

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 **KS**

Case number **16-21142-11**

Official Form 410

Proof of Claim 4/16

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 Claim

1. Who is the current creditor?	<u>HARRIS COUNTY, ET AL</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<table><tr><td>Where should notices to the creditor be sent? John P. Dillman LINEBARGER GOGGAN BLAIR & SAMPSON, LLP PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400 houston_bankruptcy@publicans.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td><td>Where should payments to the creditor be sent? (If different) HARRIS COUNTY, ET AL PO BOX 3547 HOUSTON, TX 77253-3547</td></tr></table>	Where should notices to the creditor be sent? John P. Dillman LINEBARGER GOGGAN BLAIR & SAMPSON, LLP PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400 houston_bankruptcy@publicans.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (If different) HARRIS COUNTY, ET AL PO BOX 3547 HOUSTON, TX 77253-3547
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4. Does this claim amend one already filed?	Yes. Claim number 3 on court claims registry filed on 7/7/16		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ SEE ATTACHED EXHIBITS
7. How much is the claim?	\$ <u>\$21,811.94</u> Does this amount include interest or other charges? Yes. See attached 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 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. <u>AD VALOREM TAXES - 1st Amendment</u>
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. <input checked="" type="checkbox"/> Real Estate. If claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> Attachment (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> <u>Basis for perfection: Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code Secured Claim to extent of collateral value. Unsecured Priority claim [11 U.S.C. 507 (a)(8)] to extent of any shortfall in collateral value and for personal liability.</u> 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: \$ <u>SEE ATTACHED EXHIBITS</u> Amount of the claim that is secured: \$ <u>\$21,811.94</u> 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: \$ <u>\$21,811.94</u> Annual Interest Rate (when case was filed) <u>12%</u> <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____
- ☐ 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 4/10/16 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 co-debtor. 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 12/5/2016

/s/John P. Dillman

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

Name : John P. Dillman

Title : Attorney TXBN 05874400

Company : LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

Address : PO BOX 3064
HOUSTON, TX 77253-3064
(713) 844-3400

houston_bankruptcy@publicans.com

DELINQUENT TAX STATEMENT SUMMARY



MIKE SULLIVAN
HARRIS COUNTY TAX ASSESSOR-COLLECTOR
1001 PRESTON, SUITE 100
HOUSTON, TEXAS 77002

Certified Owner:

JOHN Q HAMMONS TRUST
300 S JOHN Q HAMMONS PKWY STE 900
SPRINGFIELD, MO 65806-2550

Legal Description:

LT 97 & TR 119
SOUTH HOUSTON GARDENS SEC 6

Account No: **034-203-002-0161**

2016 Value: \$1,785,523
APPR. DIST#: 0342030020161

Legal Acres: 8.1400
Parcel Address: 9150 GULF FWY

As of Date: 10/05/2016

Bankruptcy No: 16-21142 Print Date: 12/05/2016 Printed By: LBMGONZAL

Year	Tax Units	Base Tax Due	IF PAID BY END OF MONTH OCTOBER 2016		IF PAID BY END OF MONTH NOVEMBER 2016		IF PAID BY END OF MONTH DECEMBER 2016	
			Penalties & Interest	Total	Penalties & Interest	Total	Penalties & Interest	Total
2016	40 41 42 43 44	\$11,341.28	\$0.00	\$11,341.28	\$0.00	\$11,341.28	\$0.00	\$11,341.28
TOTAL AMOUNT DUE:		\$11,341.28	\$0.00	\$11,341.28	\$0.00	\$11,341.28	\$0.00	\$11,341.28

Tax Unit Codes:

40 Harris County 41 Harris County Flood Control Dist 42 Port of Houston Authority 43 Harris County Hospital District
44 Harris County Dept. of Education

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

IF THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE HARRIS COUNTY TAX ASSESSOR-COLLECTOR'S OFFICE REGARDING A RIGHT YOU MAY HAVE TO ENTER INTO AN INSTALLMENT AGREEMENT DIRECTLY WITH THE HARRIS COUNTY TAX ASSESSOR-COLLECTOR'S OFFICE FOR THE PAYMENT OF THESE TAXES.

Partial Statement: Other Years and Tax Units may be due

Detach at the perforation and return this coupon with your payment. Keep top part for your records.

