

Fill in this information to identify the case:

Debtor 1 Renaissance Dallas-Richardson Hotel
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: District of Kansas
Case number 16-21208

RECEIVED
OCT 17 2017
BMC GROUP

Official Form 410
Proof of Claim

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? American Automobile Association, Inc.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor AAA

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>AAA - Mail Stop 2</u>	_____
Name	Name
<u>1000 AAA Drive</u>	_____
Number Street	Number Street
<u>Heathrow FL 32746</u>	_____
City State ZIP Code	City State ZIP Code
Contact phone <u>407-444-7316</u>	Contact phone _____
Contact email <u>rroos@national.aaa.com</u>	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? _____



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: 5 4 9 4

7. How much is the claim? \$ 1,175.00. 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.
Licensing Fee

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- 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 \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> 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). | \$ _____ |
| <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 4/01/16 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 10/22/2017
MM / DD / YYYY



Signature

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

Name Robin Roos
First name Middle name Last name

Title Credit Manager

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

Address 1000 AAA Drive
Number Street
Heathrow FL 32746
City State ZIP Code

Contact phone 407-444-7316 Email rroos@national.aaa.com



Invoice

Account Number: 54940000
 Invoice Number: 1725639 SC
 Invoice Date: 02/01/17
 Customer P.O./Ref.: Bill D. Bretches

See Reverse Side for Important Information.

Bill To: RENAISSANCE DALLAS-RICHARDSON HOTEL
 900 E LOOKOUT DR
 RICHARDSON TX 75082

Ship To: RENAISSANCE DALLAS-RICHARDSON HOTEL
 900 E LOOKOUT DR
 RICHARDSON TX 75082

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	Total Price
2017 TourBook Edition February 1, 2017 - January 31, 2018 Renaissance Dallas-Richardson RICHARDSON TX 75082 122289 OFFICIAL APPOINTMENT - LODGING TEXAS						
	46211010	EA	N	1.0000	2,350.0000	2,350.00
50% AAA DISCOUNT						
	46217002	EA	N	1.0000-	1,175.0000	1,175.00-
If not paid within 30 days Please remit gross of \$2,350.00 Total OA: \$950.00						
Terms: Net 30		Due Date: 03/03/17		Tax @ 0 %		
					*TOTAL DUE	
					1,175.00	

Payable in US funds.

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

Account Number: 54940000
Invoice Number: 1725639 SC
Amount Due: 1,175.00

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 _____

RENAISSANCE DALLAS-RICHARDSON HOTEL
 900 E LOOKOUT DR
 RICHARDSON TX 75082



LODGING OFFICIAL APPOINTMENT AGREEMENT ID # A122289

The undersigned, hereinafter referred to as "Appointee", hereby applies to the American Automobile Association ("AAA/CAA"), for permission to use the trademarks and service marks AAA and CAA (hereinafter collectively called the AAA/CAA mark), whether in logo form or otherwise, in accordance with the provisions hereof, including the rules set forth on the reverse side of this application. This application becomes a contract only when accepted by AAA at Heathrow, Florida.

Appointee may cancel this agreement at any time after the first twelve months the agreement is in effect by written notice sent certified mail to AAA, 1000 AAA Drive, Heathrow, Florida 32746-5063. To be effective, notice of cancellation must be received 150 days prior to the date fee is payable. AAA/CAA may increase or decrease the prevailing fee for Official Appointment renewals by giving written notice to Appointee at least 150 days prior to the date fee is payable. After contract deadline, this agreement shall be irrevocable by the Appointee.

ANNUAL FEE: Appointee located at the address specified below agrees to pay an annual fee for AAA/CAA Official Appointment services as follows: The annual fee will be invoiced, payable on the first day of February of each year, and continuing yearly thereafter. The fee payable on February 1, 2018 will be ~~\$2,397.00~~ \$1,199.00. All fees payable in U.S. funds or Canadian equivalent.

