

Fill in this information to identify the case:

Debtor 1 Hammons of Huntsville, LLC
Debtor 2 (Spouse, if filing) _____
United States Bankruptcy Court for the: District of Kansas
Case number 16-21154

FILED
Kansas City, KS
JUL 13 2017
Clerk
U.S. Bankruptcy Court

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.

Files 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? Travelers Casualty & Surety Company of America
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 creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Laura Murphy-Sr. Claim Counsel</u> Name <u>One Tower Square S102A</u> Number Street <u>Hartford CT 06183</u> City State ZIP Code Contact phone <u>860.277.0328</u> Contact email <u>lmmurphy@travelers.c</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
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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 10/12/2016
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? _____

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: 9 6 4

7. How much is the claim? \$ 110,855.70. 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.
Payment of claim on Surety Bond.

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:
- | | |
|---|---|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | Amount entitled to priority
\$ _____ |
| <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 07/10/2017
MM / DD / YYYY

Laura M. Murphy
Signature

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

Name Laura M. Murphy
First name Middle name Last name

Title Senior Counsel

Company Travelers Casualty & Surety Company of America
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address One Tower Square | S102A
Number Street

Hartford CT 06183
City State ZIP Code

Contact phone 860-277-0328 Email lmmurphy@travelers.com

Fill in this information to identify the case:

Debtor 1 Hammons of Huntsville, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Kansas

Case number 16-21154

FILED
Kansas City, KS
OCT 04 2016
Clerk
U.S. Bankruptcy Court

RECEIVED
OCT 12 2016
FMR
HTFD, BOND & SEC. DIV.

Official Form 410
Proof of Claim

12/15

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<p>Where should notices to the creditor be sent?</p> <p><u>Laura Murphy- Sr. Counsel</u> Name</p> <p><u>One Tower Square S102A</u> Number Street</p> <p><u>Hartford CT 06183</u> City State ZIP Code</p> <p>Contact phone <u>860.277.0328</u></p> <p>Contact email <u>lmmurphy@travelers.c</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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? _____

Payment Type <input checked="" type="radio"/> Indemnity <input type="radio"/> Expense	Indemnity Type Damages - Surety Expense Type	Payment Method CAPTIS Check	Issue/Transfer Date <input checked="" type="checkbox"/> 10/13/2016	Check Number 1883174
Payment Amount \$110,855.70	Insured's Share \$0.00	Authority \$250,000	Unexpended \$0.00	
Routing Instruction Special Instructions	Cycle Date 10/13/2016	1099 Report Type Not Reportable		
<input type="radio"/> Void <input type="radio"/> Stop <input type="radio"/> Reclass				

Currency type US Dollars	Foreign Currency Amount	Reference
Intended Approver	Actual Approver	Tracking Number

Pay To The Order Of Huntsville Utilities P. O. Box 2048 Huntsville, AL 35804 --- Blank ---	Deliver To Huntsville Utilities P. O. Box 2048 Huntsville, AL 35804
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Assign Payee 1 Huntsville Utilities Assign Payee 2	Payee1 Phrase Address On Check Payee 1 Memo Line --- Blank --- Assign Deliver To Huntsville Utilities Assign Claimant Paid Huntsville Utilities
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HUNTSVILLE UTILITIES

Electricity - Natural Gas - Water
(256) 535-1200
www.hsvutil.org

P.O. Box 2048
Huntsville, AL 35804

RECEIVED

September 27, 2016

OCT 06 2016

Certified Mail - Return Receipt Requested

SAB
11712 2016 9 21 03:44

**TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT. 06183**

**RE: UTILITIES BOND NO: 104768779
PRINCIPAL: HAMMONS OF HUNTSVILLE, LLC DBA EMBASSY SUITE HOTEL
ACCOUNT NO.: 311010010166**

Ladies and Gentleman:

Reference is made to the above utility bond placed in lieu of a cash deposit for the account of HAMMONS OF HUNTSVILLE, LLC DBA EMBASSY SUITE HOTEL. Please find enclosed billing itemizations for services provided from April 30, 2016 through June 26, 2016.

Utility Services were provided at 800 Monroe Street S.W., Huntsville, Alabama 35801. We would appreciate you giving this your immediate attention by sending your check in the amount of \$110,875.70.

If you have any questions, please call me at (256) 535-1227 and I will be glad to be of assistance to you.

Sincerely,

HUNTSVILLE UTILITIES

**Wanda Wallace
Collections Supervisor**

Enclosure

CC: Itemized Statement for HAMMONS OF HUNTSVILLE, LLC DBA EMBASSY SUITE HOTEL.



HUNTSVILLE UTILITIES
ELECTRICITY • NATURAL GAS • WATER

Customer Name: Hammons of Huntsville
Master Account Number: 311010010166
Service Address: 800 Monroe St

Balance forward: \$0.00

Balances from Child Accounts

211010070912

Invoice 04/30/16-5/31/16 \$11,940.55
Invoice 06/01/16-6/26/16 \$7,618.27
\$19,558.82

211010070932

Invoice 5/20/16-6/20/16 \$794.01
Invoice 6/21/16-6/26/16 \$76.29
\$870.30

211010131018

Invoice 4/30/16-5/31/16 \$10,664.18
Invoice 6/1/16-6/26/16 \$10,199.77
\$20,863.95

211010131080

Invoice 4/30/16-5/31/16 \$55.04
Invoice 6/1/16-6/26/16 \$47.65
\$102.69

211010136057

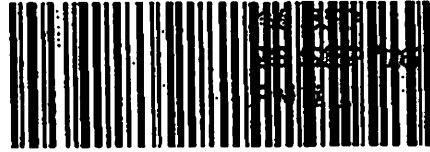
Invoice 4/30/16-5/31/16 \$29,987.21
Invoice 6/1/16-6/26/16 \$39,492.73
\$69,479.94

