Fill in this information to identify the case:
Debtor 1 John Q. Hammons Fall 2006, LLC
Debtor 2
(Spouse, if filing)
United States Bankruptcy Court
Case number: 16-21142

FILED

U.S. Bankruptcy Court District of Kansas

5/9/2018

David D. Zimmerman, Clerk

page 1

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 Clai	m						
1.Who is the current creditor?	FACILITY RESPONSE GROUP						
ordanor.	Name of the current creditor (the person or entity to be paid for this claim)						
	Other names the creditor used with the debtor	Hidalgo Facility Solutions					
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?						
3. Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)					
and payments to the creditor be sent?	FACILITY RESPONSE GROUP	100 Crescent Court #700					
Federal Rule of	Name Name						
Bankruptcy Procedure (FRBP) 2002(g)	2100 GREENWOOD DRIVE 200 SOUTHLAKE TX 76092						
		Dallas, TX 75201–2112					
	Contact phone <u>817–632–8093</u>	Contact phone <u>817–632–8093</u>					
	Contact email tstanford@facilityresponse.com	Contact email <u>tstanford@facilityresponse.com</u>					
	Uniform claim identifier for electronic payments in cha	apter 13 (if you use one):					
4.Does this claim amend one already filed?	No ✓ Yes. Claim number on court claims registry (if l	known) 161 Filed on 10/26/2016					
		MM / DD / YYYY					
5.Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?						
Official Form 410	Proof of Clain	n page 1					

6.Do you have any number you use to identify the debtor?	□	No Yes. Last 4 digits of the debtor's a	ccount or any number you use to identify the	he debtor:	1023
7.How much is the claim?	\$		Does this amount include interes ☑ No		•
		L	Yes. Attach statement itemizing other charges required by Bankr	interest, fees uptcy Rule 30	, expenses, or 001(c)(2)(A).
3.What is the basis of the claim?	dea Bar	ith, or credit card. Attach reda ikruptcy Rule 3001(c).	paned, lease, services performed, paned, lease, services performed, paneted copies of any documents suppose sentitled to privacy, such as health	porting the cla	aim required by
9. Is all or part of the claim secured?		Yes. The claim is secured by Nature of property: ☐ Real estate. If the clain Proof of C ☐ Motor vehicle ☐ Other. Describe:	a lien on property. m is secured by the debtor's princip Claim Attachment (Official Form 410	al residence,)–A) with this	file a Mortgage Proof of Claim.
		Basis for perfection:			
		interest (for example, a mor	locuments, if any, that show eviden rtgage, lien, certificate of title, financen has been filed or recorded.)	ce of perfection	on of a security nt, or other
		Value of property:	\$		
		Amount of the claim that secured:	is \$		
		Amount of the claim that unsecured:	is <u>\$</u>	—ùnsecured	of the secured and amounts should amount in line 7.)
		Amount necessary to curdate of the petition:	e any default as of the \$		
		Annual Interest Rate (whe	en case was filed)	%	
		☐ Fixed ☐ Variable			
10.ls this claim based on a lease?		No Yes. Amount necessary to	o cure any default as of the date	of the petitio	on.\$
11.ls this claim subject to a right of setoff?		No Yes. Identify the property:			