50% LODGING PARTNER DISCOUNT HAS BEEN APPLIED TO ANNUAL FEE ABOVE

INTERIM FEE: Appointee agrees to pay AAA/CAA within thirty (30) days from invoice date, an interim fee of N/A for the right to use the AAA/CAA mark and emblem for the period from N/A through N/A.

<p>Featured Amenity*: *provided free of charge (Select one)</p> <p><input type="checkbox"/> Continental breakfast <input type="checkbox"/> Breakfast buffet <input type="checkbox"/> Full hot breakfast <input checked="" type="checkbox"/> None</p>	<p style="text-align: center;">Photo (one photo only)</p> <p style="text-align: center;"><u>BEN.LOGAN@JQH.COM</u></p> <p style="text-align: center;">Provide EMAIL ADDRESS for upload instructions</p> <hr/> <p style="text-align: center;">OR</p> <hr/> <p style="text-align: center;">Provide WEBSITE ADDRESS authorizing AAA staff to select one photo for AAA's use (as indicated in letter B of the Terms and Conditions.)</p>
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Appointee acknowledges receipt of, and has read and agrees to be bound by the Terms and Conditions contained on the reverse side of this Agreement.				
ACCEPTED BY Authorized Signature:		Date: <input checked="" type="checkbox"/> <u>6-16-17</u>		
Signer Full Name: <input checked="" type="checkbox"/> <u>BEN LOGAN</u>		Signer Title: <input checked="" type="checkbox"/> <u>G.M.</u>		
Signer Email: <input checked="" type="checkbox"/> <u>BEN.LOGAN@JQH.COM</u>		Signer Phone: <input checked="" type="checkbox"/> <u>972-367-6349</u>		
Name of: <input checked="" type="checkbox"/> <u>HAMMONS OF RICHARDSON</u> <input type="checkbox"/> Corporation / <input type="checkbox"/> Partnership / <input type="checkbox"/> Sole Proprietor / <input checked="" type="checkbox"/> LLC				
Establishment: <u>Renaissance Dallas-Richardson Hotel</u>		Establishment Phone: <u>972-367-2000</u>		
Address: <u>900 E Lookout Dr</u>		Establishment Fax: <u>972-367-3333</u>		
City <u>Richardson, TX</u>	St/Prov <u>TX</u>	Postal Code <u>75082</u>	Country	
# Units: <u>335</u>	Acct #: <u>54940000</u>	ID #: <u>A122289</u>	AM: <u>HOUSE/t</u>	Pub ID: <u>4621</u>
Please Provide Billing Address if Different Than Above Payer Name: <u>Renaissance Dallas-Richardson Hotel</u> Address: <u>900 E Lookout Dr</u> City, State, Zip: <u>RICHARDSON, TX 75082</u>			Contact Name: Title: Email: Phone:	
For Office Use Only Accepted for AAA by:			Date: <u>6-15-17</u>	
<input type="checkbox"/> Name Change <input type="checkbox"/> New Owner <input type="checkbox"/> Units		Special Instructions:		<u>FILE, AC, SCAN, PROF, SL</u>

Return Signed Agreement by FRIDAY, JUNE 16, 2017
Fax: 407-444-7314 or Email: dstemples@national.aaa.com

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: (8703422)
AMERICAN AUTOMOBILE
ASSOCIATION
MAIL STOP 2
1000 AAA DRIVE
HEATHROW FL, 32746

Claim No: 795 *Status:*
Original Filed *Filed by:* TR
Date: 10/17/2017 *Entered by:* Terri Marshall
Original Entered *Modified:*
Date: 10/17/2017

Amount claimed: \$1175.00

History:

[Details](#) [795-1](#) 10/17/2017 Claim #795 filed by AMERICAN AUTOMOBILE ASSOCIATION, Amount claimed: \$1175.00 (Marshall, Terri)

Description: (795-1) Licensing fee

Remarks:

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*	\$1175.00
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		