Fill in this information to identify the case:	
Debtor 1 JOHN Q HAMMONS 2015 LOAN HOLDINGS LLC	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	_ District of KANSAS (State)
Case number 16-21146	

## Official Form 410 **Proof of Claim**

04/19

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?	Department of the Treasury - Internal Revenue Service         Name of the current creditor (the person or entity to be paid for this claim)         Other names 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	Where should notices to the creditor be sent?         Where should payments to the creditor be sent? (if different)				
creditor be sent?	Internal Revenue Service	Internal Revenue Service			
Federal Rule of	Name	Name			
Bankruptcy Procedure (FRBP) 2002(g)	P.O. Box 7346	2850 NE Independence Ave STE 101 M/S 5334-LSM			
(I HDF) 2002(g)	Number Street	Number Street			
	Philadelphia PA 19101-7346	Lee's Summit MO 64064-2327			
	City State ZIP Code	City State ZIP Code			
	Contact phone <u>1-800-973-0424</u>	Contact phone (816) 966-2324			
	Contact email	Contact email			
	Creditor Number: 8518039				
	Uniform claim identifier for electronic payments in chapter 13 (if you use one)				
4. Does this claim amend one already filed?	<ul> <li>□ No</li> <li>■ Yes. Claim number on court claims registry (if k</li> </ul>	nown)1 Filed on:07/27/2016 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?				

No Yes. Atta char reples: Goods sold, money loaned, lease, serv h redacted copies of any documents supportin disclosing information that is entitled to privac s. S. S. The claim is secured by a lien on property. Nature of property: Real Estate. If the claim is secured by the Attachment (Official Form Motor Vehicle	the debtor's princip 410-A) with this Pre-	ed by Bankruptcy Rule care information.	penses, or other (c)(2)(A). Iful death, or credit card. a 3001(c).
Yes. Attached Property: Provide the claim is secured by a lien on property. Nature of property: Provide the claim is secured by a lien on property. Nature of property: Provide Property: Provide Pro	arges required by B rices performed, pe ng the claim require ry, such as health c the debtor's princip 410-A) with this Pro	Bankruptcy Rule 3001( ersonal injury or wrong ed by Bankruptcy Rule care information.	c)(2)(A). ful death, or credit card. a 3001(c). ortgage Proof of Claim
h redacted copies of any documents supportin disclosing information that is entitled to privac s. The claim is secured by a lien on property. Nature of property: Real Estate. If the claim is secured by t Attachment (Official Form Motor Vehicle Other. Describe: Basis for perfection: Attach redacted copies of documents, if a example, a mortgage, lien, certificate of tit	ng the claim require ry, such as health c the debtor's princip 410-A) with this Pro	ed by Bankruptcy Rule care information.	9 3001(c).
<ul> <li>disclosing information that is entitled to privace</li> <li>s. The claim is secured by a lien on property.</li> <li>Nature of property: <ul> <li>Real Estate. If the claim is secured by the Attachment (Official Form</li> <li>Motor Vehicle</li> <li>Other. Describe:</li> </ul> </li> <li>Basis for perfection: <ul> <li>Attach redacted copies of documents, if an example, a mortgage, lien, certificate of tit</li> </ul> </li> </ul>	y, such as health c the debtor's princip 410-A) with this Pro	care information.	ortgage Proof of Claim
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<ul> <li>s. The claim is secured by a lien on property.</li> <li>Nature of property: <ul> <li>Real Estate. If the claim is secured by the Attachment (Official Form</li> <li>Motor Vehicle</li> <li>Other. Describe:</li> </ul> </li> <li>Basis for perfection: <ul> <li>Attach redacted copies of documents, if an example, a mortgage, lien, certificate of tit</li> </ul> </li> </ul>	the debtor's princip 410-A) with this Pro	pal residence, file a Mc oof of Claim.	
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<ul> <li>Nature of property:</li> <li>Real Estate. If the claim is secured by tattachment (Official Form</li> <li>Motor Vehicle</li> <li>Other. Describe:</li> <li>Basis for perfection:</li> <li>Attach redacted copies of documents, if a example, a mortgage, lien, certificate of tit</li> </ul>	the debtor's princip 410-A) with this Pro ny, that show evide	oof of Claim.	
<ul> <li>Real Estate. If the claim is secured by the Attachment (Official Form</li> <li>Motor Vehicle</li> <li>Other. Describe:</li> </ul> Basis for perfection: Attach redacted copies of documents, if an example, a mortgage, lien, certificate of tit	410-A) with this Pro	oof of Claim.	
Attachment (Official Form <ul> <li>Motor Vehicle</li> <li>Other. Describe:</li> </ul> Basis for perfection: Attach redacted copies of documents, if a example, a mortgage, lien, certificate of tit	410-A) with this Pro	oof of Claim.	
<ul> <li>Other. Describe:</li> <li>Basis for perfection:</li> <li>Attach redacted copies of documents, if a example, a mortgage, lien, certificate of tit</li> </ul>	ny, that show evide		security interest (for
Basis for perfection: Attach redacted copies of documents, if a example, a mortgage, lien, certificate of tit	ny, that show evide		security interest (for
Attach redacted copies of documents, if a example, a mortgage, lien, certificate of tit		and of perfection of a	security interest (for
	-		
Value of Property:	\$		
Amount of the claim that is secured:	\$		
Amount of the claim that is unsecured:	\$		secured and unsecured match the amount in line 7.
Amount necessary to cure any default	as of the date of t	the petition: \$_	
Annual Interest Rate (when case was fil	led) _%		
□ Fixed □ Variable			
s. Amount necessary to cure any default a	s of the date of th	e petition. \$	
	Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default Annual Interest Rate (when case was fi □ Fixed □ Variable s. Amount necessary to cure any default a	Amount of the claim that is secured: \$Amount of the claim that is unsecured: \$Amount of the claim that is unsecured: \$Amount necessary to cure any default as of the date of Annual Interest Rate (when case was filed)A Annual Interest Rate (when case was filed)A Fixed Variable S. Amount necessary to cure any default as of the date of th	Amount of the claim that is secured: \$