33.v1.51 Page 1 of 1

Print Date: 12/05/2016

PLEASE NOTE YOUR ACCOUNT NUMBER ON YOUR

MIKE SULLIVAN
HARRIS COUNTY TAX ASSESSOR-COLLECTOR
P.O. BOX 4622
HOUSTON, TEXAS 77210-4622

APPR. DIST#: 0342030020161

PAYMENT COUPON



* 0 3 4 2 0 3 0 0 2 0 1 6 1 *

034-203-002-0161

JOHN Q HAMMONS TRUST
300 S JOHN Q HAMMONS PKWY STE 900
SPRINGFIELD, MO 65806-2550



Scan the QR code to pay
online or visit www.hctax.net

If Paid By	Amount Due
OCT 2016	\$11,341.28
NOV 2016	\$11,341.28
DEC 2016	\$11,341.28
Amount Paid: \$	

03420300201610 2016 001134128 001134128 001134128 000000000

DELINQUENT TAX STATEMENT SUMMARY



MIKE SULLIVAN
HARRIS COUNTY TAX ASSESSOR-COLLECTOR
1001 PRESTON, SUITE 100
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Certified Owner:

JOHN Q HAMMONS TRUST
300 S JOHN Q HAMMONS PKWY STE 900
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Legal Description:

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Parcel Address: 9150 GULF FWY

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Bankruptcy No: 16-21142 Print Date: 12/05/2016 Printed By: LBMGONZAL

Year	Tax Units	Base Tax Due	IF PAID BY END OF MONTH OCTOBER 2016		IF PAID BY END OF MONTH NOVEMBER 2016		IF PAID BY END OF MONTH DECEMBER 2016	
			Penalties & Interest	Total	Penalties & Interest	Total	Penalties & Interest	Total
2016	61	\$10,470.66	\$0.00	\$10,470.66	\$0.00	\$10,470.66	\$0.00	\$10,470.66
TOTAL AMOUNT DUE:		\$10,470.66	\$0.00	\$10,470.66	\$0.00	\$10,470.66	\$0.00	\$10,470.66

Tax Unit Codes:

61 City of Houston

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Partial Statement: Other Years and Tax Units may be due

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HARRIS COUNTY TAX ASSESSOR-COLLECTOR
P.O. BOX 4622
HOUSTON, TEXAS 77210-4622

APPR. DIST#: 0342030020161

PAYMENT COUPON



* 0 3 4 2 0 3 0 0 2 0 1 6 1 *

034-203-002-0161

JOHN Q HAMMONS TRUST
300 S JOHN Q HAMMONS PKWY STE 900
SPRINGFIELD, MO 65806-2550



Scan the QR code to pay
online or visit www.hctax.net

If Paid By	Amount Due
OCT 2016	\$10,470.66
NOV 2016	\$10,470.66
DEC 2016	\$10,470.66
Amount Paid:	\$

03420300201610 2016 001047066 001047066 001047066 000000000

21811.94

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: 12/23/2016

Trustee:

Last Date to file (Govt):

Creditor: (8508405)
Harris County et al
c/o John P. Dillman
Linebarger Goggan Blair &
Sampson LLP
P.O. Box 3064
Houston, Tx. 77253-3064

Claim No: 3
Original Filed
Date: 07/08/2016
Original Entered
Date: 07/08/2016
Last Amendment
Filed: 12/06/2016
Last Amendment
Entered: 12/06/2016

Status:
Filed by: CR
Entered by: John P Dillman
Modified:

Amount claimed: \$21811.94

Secured claimed: \$21811.94

History:

[Details](#) [3-1](#) 07/08/2016 Claim #3 filed by Harris County et al, Amount claimed: \$22078.39 (Dillman, John)

[Details](#) [3-2](#) 12/06/2016 Amended Claim #3 filed by Harris County et al, Amount claimed: \$21811.94 (Dillman, John)

Description: (3-1) Ad Valorem Taxes

(3-2) Ad Valorem Taxes

Remarks: (3-2) Amends claim number 3 dated 7-7-16.

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*	\$21811.94
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	\$21811.94	
Priority		
Administrative		

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 **KS**

Case number **16-21142-11**

Official Form 410

Proof of Claim 4/16

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 Claim

1. Who is the current creditor?	<u>HARRIS COUNTY, ET AL</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? John P. Dillman LINEBARGER GOGGAN BLAIR & SAMPSON, LLP PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400 houston_bankruptcy@publicans.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (If different) HARRIS COUNTY, ET AL PO BOX 3547 HOUSTON, TX 77253-3547
4. Does this claim amend one already filed?	No.	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ SEE ATTACHED EXHIBITS
7. How much is the claim?	\$ <u>\$22,078.39</u> Does this amount include interest or other charges? Yes. See attached 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 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. AD VALOREM TAXES
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. <input checked="" type="checkbox"/> Real Estate. If claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> Attachment (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> <u>Basis for perfection: Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code Secured Claim to extent of collateral value. Unsecured Priority claim [11 U.S.C. 507 (a)(8)] to extent of any shortfall in collateral value and for personal liability.</u> 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: \$ <u>SEE ATTACHED EXHIBITS</u> Amount of the claim that is secured: \$ <u>\$22,078.39</u> 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: \$ <u>\$22,078.39</u> Annual Interest Rate (when case was filed) <u>12%</u> <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____
- ☐ 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 4/10/16 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 co-debtor. 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 7/7/2016

