B10 (Official Form 10) (04/13)

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UNITED STATES BANKRUPTCY COURT		FROOF OF CLAIM
Name of Debtor:	Case Number:	Kansas City. KS
John Q HAMMONDS FAIL 2006 L.L.C	16-21142 DOC #104 FIED 718116	JUL 18 2016
NOTE: Do not use this form to make a claim for an administrative expense that arises may file a request for payment of an administrative expense according to		U.S. Bankruptcy Court
Name of Creditor (the person or other entity to whom the debtor owes money or proper	-	
MyERS SUDDLY, INC		COURT USE ONLY
Name and address where notices should be sent:		Check this box if this claim amends a
831 Third Street Hot Springs, AR 71913		previously filed claim. Court Claim Number: (If known)
Telephone number:	ERSSUPPLY.COM	Filed on: 07/08/16
Name and address where payment should be sent (if different from above):	010-00-111-1-1-	Check this box if you are aware that
SAME AS above		anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: email:		
1. Amount of Claim as of Date Case Filed: \$ 2091.78		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
Check this box if the claim includes interest or other charges in addition to the princi	pal amount of the claim. Attach a	statement that itemizes interest or charges.
2. Basis for Claim: <u>INVOICES</u> <u>diteo</u> <u>6/2/16</u> to (See instruction #2) (5 INVOICES) 2019549, 20197	<u>0 7/1/16</u> 177, 2019826, 20	19847, 2020388
3. Last four digits of any number 3a. Debtor may have scheduled account a		
by which creditor identifies debtor:		ci (optional).
(See instruction #3a)	(See instruction #3b)	
4. Secured Claim (See instruction #4)	Amount of arrearage and o included in secured claim, i	ther charges, as of the time case was filed, if any:
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		s
Nature of property or right of setoff: OReal Estate OMotor Vehicle OOther	Basis for perfection:	·
Describe:		
Value of Property: \$	Amount of Secured Claim:	\$
Annual Interest Rate% OFixed or OVariable (when case was filed)	Amount Unsecured:	\$
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the priority and state the amount.	the claim falls into one of the follo	owing categories, check the box specifying
 Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up earned within 180 days before the case w debtor's business ceased, whichever is earned 11 U.S.C. § 507 (a)(4). 	was filed or the employee bene	fît plan —
□ 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)(8).	ental units –	agraph of
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respec	ct to cases commenced on or after t	the date of adjustment.
6. Credits. The amount of all payments on this claim has been credited for the purpos	e of making this proof of claim. (Se	ee instruction #6)

B10 (Official Form 10) (04/13)

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	case of a claim based on an open-end or revolving consumer credit agreement, a n is secured, box 4 has been completed, and redacted copies of documents providing the debtor's principal residence, the Mortgage Proof of Claim Attachment is being
Check the appropriate box.	
or their auth	trustee, or the debtor, I am a guarantor, surety, indorser, or other codebtor. aorized agent. (See Bankruptcy Rule 3005.) aptcy Rule 3004.)
I declare under penalty of perjury that the information provided in this claim is true	e and correct to the best of my knowledge, information, and reasonable belief.
Print Name: JUdy MYERS Title: <u>PRES</u> Company: <u>MYERS SUAPIY INC</u> Address and telephone number (if different from notice address above): <u>81</u> Third Street Hot Springs, Aiz T1913 Telephone number: 501-623-774 3 email: JUdy OM4ERS	(Signature) Judy Myerry 7-14-16 (Date)
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or	r imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.
The instructions and definitions below are general explanations of the law. In a exceptions to these g	PROOF OF CLAIM FORM certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, general rules may apply. d in Proof of Claim form
Court, Name of Debtor, and Case Number: Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.	 claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim. 5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).	 S. Ambduit of claim fails into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority. 6. Credits: 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
1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.	 any payments received toward the debt. 7. Documents: Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection
2. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.	of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.
3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.	8. Date and Signature: The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to
3a. Debtor May Have Scheduled Account As: Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.	the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's
3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.	address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.
4. Secured Claim: Check whether the claim is fully or partially secured. Skip this section if the	

