

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 for the: District of Kansas

Case number 16-21142

**FILED**  
TOPEKA  
JUL 6 2016

U.S. COURT OF BANKRUPTCY  
By Deanna Deputy

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**

<p>1. Who is the current creditor?</p>	<p><u>Ameren Missouri</u> Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p><b>Where should notices to the creditor be sent?</b></p> <p><u>Ameren Missouri/Bankruptcy Desk code 310</u> Name <u>P O Box 66881</u> Number Street <u>St Louis</u> <u>MO</u> <u>63166</u> City State ZIP Code</p> <p>Contact phone _____ Contact email _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p><u>Ameren Missouri/Bankruptcy Desk code 310</u> Name <u>P O Box 66881</u> Number Street <u>St Louis</u> <u>MO</u> <u>63166</u> City State ZIP Code</p> <p>Contact phone <u>314-992-6780</u> Contact email <u>pvickery@ameren.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____</p> <p>Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	

**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 0 3 5

7. How much is the claim?

\$ 37,606.76

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.

Utility Service

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 one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ 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).

☐ 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).

☐ 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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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 06/30/2016

MM / DD / YYYY

/s/ Patti M Vickery

Signature

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

Name Patti M Vickery

First name

Middle name

Last name

Title Credit Advisor

Company

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

Address P O Box 66881

Number Street

St Louis

City

MO

State

63166

ZIP Code

Contact phone 314-992-6780

Email p Vickery@ameren.com

## \*\*\* Account Information \*\*\*

Account Number: 03930-35035  
 Account Status: Final  
 Customer Name: JOHN Q HAMMONS REVOCABLE

Requested By:  
 JOHN Q HAMMONS REVOCABLE  
 (636)946-5544 Extension:

Mail To:  
 JOHN Q HAMMONS REVOCABLE  
 4243 HUNT RD  
 BLUE ASH OH 45242

## \*\*\* Current Account Status \*\*\*

Credit Amount: \$0.00 New Charges: \$0.00  
 Deposit Requested: \$0.00 Current Bill: \$37606.76  
 Deposit On-Hand: \$0.00 Billed Prior: \$0.00  
 Suspended Charges: \$ Balance Due: \$37606.76  
 Service Address:  
 2 CONVENTION CENTER DR  
 SAINT CHARLES MO 63301

## Current Rate(s): 1. Rate 3M Large General Service

2.  
 3.  
 4.  
 5.  
 6.  
 7.  
 8.

TRANSACTION DATE	TRANSACTION	BILLING PERIOD	CHARGES/ DEBITS	PAYMENT/ CREDITS	TOTAL BILL	PREVIOUS BALANCE	DUE DATE	Usage: KWH/ THERM/CCF	BILLED KW/DEMAND
04/13/2016	Payment								
04/29/2016	ELECTRIC SERVICE								
04/29/2016	Bill Amount - Regular Bill	03/30/16 TO 04/28/16	\$20310.40	\$18855.95	\$20310.40	\$0.00	05/12/16	331200	656
05/12/2016	Payment								
05/31/2016	ELECTRIC SERVICE								
05/31/2016	Bill Amount - Regular Bill	04/28/16 TO 05/30/16	\$34721.63	\$20310.40	\$34721.63	\$0.00	06/13/16	372600	656
06/13/2016	Payment								
06/29/2016	ELECTRIC SERVICE								
06/29/2016	Bill Amount - Bill Final	05/30/16 TO 06/26/16	\$37606.76	\$34721.63	\$37606.76	\$0.00	07/13/16	393300	827



AmerenMissouri.com  
1.877.426.3736  
PO Box 790352 St. Louis, MO 63179-0352  
for correspondence only

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### Electric Service Details

Service from 05/30/2016 - 06/26/2016 (27 days)

### Electric Meter Read

METER NUMBER	SERVICE FROM - TO	NO. DAYS	USAGE TYPE	READING TYPE	CURRENT READING	PREVIOUS READING	READING DIFFERENCE	MULTIPLIER	USAGE
11544020	05/30 - 06/26	27	Total kWh	Actual	91974.0000	90663.0000	1311.0000	300.0000	393300.0000
11544020	05/30 - 06/26	27	Peak kW	Actual	2.7570	0.0000	2.7570	300.0000	827.1000

### Usage Summary

Total kWh	393300.0000	Peak kW	827.1000
Billing Demand	827.1000	Total Billing Demand	827.1000

