packing Slip

**Texas AirSystems**  
**6029 West Campus Circle Drive**  
**Suite 100**  
**Irving, TX 75063**  
**P: (972) 570-4700**  
**F: (972) 570-4207**

Packing Slip	16P06327
Document Date	6/20/2016
Page	1/1
Who Printed	jtheiss
Date/Time Printed	6/20/2016 3:58 PM

2107

**Bill To:**

EMBASSY SUITES - FRISCO  
 7600 JOHN Q. HAMMONS DRIVE  
 FRISCO TX 75034

**Ship To:**

EMBASSY SUITES - FRISCO  
 BRETT  
 7600 JOHN Q. HAMMONS DRIVE  
 FRISCO TX 75034

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	Req'd Ship Date		
JQH9145	EMB003	RML	BEST WAY	NET 30	06/20/2016		
Qty	Shipped	B/O	Item #	D/S	Whse	Bin	UOM
3	3		COO-778870	STK	100		3 EA
Description						Vendor Item #	
GREASE CANISTER / Single							

007Y76 JUN 20, 2016 ACT WT 3.2 LBS 1 OF 1  
 SVC GND COM BL WT 4.0 LBS  
 TRACKING# 1Z007Y760340608724  
 REF 1:16P06327  
 REF 2:PO# JQH9145

HANDLING CHARGE 0.00  
 SINGLE - PIECE CCC RATE CHRG: SVC 6.49 USD  
 DV 0.00 COD 0.00 RS 0.00  
 DC 0.00 DGD 0.00 SD 0.00  
 AH 0.00 PR 0.00 SP 0.00  
 TOT CCC CHG 6.49 CCC + HANDLING 6.49  
 TOT PUB CHG 8.01 PUB + HANDLING 8.01

Received By: (print) \_\_\_\_\_

(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:* (8802025)  
Texas AirSystems, LLC  
6029 W. Campus Circle Dr.  
Suite 100  
Irving, TX 75063

**Claim No:** 792  
*Original Filed*  
*Date:* 08/28/2017  
*Original Entered*  
*Date:* 08/28/2017

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

Amount claimed: \$103.92

*History:*

[Details](#) [792-1](#) 08/28/2017 Claim #792 filed by Texas AirSystems, LLC, Amount claimed: \$103.92 (Marshall, Terri )

*Description:* (792-1) Goods Sold; Listed Debtor name is Embassy Suites Frisco

*Remarks:* (792-1) ECF by Claims Agent 8/28/2017

## 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

<b>Total Amount Claimed*</b>	\$103.92
<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>		