Official Form 410 Proof of Claim page 2

12.Is all or part of the claim entitled to priority under	Y	No Yes. Check all that apply:		Amount entitled to priority			
11 U.S.C. § 507(a)? A claim may be partly		☐ Domestic support obligation	ons (including alimony and child support)	· · · · ·			
priority and partly nonpriority. For example		under 11 U.S.C. § 507(a)(
in some categories, the law limits the amount entitled to priority.		property or services for pe U.S.C. § 507(a)(7).	toward purchase, lease, or rental of rsonal, family, or household use. 11	\$			
		180 days before the bankr	issions (up to \$12,850*) earned within uptcy petition is filed or the debtor's is earlier. 11 U.S.C. § 507(a)(4).	\$			
			o governmental units. 11 U.S.C. §	\$			
		☐ Contributions to an employ	ee 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 adjustmen of adjustment.	t on 4/01/19 and every 3 years after that for case	es begun on or after the date			
Part 3: Sign Below							
The person completing this proof of claim must	Che	ck the appropriate box:					
sign and date it. FRBP 9011(b).	V	I am the creditor.					
If you file this claim		I am the creditor's attorney or	· ·				
electronically, FRBP 5005(a)(2) authorizes courts	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
to establish local rules specifying what a signature	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
is.	I und the a	erstand that an authorized signature mount of the claim, the creditor gave	on this Proof of Claim serves as an acknowledge the debtor credit for any payments received tow	ment that when calculating ard the debt.			
A person who files a fraudulent claim could be			oof of Claim and have a reasonable belief that th	ne information is true			
fined up to \$500,000, imprisoned for up to 5	and correct. I declare under penalty of perjury that the foregoing is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157 and	accounts areast portainly of porjury trial and foregoing to add arta control.						
3571.	Exe	ecuted on date 5/9/2018					
		MM / DD /	YYYY				
	/e/ ⁻	Trisha Stanford					
	ŭ	ature t the name of the person who i	is completing and signing this claim:				
	Nan	·	Trisha Stanford				
			First name Middle name Last name				
	Title	;	Accounts Receivable				
	Con	npany	Facility Response Group				
			Identify the corporate servicer as the company servicer	if the authorized agent is a			
	Add	Iress	100 Crescent Court #700				
			Number Street				
			Dallas, TX 75201–2112				
	_		City State ZIP Code				
	Con	entact phone 817–632–8093	Email tstanford@facili	tyresponse.com			

Official Form 410 Proof of Claim page 3

DALGO

FACILITY SOLUTIONS, INC.

2550 114th Street, Suite 180 Grand Prairie, TX 75050 817-632-8090 Main Office Number

SOLD TO:

Marriott Courtyard / Allen Courtyard

210 E. Stacy Road Allen TX 75002

email: dick.dabagian@jgh.com

service invoice

REMIT TO:

Company: Address:

Hidalgo Facility Solutions, Inc. 2535 Brennan Avenue

Ft. Worth, TX 76106

SERVICED AT:

210 E. Stacy Road Allen TX 75002

City/County :: **

Allen/Collin County

PO# ORDEREDBY	CUSTRE	SALESMAN	INVOICEDATE	INVOIGE####
	M1073	Joseph Ford	1/14/2016	471211693-1

JOBIDESCRIPTION

WALK IN COOLER HAS A FREON LEAK

Found system low on 404a. Leaked checked cooler 2, leak was discovered at the evaporator coil but was unable to locate with an electronic leak detector. Injected dye into the unit and charged with 12 lb 404a. We used & black light to find the leak on the top of the stem on the liquid line solenoid valve. Rebuilt valve with a new steff assembly and gasket. Pressure checked for leaks and pulled a vacuum and charged the unit.

					PAF	TS USED		
OTY			D	ESCR	PJIEN		PRICE	AMOUNT
1	Parts ar	id materials						\$1,474.19
12	Freon -	г404а					\$29.00	\$348.00
	<u> </u>							
	110000000000000000000000000000000000000							
	Nitroger							
	Vacuum	,						and a second control of the second se
		ncludes first	2 hou	urs of	labor)			
	Camera	e regizione logili della		lenin fæ				
	Torch							
	Sewer N	lachme (sma	īh),					ALABAMA NEGATION DEPARTMENT
		fachine (larg				et en		
1		l/Consumab	les/C	lean	Up Kits		\$100.00	\$100.00
SERVICE PER	soy = 2	DATE	уjo	JURS .	PATER	AMOUNTA	PARIS	\$1,922.19
Tom Cavanagh	_/_	12/30/15	17	8.0	\$85.00	\$680.00	LABOR	\$1,190.00
David Esparza		12/30/15	7	6.0	\$85.00	\$510.00	P&L Subtotal	\$3,112.19
			1		rearrant on the Condition Section		TAX @ 8.25%	\$256.76
		7	1			A CONTRACTOR OF THE PROPERTY O	TOTAL	\$3,368,95
	1						a nankyoufor	allowing us to
							service your heati	ig ar conditioning
·							electrical and p	
						Compared to the second	Any Guestions regard	ling this billing should
						7	be directed to t	ranklê Moeller
ABOR -					TOTAL	\$1,190.00	817.63	28090: 12