### Rate 3M Large General Service

DESCRIPTION	USAGE	UNIT		RATE	CHARGE
Demand Charge	827.10	kW	@	\$ 4.34700000	\$3,595.40
Energy Charge/Hours Used	111,658.00	kWh	@	\$ 0.10340000	\$11,545.44
Energy Charge/Hours Used	148,878.00	kWh	@	\$ 0.07780000	\$11,582.71
Energy Charge/Hours Used	132,764.00	kWh	@	\$ 0.05230000	\$6,943.56
Customer Charge					\$83.57
Fuel Adjustment Charge	393,300.00	kWh	@	\$-0.00002000	\$-7.87
Energy Efficiency Program Charge	393,300.00	kWh	@	\$ 0.00080000	\$314.64
Energy Efficiency Investment Charge	393,300.00	kWh	@	\$ 0.00261800	\$1,029.66
Total Service Amount					\$35,087.11
DESCRIPTION	USAGE	UNIT		RATE	CHARGE
St Charles Municipal Charge	\$35,087.11		@	\$ 0.07181140	\$2,519.65
Total Tax Related Charges					\$2,519.65
Total Electric Charges					\$37,606.76

### Payments Since Previous Statement

DATE RECEIVED	AMOUNT
June 13, 2016	\$34,721.63

Questions? Contact Ameren Missouri at 1.877.426.3736 or visit AmerenMissouri.com.

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### Address Changes or Corrections

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

### AmerenMissouri.com/WaysToPay



ONLINE  
E-CHECK



PHONE  
866.268.3729



IN PERSON  
FIND A PAY STATION AT  
AMERENMISSOURI.COM/  
PAYSTATION



ONLINE  
CREDIT CARD



MAIL  
STUB & CHECK



AmerenMissouri.com  
 1.877.426.3736  
 PO Box 790352 St. Louis, MO 63179-0352  
 for correspondence only

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**Account Number** 0393035035  
**Customer Name** JOHN Q HAMMONS REVOCABLE  
 TRUST DBA EMBASSY SUITES  
**Service Address** 2 CONVENTION CENTER DR  
 SAINT CHARLES, MO 63301

**Current Detail for Statement 06/30/2016**

**Total Electric Charges** \$37,606.76

**Total Amount Due** \$37,606.76



Stay informed about your energy usage anytime. Go to **AmerenMissouri.com** and create an account. It's simple and free!

**AMOUNT DUE** \$37,606.76

The amount of this bill will be automatically deducted from your bank account 07/13/2016.

**Due Date** 07/13/2016

**Delinquent After** 07/22/2016

**Amount After Delinquent Date** \$37,606.76

**Previous Statement** \$34,721.63

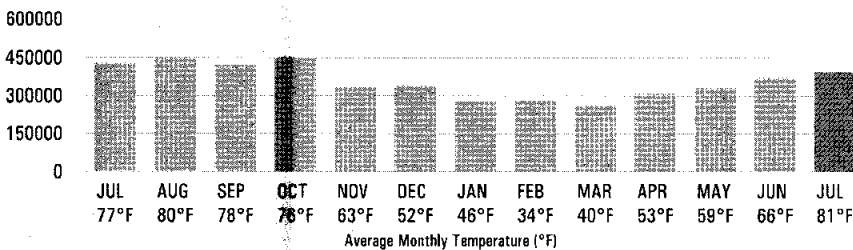
**Total Payments** \$34,721.63

Payment Received. Thank You.

\*\*\* Final Bill \*\*\*

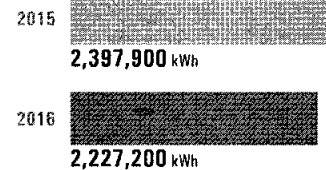
**Electric Usage History**

Electric Usage in Kilowatt Hours (kWh)



**Electric Usage Summary (kWh)**

So far this year, you're using **7.1% less** than last year.



Usage from Jan-Jul for 2015 & 2016

00002 2210221 000001 000001 0001/0001



» See next page for service details.

Keep this portion for your records.

Page 1 of 2

Please return this portion with your payment.



☐ Check if you have address changes on back.

Amount Due	Due Date
\$37,606.76	July 13, 2016
Amount After Delinquent Date 07/22/2016	Account Number
\$37,606.76	0393035035

Amount Enclosed \$

>000002 2210221 0001 092139 10Z

JOHN Q HAMMONS REVOCABLE  
 TRUST DBA EMBASSY SUITES  
 DBA EMBASSY SUITES HOTEL  
 4243 HUNT RD  
 BLUE ASH, OH 45242-6645

**AMEREN MISSOURI**  
 PO BOX 88068  
 CHICAGO IL 60680-1068

90600000 0003930350305 000037606760 000037606760

# 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):**

<i>Creditor:</i> (8506741) Ameren Missouri Bankruptcy Desk Code 310 PO Box 66881 St Louis MO 63166	<b>Claim No: 1</b> <i>Original Filed</i> <i>Date:</i> 07/06/2016 <i>Original Entered</i> <i>Date:</i> 07/06/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> tdc <i>Modified:</i>
Amount claimed: \$37606.76		

**History:**

<a href="#"><u>Details</u></a>	<a href="#"><u>1-1</u></a>	07/06/2016 Claim #1 filed by Ameren Missouri, Amount claimed: \$37606.76 (tdc)
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**Description:**

**Remarks:** (1-1) s/ no signature on claim

## 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

<b>Total Amount Claimed*</b>	\$37606.76
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		