| Debtor name: Embassy Suites - Norman, OK | |
|--|--|
| | |
| United States Bankruptcy Court for the District of Kansas at Kansas City | |
| Case number (If known): 16-21142 -11 | |

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

RECEIVED OCT 3 0 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

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? | Hi-Line Electric C Name of the current creditor (the person or entity to paid for this Other name the creditor used with the debtor | |
| 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? Hi-line Inc Name Hay Valley View In Number Street Dallas, TV 75234 City State ZIP Code Contact phone 972-247-6200 Contact email accounting chiline Con Uniform claim identifier for electronic payments in chap | |
| 4. Does this claim amend one already filed? | No Yes. Claim number on court claims registry (if known | Filed on |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | No Yes. Who made the earlier filing? | |

Official Form 410

| | / | | | | |
|---|--|-----------------------------|--|--|--|
| 12. Is all or part of the claim entitled to priority under | ⊠No | | | | |
| 11 U.S.C. § 507(a)? | Yes. Check all that apply: | Amount entitled to priority | | | |
| A claim may be partly | Domestic support obligations (including alimony and child support) under 11 U.S.C. § $507(a)(1)(A)$ or $(a)(1)(B)$. | \$ | | | |
| priority and partly nonpriority. For example, in some categories, the | 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). | \$ | | | |
| law limits the amount entitled to priority. | 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). | \$ | | | |
| | 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 4/01/19 and every 3 years after that for cases begun on or aft | er the date of adjustment. | | | |
| 13. Is all or part of the | No | | | | |
| claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? | 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. | s0.00 | | | |
| Part 3: Sign Below | | | | | |
| The person completing his proof of claim must | Check the appropriate box: | | | | |
| ign and date it. RBP 9011(b). | I am the creditor. | | | | |
| | am the creditor's attorney or authorized agent. | | | | |
| f you file this claim electronically, FRBP | I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | |
| 6005(a)(2) authorizes courts o establish local rules | | | | | |
| specifying what a signature s. | I understand that an authorized signature on this Proof of Claim serves as an acknowledgmen | t that when calculating the | | | |
| A person who files a | amount of the claim, the creditor gave the debtor credit for any payments received toward the | | | | |
| fraudulent claim could be I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true an fined up to \$500,000, | | | | | |
| years, or both. | I declare under penalty of perjuty that the foregoing is true and correct. | | | | |
| 18 U.S.C. §§ 152, 157, and Executed on date 10/25/2017 3571. | | | | | |
| | affaitsby | | | | |
| | Signature Print the name of the person who is completing and signing this claim: | | | | |
| | Name Angela Johnson Hartsbur | 5 | | | |
| | Title First napple Middle name Manage | Łást name | | | |
| | Company House, Inc. Identify the corporate servicer as the company if the authorized agent is a ser | vicer. | | | |
| | Address 22 Valley View Ln. Number 1 Street | | | | |
| | Dallas State | 75234 ZIP Code | | | |
| | Contact phone 972 - 247 - 6200 Email account | 1 1 11 | | | |

Official Form 410 Case 16-21142 Claim 796-1 Filed 10/30/17 Desc Main Document

| Part 2: Give inform | ation about the Claim as of the Date the Case Was Filed | | | | |
|--|---|--|--|--|--|
| Do you have any number you use to identify the debtor? | | | | | |
| 7. How much is the claim? | \$ 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? | ples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. h 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. | | | | |
| 9. Is all or part of the claim secured? | 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: | | | | |
| 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: | | | | |

Official Form 410 Case 16-21142 Claim 796-1 Filed 10/30/17 Desc Main Document



HI-LINE INC. Remit to: PO BOX 972081

DALLAS, TX 75397-2081 PHONE 800-944-5463 FAX: 800-937-2537

Other inquires: 2121 VALLEY VIEW LN

DALLAS, TX 75234 accounting@hi-line.com

EMBASSY SUITES NORMAN 2501 CONFERENCE DR NORMAN OK 73069 United States of America

STATEMENT

Page:

DATE 10/25/17 ACCOUNT NO.

1

0084670

| DATE | INVOICE NO. | CUS | T. PURCHASE ORDER NO. | CHARGES | CREDITS | BALANCE |
|--------------------|----------------------|-------|-----------------------|------------|------------|------------------|
| 5/20/16 5/20/16 | 10463176 10463177 | JIM T | ULL ULL | 134 140 | .79 .52 | 134.79 140.52 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| .(| 00 | .00 | .00 | .00 | 275.31 | 275.31 |
| CURRENT | OVER 30 | | OVER 60 | OVER 90 | OVER 120 | PAY THIS AMOUNT |

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: (8847688) Claim No: 796 Status: Hi-Line Electric Co. Inc. Original Filed Filed by: CR

c/o Hi-Line, Inc. Date: 10/30/2017 Entered by: Terri Marshall

2121 Valley View Ln Original Entered Modified:

Dallas, TX 75234 Date: 10/30/2017

Amount claimed: \$275.31

History:

<u>Details</u> 796- 10/30/2017 Claim #796 filed by Hi-Line Electric Co. Inc., Amount claimed: \$275.31 (Marshall,

Terri)

Description: (796-1) Goods Sold (Debtor name: Embassy Suites-Norman, OK)

Remarks: (796-1) ECF by Claims Agent 10/30/2017

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* | \$275.31 |
|------------------------------|----------|
| 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 | | |