TOTAL AMOUNT OWED \$110,875.70



HUNTSVILLE UTILITIES
 ELECTRICITY • NATURAL GAS • WATER
 P.O. BOX 2048
 HUNTSVILLE, AL 35804

CERTIFIED MAIL



7015 0640 0004 1900 8348



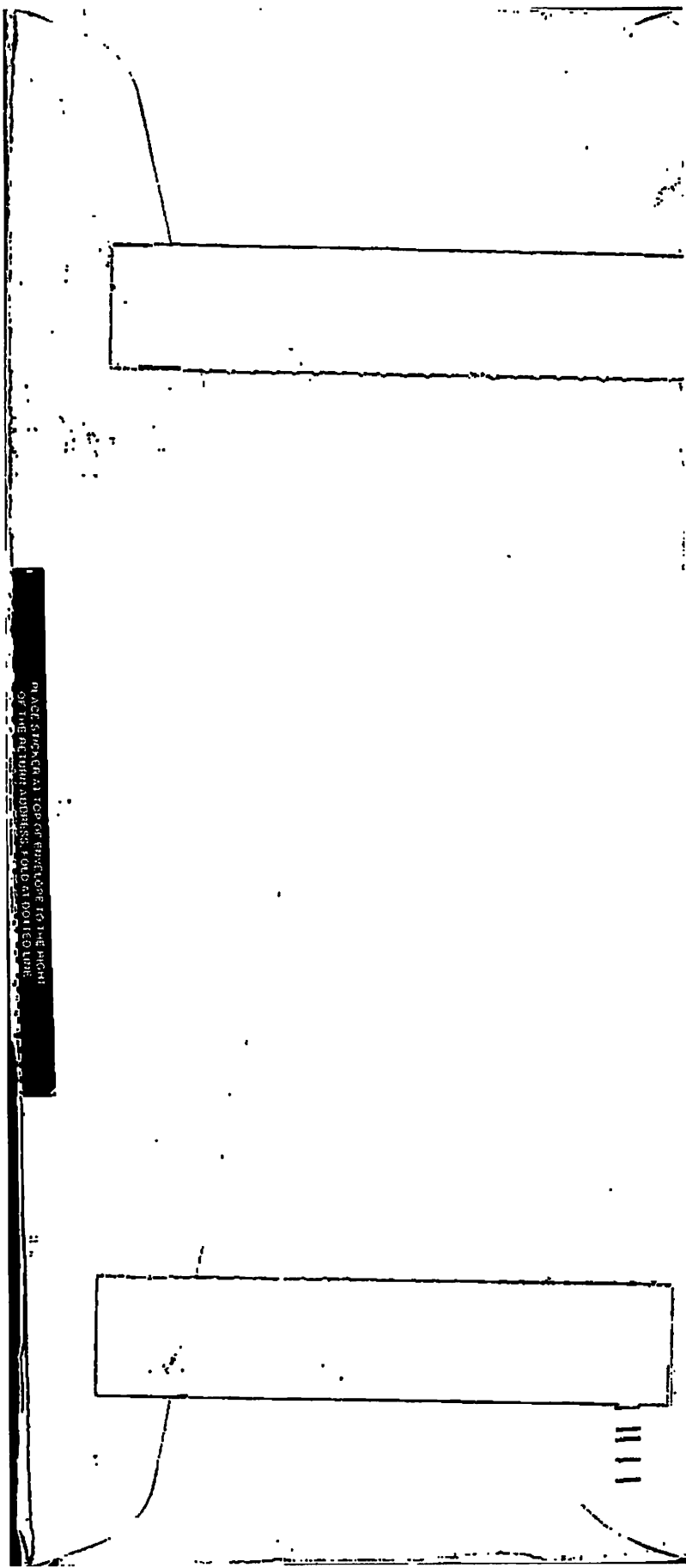
U.S. POSTAGE >>> FITNEY BOWES

 ZIP 35801 \$ 006.46⁵
 02 17
 0001378545 SEP. 28 2016

Travelers Casualty and Surety Co. of America
 One Tower Square
 Hartford, CT 06183

06183-000299





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: (8581255)
TRAVELERS CASUALTY &
SURETY COMPANY OF
AMERICA
LAURA MURPHY - SR.
COUNSEL
ONE TOWER SQUARE /
S102A
HARTFORD, CT 06183

Claim No: 105
Original Filed
Date: 10/10/2016
Original Entered
Date: 10/10/2016
Last Amendment
Filed: 07/14/2017
Last Amendment
Entered: 07/14/2017

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

Amount claimed: \$110855.70

Secured claimed: \$110855.70

History:

- [Details](#) [105-1](#) 10/10/2016 Claim #105 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$201900.00 (Marshall, Terri)
- [Details](#) [105-2](#) 10/25/2016 Amended Claim #105 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$201900.00 (Marshall, Terri)
- [Details](#) [105-3](#) 07/14/2017 Amended Claim #105 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$110855.70 (Marshall, Terri)

Description: (105-1) Issuance of Surety Bond
(105-2) Issuance of Surety Bond (16-21154)
(105-3) Payment of claim on Surety Bond (16-21154)

Remarks: (105-1) KSB Filed 10/4/16; ECF by Claims Agent 10/10/2016
(105-2) Amended by Claims Agent 10/25/2016 to correct claim amt classification
(105-3) KSB Filed 7/13/17; ECF by Claims Agent 7/14/17.

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*	\$110855.70
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	\$110855.70	
Priority		
Administrative		