

Fill in this information to identify the case:Debtor 1 U.P. Catering Co., Inc.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of KansasCase number: 16-21198

FILED

U.S. Bankruptcy Court
District of Kansas

8/23/2017

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

1. Who is the current creditor?	<u>RYDER TRUCK RENTAL, INC.</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>RYDER TRANSPORTATION</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>RYDER TRUCK RENTAL, INC.</u> Name ATTN: JENNIFER MORRIS 6000 WINDWARD PARKWAY ALPHARETTA, GA 30005 Contact phone <u>770-569-6559</u> Contact email <u>JMARTINE@RYDER.COM</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim

page 1

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?	<div style="display: flex; justify-content: space-between;"><div><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:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">8720</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>589.08</u></div><div>Does this amount include interest or other charges? <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).</div></div>
8. What is the basis of the claim?	<p>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.</p> <p style="text-align: center; border-bottom: 1px solid black;">ACCOUNTS RECEIVABLE</p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <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: _____</div> <div>Basis for perfection: _____</div> <p>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.)</p> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

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. <i>Check all that apply.</i>	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.	<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.	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>8/23/2017</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ JENNIFER MORRIS</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>JENNIFER MORRIS</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title <u>STOP LOSS ANALYST</u></p> <p>Company <u>RYDER TRUCK RENTAL, INC.</u></p> <p>Address <u>6000 WINDWARD PARKWAY</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>ALPHARETTA, GA 30005</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>770-569-6559</u> Email <u>JMARTINE@RYDER.COM</u></p>
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Invoice

June 13, 2016

3002-208720
UNIVERSITY PLAZA HOTEL
ACCOUNTS PAYABLE
333 S JOHN Q HAMMONS PKWY
SPRINGFIELD, MO 65806-2588

Invoice number: DD3718
Customer number: 01112-208720

District number: 3002
KANSAS CITY

YOU CAN GO GREEN
RIGHT NOW.... GET
PAPERLESS INVOICES
AT RYDER.COM/INVOICE

Payment due 06/23/16

Remit to:
RYDER TRANSPORTATION SERVICES
P.O. BOX 96723
CHICAGO, IL, 60693-6723
(800) 947-9337
Please indicate the invoice number DD3718 on your remittance

Total due \$589.08

Summary of charges

	Vehicle/Agreement	Fixed Rental	Variable	Fuel	Other*	Tax	Total
Rental Agreements	395618/01897042	503.55	31.92	32.26	21.00	.35	589.08
	Agreements total	503.55	31.92	32.26	21.00	.35	589.08
	Total charges	503.55	31.92	32.26	21.00	.35	\$589.08

* Other may include accident charges, service and repairs, accessory charges, customer vehicle fuel, miscellaneous charges, credits, interstate fuel tax and estimated fuel

* Other may include accident charges, service and repairs, accessory charges, customer vehicle fuel, miscellaneous charges, credits, interstate fuel tax and estimated fuel

News from Ryder

Questions about your invoice? Our Customer Service Specialists are ready to assist you. Call (800) 947-9337, Monday through Friday, 9 a.m. to 5 p.m. Eastern time. Or e-mail your question to: customer_service-us@ryder

01897042

Agreement number, rental



Reference		Fixed rental charges		
Vehicle number:	395618	3	days @ 111.95	335.85
Vehicle description:	26' Diesel Light Duty Van	Coverage/Protection		
Ordered by:	brad	\$0 DED \$1 MIL CSL		
Driver:	michael don mears	3	days @ 32.00	96.00
Rental location:	1112 SPRINGFIELD, MO.	Emission Fee		
Date rented:	06/07/16, 09:04	3	days @ 4.00	12.00
Date returned:	06/10/16, 07:00	Glass Damage Waiver		
Days used:	3	3	days @ 4.00	12.00
Period billed:	06/07/16-06/10/16	PHYS DMG - \$1000 DED		
	Final #001	3	days @ 15.90	47.70
		Total fixed rental charge		
				\$503.55

With Physical Damage Cov With Liability Cov With Glass Damage Waiver

Mileage charges

Ending odometer	47501	
Beginning odometer	- 47283	
Miles run	218	
Free miles	50	
Total miles charged	168	
Rate per mile	x \$.1900	
Total mileage charge	\$31.92	\$31.92

Fuel charges

Date	Ticket number	Location (R-Ryder O-Outside)	Odometer reading	Quantity	Cost per*	Fuel type	Fuel charge (Qty x Cost)
06/10/16	2012033	R SPRINGFIELD, MO	047500	12.00	2.3150	DSL	27.78
06/10/16	2012034	R SPRINGFIELD, MO	047500	1.63	2.7485	DEF	4.48
Total fuel charge (*includes applicable State excise tax)				13.63	2.3668	.35	\$32.26

Additional charges

Item	Qty	Used	Unit of measure	Rate	Amount
Waste Disposal Fee	3	EA		7.00	21.00
Total additional charges					\$21.00

Taxes

Tax		\$ 35
Tax		\$ 35
Total charge		\$589.08

Thank you for doing business with Ryder!

District of Kansas Claims Register

[16-21198 U.P. Catering Co., Inc.](#)

Judge: Robert D. Berger

Chapter: 11

Office: Kansas City

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (8798084)
RYDER TRUCK RENTAL,
INC.
ATTN: JENNIFER MORRIS
6000 WINDWARD PARKWAY
ALPHARETTA, GA
30005

Claim No: 2
Original Filed
Date: 08/23/2017
Original Entered
Date: 08/23/2017

Status:
Filed by: CR
Entered by:
Modified:

Amount claimed: \$589.08

History:

[Details](#) [2-1](#) 08/23/2017 Claim #2 filed by RYDER TRUCK RENTAL, INC., Amount claimed: \$589.08 (admin)

Description:

Remarks: (2-1) Account Number (last 4 digits):8720

Claims Register Summary

Case Name: U.P. Catering Co., Inc.

Case Number: 16-21198

Chapter: 11

Date Filed: 06/26/2016

Total Number Of Claims: 1

Total Amount Claimed*	\$589.08
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		

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: (8803378)

Claim No: 793

Status:

RYDER TRUCK RENTAL,
INC.

Original Filed

Filed by: CR

ATTN: JENNIFER MORRIS

Date: 08/29/2017

Entered by: Terri Marshall

6000 WINDWARD PARKWAY

Original Entered

Modified:

ALPHARETTA, GA

Date: 08/29/2017

30005

Amount claimed: \$589.08

History:

[Details](#) [793-1](#) 08/29/2017 Claim #793 filed by RYDER TRUCK RENTAL, INC., Amount claimed: \$589.08
(Marshall, Terri)

Description: (793-1) Accounts Receivable (Filed in case 16-21198)

Remarks: (793-1) KSB Filed 8/23/17; ECF by Claims Agent 8/29/17

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*	\$589.08
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		