/s/John P. Dillman

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

Name : John P. Dillman

Title : Attorney TXBN 05874400

Company : LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

Address : PO BOX 3064
HOUSTON, TX 77253-3064
(713) 844-3400

houston_bankruptcy@publicans.com

MIKE SULLIVAN
TAX ASSESSOR-COLLECTOR
P.O. BOX 3547
HOUSTON, TEXAS 77253-3547



JOHN Q HAMMONS TRUST
300 S JOHN Q HAMMONS PKWY STE 900
SPRINGFIELD, MO 65806-2550



2015 Property Tax Statement

Statement Date: July 07, 2016
Printed By: LBMGONZALES1

Account Number

034-203-002-0161

ESTIMATED TAXES FOR 2016 \$ 11,345.25

ESTIMATED TAXES FOR 2016 \$ 10,733.14

Taxing Jurisdiction	Exemptions	Taxable Value	Rate per \$100	Taxes
Harris County		1,785,523	0.419230	\$7,485.45
Harris County Flood Control Dist		1,785,523	0.027330	\$487.98
Port of Houston Authority		1,785,523	0.013420	\$239.62
Harris County Hospital District		1,785,523	0.170000	\$3,035.39
Harris County Dept. of Education		1,785,523	0.005422	\$96.81
San Jacinto College District		1,785,523	0.175783	
City of Houston		1,785,523	0.601120	\$10,733.14

Property Description	
9150 GULF FWY	77017
LT 97 & TR 119	
SOUTH HOUSTON GARDENS SEC 6	
Acreage:	8.1400
Appraised Values	
Land - Market Value	1,785,523
Impr - Market Value	0
Total Market Value	1,785,523
Less Capped Mkt Value	0
Appraised Value	1,785,523
Exemptions/Deferrals	

Page: 1 of 1

Total 2015 Taxes Due By January 31, 2016

Payments Applied To 2015 Taxes

Total Current Taxes Due (Including Penalties)

Prior Year(s) Delinquent Taxes Due (If Any)

Total Amount Due For July 2016

Penalties for Paying Late	Rate	Current Taxes	Delinquent Taxes	Total
By July 31, 2016	18%	\$0.00	\$0.00	\$0.00
By August 31, 2016	19%	\$0.00	\$0.00	\$0.00
By September 30, 2016	20%	\$0.00	\$0.00	\$0.00
By October 31, 2016	21%	\$0.00	\$0.00	\$0.00
By November 30, 2016	22%	\$0.00	\$0.00	\$0.00

NOTES: Keep for your records

Tax Bill Increase (Decrease) from 2010 to 2015 : Appraised Value 27%, Taxable Value 27%, Tax Rate -3%, Tax Bill 24%.

Detach at the perforation and return this coupon with your payment. Keep top part for your records.

See reverse side for additional information.



PAYMENT COUPON

JOHN Q HAMMONS TRUST
300 S JOHN Q HAMMONS PKWY STE 900
SPRINGFIELD, MO 65806-2550

Make check payable to:

Account Number
034-203-002-0161
Amount Enclosed
No Taxes Due. Keep For Your Records.

Statement Date: July 07, 2016
Printed By: LBMGONZALES1

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

MIKE SULLIVAN
TAX ASSESSOR-COLLECTOR
P.O. BOX 4622
HOUSTON, TEXAS 77210-4622

Scan the QR code to pay online or visit www.hctax.net



03420300201610 2015 0000000000 0000000000 0000000000 0000000000

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> (8508405) Harris County et al c/o John P. Dillman Linebarger Goggan Blair & Sampson LLP P.O. Box 3064 Houston, Tx. 77253- 3064		Claim No: 3 <i>Original Filed</i> <i>Date: 07/08/2016</i> <i>Original Entered</i> <i>Date: 07/08/2016</i>	<i>Status:</i> <i>Filed by: CR</i> <i>Entered by: John P Dillman</i> <i>Modified:</i>
Amount claimed: \$22078.39			
Secured claimed: \$22078.39			

History:

Details	3-1	07/08/2016 Claim #3 filed by Harris County et al, Amount claimed: \$22078.39 (Dillman, John)
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Description: (3-1) Ad Valorem Taxes

Remarks:

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*	\$22078.39
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	\$22078.39	
Priority		
Administrative		