CUSTOMERS ORIGINAL

Thomas Tucker M-39572 Regulated by the Texas State Board of Plumbing Examiners PO Box 4200 Austin, TX-78765 1-800-845-6584, 512-936-5200 TACLA14148C & TECL 31249: Regulated by the Texas Department of Licensing and Regulation; P.O. Box 12157, Austin Texas 78711 1-800-803-9202, 512-463-6599, www.license.state.tx.us



Refrigeration Air Conditioning Plumbing Services

2550 114th St. Suite 180 Grand Prairie, TX 75050 Phone:(817) 632.8090 Fax: (972) 522.0596

	IRTYARD ALLEN	Status: DONE	Job Number: <u>4</u>			
Job Address: 210 E. STACY RO	OAD	Customer PO:Order Date: <u>12/29/15</u>				
Job City: ALLEN		Completion Date: 1	Completion Date: 12/30/15 Service Type: T&M			
Job State: TX		Billing Type:	ICR. NO.			
Job Zip: <u>75002</u>		Conservation Rep	ort:			
	A A	Material				
QTY: Break Do	wn Description:	Vendor	Invoice #	TS/SS		
1 hpc- 164-s - s	porlan liquid line drier	Johnson supply	33031346			
12 12	lb R404a	Johnson supply				
·		uipment:		,		
Manufacturer:		el Number:		Number:		
Heatcraft		H030X63CF	1098	\04644		
Date:	Tech:	Labor		OT:		
1/4/2016	Tom Cavanagh	Reg: 3.5		0		
	abor Sub Total of Hours:	3.50		0.00		
`	_abor Total of Hours:	5.00	3.50			
		frigerant				
Recovered		-Installed		New		
12	-			12		
insure the system is clean. I purged line vacuum. I recharged the cooler with 12 Recommended Repairs:	with nitrogen as I replaced the high lb. R404a. Cooler running properly a	acid removal liquid line drier at this time.	r. I pressure checked and p	ulled a 500 micron		
War	rantv		Miscellaneous Charg	es		
LIMITED WARRANTY; ALL MATE	RIALS, PARTS, AND EQUIPMENT	Total Materials/0				
ARE WARRANTED BY THE N	MANUFACTURERS WRITTEN RIPERFORMED BY THE ABOVE	Services: forch				
	ANTED FOR 30 DAYS, OR AS	Sewer Machine S	Size			
OTHERWISE INDIC	CATED IN WRITING.	Torch Details	Υe			
		Trip Charge	Yes			
Date of Signatures: 1/4/20	46	Hazardous Waste	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Yes		
Date of Signatures. 1/4/20	, 10	The state of the s				
	1	Freight Charge:				
Customer Signature:	1	Technician Signa	ture:			
•	1		11			
IM DL	1	(
Mr paris	1		1~W			
	1	•	•			
	1			•		
	4					
	NATION	CANIMAA	•			
	date of	JUWUL.				



1/7/2016

Refrigeration Air Conditioning Plumbing Services

2550 114th St. Suite 180 Grand Prairie, TX 75050 Phone:(817) 632.8090 Fax: (972) 522.0596

