

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: Kansas District of Kansas City	
Case number	16-21142-11

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		
1. Who is the current creditor?	Westar Energy, Inc. 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?	Where should payments to the creditor be sent? (if different)
	Westar Energy, Inc.	
	ATTN: Bankruptcy Team	
	Name	Name
	PO Box 208	
	Number Street	Number Street
	Wichita, KS 67201-208	
	City State ZIP Code	City State ZIP Code
	Contact phone: 1-800-383-1183	Contact phone
	Contact email bkcompliance@westarenergy.com	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Claim number on court claims registry (if known) Filed on	
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?	
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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: XXXXXX2048
7. How much is the claim?	\$32296.11 Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Goods Sold <input checked="" type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes Owed <input type="checkbox"/> Other
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other 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. 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: \$0.00 Amount of the claim that is unsecured: \$32296.11 (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: \$0.00 Annual Interest Rate (when case was filed) 0.00%
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:
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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.	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div> <p>Check all that apply:</p> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$0.00 </div> <div style="margin-bottom: 5px;"> <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). \$0.00 </div> <div style="margin-bottom: 5px;"> <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). \$0.00 </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$0.00 </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$0.00 </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) \$0.00 </div> <p><small>* 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.</small></p>																
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.	<p>Check the appropriate box:</p> <div style="margin-bottom: 5px;"> <input checked="" type="checkbox"/> I am the creditor. </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> I am the creditor's attorney or authorized agent. </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. </div> <p>I understand that an authorized signature on this <i>Proof of Claim</i> 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.</p> <p>I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date 07/12/2016</p> <p>s/D.A. Perren Signature</p>																
	<p>Print the name of the person who is completing and signing this claim:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name</td> <td>Debra A Perren</td> </tr> <tr> <td>Title</td> <td>Customer Account Services</td> </tr> <tr> <td>Company</td> <td>Westar Energy, Inc.</td> </tr> <tr> <td colspan="2">Identify the corporate servicer as the company if the authorized agent is a servicer.</td> </tr> <tr> <td>Street Address</td> <td>PO Box 208</td> </tr> <tr> <td>City, State, Zip</td> <td>Wichita, KS 67201-208</td> </tr> <tr> <td>Contact phone</td> <td>1-800-383-1183</td> </tr> <tr> <td>Email</td> <td>bkcompliance@westarenergy.com</td> </tr> </table>	Name	Debra A Perren	Title	Customer Account Services	Company	Westar Energy, Inc.	Identify the corporate servicer as the company if the authorized agent is a servicer.		Street Address	PO Box 208	City, State, Zip	Wichita, KS 67201-208	Contact phone	1-800-383-1183	Email	bkcompliance@westarenergy.com
Name	Debra A Perren																
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Contact phone	1-800-383-1183																
Email	bkcompliance@westarenergy.com																
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Westar Energy, Inc. does not retain copies of the actual invoices sent to our customers. The documentation attached hereto is the best evidence available to substantiate this claim.

REV TRUST OF JOHN Q HAMMONS		B	3230
310 HAMMONS DR	WK 785 210-1500		04 01305
JUNCTION CITY KS 66441 MLG	HM 785 466-6589 G	E	B BUS xxxxxx2048
F28DEP CINQ CIBD	BAD DEBT ACCOUNT INQUIRY		07/12/16 11:19
			CCON 06/28/16
		ACCT OPEN DATE :	10/13/04
GAS AMOUNT CHARGED OFF :	0.00	SHUT OFF DATE :	06/28/16
ELECTRIC AMOUNT CHARGED OFF :	14,890.51	DATE CHARGED OFF:	06/29/16
MISC SERVICE AMOUNT CHGD OFF :	0.00	COLL AGENCY :	05
MISC NON SVC AMOUNT CHGD OFF :	0.00	DATE TURNED :	06/29/16
MERCHANDISE AMOUNT CHARGED OFF:	0.00	DATE RECALLED :	
TOTAL AMOUNT CHARGED OFF :	14,890.51	DATE RETURNED :	
TOTAL BAD DEBT PAYMENT AMOUNT :	0.00	LAST PMT DATE :	06/27/16
TOTAL AMOUNT OUTSTANDING :	14,890.51	BANKRUPTCY :	Y
24 MONTHS CREDIT HISTORY :	000000000000	DATE BANKRUPTCY :	06/26/16
	000000000000	IN LITIGATION :	N

REV TRUST OF JOHN Q HAMMONS		B	3230
230 HAMMONS DR	WK 785 210-1500		04 01305
JUNCTION CITY KS 66441 MLG	HM 785 466-6589 G	E	B BUS xxxxxx5145
F28DEP CINC CIBD	BAD DEBT ACCOUNT INQUIRY		07/12/16 11:20
			CCON 06/28/16
		ACCT OPEN DATE :	06/15/06
GAS AMOUNT CHARGED OFF :	0.00	SHUT OFF DATE :	06/28/16
ELECTRIC AMOUNT CHARGED OFF :	17,405.60	DATE CHARGED OFF:	06/29/16
MISC SERVICE AMOUNT CHGD OFF :	0.00	COLL AGENCY :	05
MISC NON SVC AMOUNT CHGD OFF :	0.00	DATE TURNED :	06/29/16
MERCHANDISE AMOUNT CHARGED OFF:	0.00	DATE RECALLED :	
TOTAL AMOUNT CHARGED OFF :	17,405.60	DATE RETURNED :	
TOTAL BAD DEBT PAYMENT AMOUNT :	0.00	LAST PMT DATE :	06/27/16
TOTAL AMOUNT OUTSTANDING :	17,405.60	BANKRUPTCY :	Y
24 MONTHS CREDIT HISTORY :	000000000000	DATE BANKRUPTCY :	06/26/16
	000000000000	IN LITIGATION :	N

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> (8513366) Westar Energy Inc Attn: Bankruptcy Dept PO Box 208 Wichita KS 67201-0208	Claim No: 4 <i>Original Filed</i> <i>Date:</i> 07/12/2016 <i>Original Entered</i> <i>Date:</i> 07/12/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Debra Perren <i>Modified:</i>
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Amount claimed: \$32296.11				

History:

<u>Details</u>	<u>4-1</u>	07/12/2016 Claim #4 filed by Westar Energy Inc, Amount claimed: \$32296.11 (Perren, Debra)
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Description:

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*	\$32296.11
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		