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 priority and partly nonpriority. For example,	<ul> <li>Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</li> </ul>	\$
in some categories, the law limits the amount entitled to priority.	□ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
	<ul> <li>Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier.</li> <li>U.S.C. § 507(a)(4).</li> </ul>	\$
	$\Box$ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	$\Box$ 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 4/01/22 and every 3 years after that for cases begun on or afte	r the date of adjustment.

he person completing this	Check the a	appropriate box:					
roof of claim must sign nd date it.	■ I am the creditor.						
RBP 9011(b).	□ I am the creditor's attorney or authorized agent.						
you file this claim	$\Box$ I am the t	□ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
ectronically, FRBP 005(a)(2) authorizes courts establish local rules	🗆 I am a gu	□ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
becifying what a signature			gnature on this Proof of Claim serv ave the debtor credit for any pay				
person who files a audulent claim could be ned up to \$500,000,	I have exam and correct.		this Proof of Claim and have a	reasonable belief that the i	information is true		
prisoned for up to 5 ears, or both.	l declare un	der penalty of perjury t	hat the foregoing is true and cor	rrect.			
3 U.S.C. §§ 152, 157, and 571.	Executed or	n date 07/26/2019 MM / DD / YYYY					
		THA GODLEY		_			
	(Signature)		o is completing and signing t	– his claim:			
	(Signature) Print the na	ame of the person wh	o is completing and signing t		GODLEY		
	(Signature)		o is completing and signing the Middle name		GODLEY Last name		
	(Signature) Print the na	ame of the person wh DORLETHA	Middle name				
	(Signature) <b>Print the na</b> Name	ame of the person wh DORLETHA First name Bankruptcy Specialis Internal Revenue Se	Middle name				
	(Signature) <b>Print the na</b> Name Title	ame of the person wh DORLETHA First name Bankruptcy Specialis Internal Revenue Se	Middle name				
	(Signature) <b>Print the na</b> Name Title	ame of the person wh <u>DORLETHA</u> First name <u>Bankruptcy Specialis</u> <u>Internal Revenue Se</u> Identify the corporate se	Middle name it rvice ervicer as the company if the authoriz nce Ave STE 101 M/S 5334-LSM	zed agent is a servicer.			
	(Signature) <b>Print the na</b> Name Title Company	ame of the person wh <u>DORLETHA</u> First name <u>Bankruptcy Specialis</u> Internal Revenue Se Identify the corporate se 2850 NE Independer	Middle name it rvice ervicer as the company if the authoriz nce Ave STE 101 M/S 5334-LSM	zed agent is a servicer.	Last name		
	(Signature) <b>Print the na</b> Name Title Company	ame of the person wh <u>DORLETHA</u> First name <u>Bankruptcy Specialis</u> Internal Revenue Se Identify the corporate se <u>2850 NE Independer</u> Number Stree	Middle name it rvice ervicer as the company if the authoriz nce Ave STE 101 M/S 5334-LSM	zed agent is a servicer.			