Job Ivaine: MARRIOTT COURT		Status: DONE	Job Number: <u>47</u> ′			
Job Address: 210 E. STACY ROAD	Customer PO:	Order Date: 1	· · · · · · · · · · · · · · · · · · ·			
				Completion Date: 12/30/15 Service Type: T&M		
Job State: TX		Billing Type:	ICR. NO			
Job Zip: <u>75002</u>		Conservation Report	:: Ref. Leak Check			
	Ms	aterial				
QTY: Break Down [Description:	Vendor	Invoice#	TS/SS		
1 solenoid re	ebuild kit	tech plan				
1 dye tı 12 404a refri			+			
2 soap bu						
	Equ	pment:				
Manufacturer:		Number:	Serial N			
Cooler 2)		208AEK	T09B1	0514		
Date:		abor				
// 12/29/2015	Tech: Greg McKoy	Reg:		OT:		
12/30/2015	Greg McKoy		······································	0		
12/30/2015	David Esparza			0		
12/30/2015	Tom Cavanagh	8		0		
Labo	r Sub Total of Hours:	19.00		0.00		
Labo	r Total of Hours:		19.00			
		gerant				
Recovered	Re-Ir	nstalled	Ne 12			
Found system low on 404a. Leaked checked detector. David came out to help and we intended the leak which was on the top of the stem assembly and gasket. Pressure checkets	CIAN due into the unit and chargo	d with 10 lb 101a 101a can tha	unit for a pounta of hours	Ma used a black light to		
Recommended Repairs:						
Warranty LIMITED WARRANTY: ALL MATERIAL ARE WARRANTED BY THE MANU WARRANTY ONLY. ALL LABOR PER NAMED COMPANY IS WARRANTE OTHERWISE INDICATED	S, PARTS, AND EQUIPMENT FACTURERS WRITTEN RFORMED BY THE ABOVE ED FOR 30 DAYS, OR AS	Total Materials/Outs Services: Vacuum Sewer Machine Sizi Torch Details:				
Date of Signatures: 12/30/2019	5	Trip Charge: Hazardous Waste C Freight Charge:	Yes harge: Yes			
Customer Signature:		Technician Signatur	ı			
Owlyn		- T.				
			. (

dates of Service

Page 1 of 4

TACLA14148E Regulated by the Texas Department of Licensing and Regulation, Austin, TX, 78711, 1-800-803-9202, 512-463-6599 M-39672 Regulated by the Texas State Board of Plumbing Examiners, PO Box 4200, Austin, TX, 78765,1-800-845-6584

Trisha Stanford

From:

Jessica Garza [jgarza@facilityresponse.com]

Sent:

Tuesday, February 21, 2017 9:58 AM

To: Cc: 'Trisha Stanford'
'Joseph Ford'

Subject:

FW: Allen Courtyard Invoice #471211693-1

Attachments:

201702201536.pdf

Importance:

High

Flag Status:

Flagged

Filed Chp. 11

47121169-3 12/29/2015 JF Greg 12/30/2015 1/14/2016 Marriott Courtyard Allen 210 E. Stacy Rd., Allen 75002 DISPAT

From: Brad Trader [<u>mailto:brad.trader@jqh.com</u>]

Sent: Tuesday, February 21, 2017 9:41 AM

To: jgarza@facilityresponse.com Cc: Pablo Zuniga; Danielle Wernimont

Subject: Allen Courtyard Invoice #471211693-1

Good afternoon Jessica,

Unfortunately, this invoice cannot be paid at this time. Our company is currently court-ordered not to pay any invoice for goods or services provided prior to June 26, 2016 when we filed for reorganization under Chapter 11. We anticipate that all past due invoices will be paid, however the timing is based on upcoming bankruptcy court judgements. All invoices for goods and services provided on or after June 26, 2016 will be paid as normal. Please feet free to contact me with any questions.

In addition, please file a claim with the court. The claim form can be found on the BMC restructuring website.

http://www.bmcgroup.com/restructuring/geninfo.spx?ClientID=393

There is a link in the upper left hand info bar



Brad Trader

Corporate Accounts Payable

John Q. Hammons Hotels Management, LLC

300 John Q Hammons Pkwy, Ste 900 - Springfield, MO 65806
417.873.3537 Direct | 417.873.3509 Fex

notified in 2017 that this case 16-21/22 Sclain WAI-DRIM2 HINDS/09/2040 Schall Miller Page 4 of 4

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: (8509455) Claim No: 161 Status: FACILITY RESPONSE GROUP Original Filed Filed by: CR 2100 GREENWOOD DRIVE Date: 10/26/2016 Entered by:

200 Original Entered Modified: 05/09/2018

Last Amendment Filed: 05/09/2018 Last Amendment Entered: 05/09/2018

Amount claimed: \$3368.95

History:

<u>Details</u> <u>161-</u> 10/26/2016 Claim #161 filed by FACILITY RESPONSE GROUP, Amount claimed: \$6802.47

(Marshall, Terri)

<u>Details</u> <u>161-</u> 05/09/2018 Amended Claim #161 filed by FACILITY RESPONSE GROUP, Amount claimed:

2 \$3368.95 (admin)

Description: (161-1) Services Performed

Remarks: (161-2) Account Number (last 4 digits):1023

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*	\$3368.95
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		