Proof of Claim for Internal Revenue Taxes	Form 410 Attachment
Department of the Treasury/Internal Revenue Service	Case Number
In the Matter of: JOHN Q HAMMONS 2015 LOAN HOLDINGS	16-21146
	Type of Bankruptcy Case
300 JOHN Q HAMMONS PKWY STE 900 SPRINGFIELD, MO 65806	CHAPTER 11
	Date of Petition
Amendment No. 3 to Proof of Claim dated 07/26/2016.	06/26/2016

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code						
Taxpayer ID Number	Kind of Tax	Tax Period		Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX0335	FID-INC	12/31/2013	1	Estimated- SEE NOTE	\$0.00	\$0.00
XX-XXX0335	FID-INC	12/31/2015	2	Per Records/Debtor	\$0.00	\$0.00
XX-XXX0335	FID-INC	12/31/2016	2	Per Records/Debtor	\$0.00	\$0.00
					\$0.00	\$0.00

**Total Amount of Unsecured Priority Claims:** 

\$0.00

Unsecured General Claims						
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date	
XX-XXX0335	MISC PEN	12/31/2012	02/16/2015	\$0.00	\$0.00	

Total Amount of Unsecured General Claims:\$0.00

1 PROPOSED DEFICIENCY BASED ON FINAL DETERMINATION OF EXAMINATION OF DEBTOR(S) TAX RETURN.

2 INFORMATION FROM DEBTOR OR RETURN RECEIVED THAT IS NOT YET ASSESSED. THIS CLAIM MAY BE AMENDED AS NECESSARY UPON ASSESSMENT OF THE LIABILITY OR EXAMINATION OF DEBTOR TAX RETURN.

## District of Kansas Claims Register

## 16-21146 John Q. Hammons 2015 Loan Holdings, LLC Closed 05/14/2019

Judge: Rob	ert D. Berger	Chapter: 11			
Office: Kansas City		Last Date to file claims:			
Trustee:		Last Date to file	(Govt):		
<i>Creditor:</i> See Lead Case of creditors	(8518039) 16-21142 for a list	Claim No: 1 Original Filed Date: 07/27/2016 Original Entered Date: 07/27/2016 Last Amendment Filed: 07/29/2019 Last Amendment Entered: 07/29/2019	Status: Filed by: CR Entered by: Tangerine R Willingham Modified: 09/02/2016		
Amount clain	ned: \$0.00				
Secured clain	ned: \$0.00				
Priority clain	ned: \$0.00				
History:					
Details <u>1-1</u>		#1 filed by See Lead C 3.21 (Willingham, Tang	ase 16-21142 for a list of creditors, Amount claimed: gerine)		
Details <u>1-2</u>		led Claim #1 filed by S d: \$20313.21 (Willingh	ee Lead Case 16-21142 for a list of creditors, Amount am, Tangerine)		
Details 1-3		led Claim #1 filed by S d: \$313.21 (Willinghan	ee Lead Case 16-21142 for a list of creditors, Amount n, Tangerine)		
Details <u>1-4</u>		led Claim #1 filed by S d: \$0.00 (Willingham, '	ee Lead Case 16-21142 for a list of creditors, Amount Tangerine)		
Description:					
Remarks: (1-1)	**NOTE-THIS C	LAIM HAS BEEN EN	TERED IN THE LEAD CASE 16-		
21142 AS CLA					
(1-2) **NOTE CLAIM #69-2 <sup>3</sup>		S BEEN ENTERED IN	N THE LEAD CASE 16-21142 AS		
		S BEEN ENTERED IN	N THE LEAD CASE 16-21142 AS		

(1-3) \*\*NOTE-THIS CLAIM HAS BEEN ENTERED IN THE LEAD CASE 16-21142 AS CLAIM #69-3\*\*

## **Claims Register Summary**

Case Name: John Q. Hammons 2015 Loan Holdings, LLC Case Number: 16-21146 Chapter: 11 Date Filed: 06/26/2016 Total Number Of Claims: 1

<b>Total Amount Claimed*</b>	\$0.00
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	\$0.00	
Priority	\$0.00	
Administrative		