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Information to identify the Debtor John Q. Hammon	case: s Fall 2006, LLC, et al. (Jointly Administered)	Embassy Suites 247
Name		1 20-5498577
	Dat	te case filed for chapter 11 6/26/16
United States Bankruptcy Court	District of Kansas	e Notice Issued: 7/8/16
Case Number / Presiding Judge:	16-21142 / Robert D. Berger	
Official Form 309F (For	Corporations or Partnerships)	
Notice of Chapter 11 E	Bankruptcy Case	04/1
For the debtor listed above, a ca	ase has been filed under chapter 11 of the B	ankruptcy Code. An order for relief has
This notice has important inform	nation about the case for creditors, debtors, adlines, Read both pages carefully.	, and trustees, including information about
	2017년 1월 201	it creditors generally may not take action to collect debb
from the debtor or the debtor's property. F otherwise try to collect from the debtor. C can be required to bay actual and punitive	tic stay against most collection activities. This means that or example, while the stay is in effect, creditors cannot a realitors cannot demand repayment from the debtor by m a damager and attorney's loss.	ue, assert a deliciency, repossess property, or all, phone, or otherwise, Creditors who violate the stay
Confirmation of a chapter 11 plan may re- required to file a complaint in the bankrup	suit in a discharge of debt. A creditor who wants to have toy clerk's office within the deadline specified in this notice	a particular debt excepted from discharge may be
To protect your rights, consult an attorney through PACER (Public Access to Court I	All documents filed in the case may be increased at the	bankruptcy clerk's office at the address listed below or
March State Street States		
The staff of the bankruptcy clerk's offic	ce cannot give legat advice.	
The staff of the bankruptcy clerk's offic Do not file this notice with any proof of	f claim or other filing in the case.	
Do not file this notice) with any proof of 1. Debtor's full name	f claim or other filling in the case. John Q. Hammons Fall 2006, LLC, et al. (Se	e Attachment 1 for complete list of Debtors)
Do not tile this notice with any proof of	f claim or other filling in the case. John Q. Hammons Fall 2006, LLC, et al. (Se	e Attachment 1 for complete list of Debtors)
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Do not file this notice with any proof of 1. Debtor's full name 2. All other names used in the last 8 years	f claim or other filling in the case. John Q. Hammons Fall 2006, LLC, et al. (Se 300 John Q Hammons Parkway	e Attachment 1 for complete list of Debtors)
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Do not file this notice with any proof of 1. Debtor's full name 2. All other names used in the fast 8 years 3. Address 4. Debtor's attorney Name and address	f claim or other filling in the case. John Q. Hammons Fall 2006, LLC, et al. (Se 300 John Q Hammons Parkway Suite 900 Springfield, MO 65806 Mark A. Shaiken Stinson Leonard Street LLP 6400 South Fiddlers Green Circle Suite 1900 Greenwood Village, CO 80111	Email: mark.shaiken@stinson.com Contact phone (303) 376-8422
Do not file this notice with any proof of 1. Debtor's full name 2. All other names used in the last 8 years 3. Address 4. Debtor's attorney Name and address 5. Bankruptcy clerk's office Documents in this case may be filed at this address. You may inspect all records filed in	f claim or other filling in the case. John Q. Hammons Fall 2006, LLC, et al. (Se 300 John Q. Hammons Parkway Suite 900 Springfield, MO 65806 Mark A. Shaiken Stinson Leonard Street LLP 6400 South Fiddlers Green Circle Suite 1900 Greenwood Village, CO 80111 161 Robert J. Dole US Courthouse 500 State Avenue	Email: mark.shaiken@stinson.com
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Do not file this noticel with any proof of 1. Debtor's full name 2. All other names used in the last 8 years 3. Address 3. Address 5. Bankruptcy clerk's office Documents in this case may be field at this address 5. Bankruptcy clerk's office Documents in this case may be field at this address. You may be field at this office or online at www.basss.cov 6. Meeting of creditors The dobtor's representative must attend the meeting to be questioned under each.	f claim or other filing in the case. John Q. Hammons Fall 2006, LLC, et al. (Se 300 John Q. Hammons Fall 2006, LLC, et al. (Se Suite 900 Springfield, MO 65806 Mark A. Shaiken Stinson Leonard Street LLP 6400 South Fiddlers Green Circle Suite 1900 Greenwood Village, CO 80111 161 Robert J. Dole US Courthouse 500 State Avenue Kansas City, KS 66101 at August 1, 2016, at 1:30 pm	Email: mark shaiken@stinson.com Contact phone (303) 376-8422 Office Hours: 9:00 AM - 4:00 PM Monday - Friday Contact phone (913) 735-2110 Location: Robert J Dole US Courthouse
Do not file this noticel with any proof of 1. Debtor's full name 2. All other names used in the last 8 years 3. Address 3. Address 5. Bankruptcy clerk's office Documents in this case may be field at this address 5. Bankruptcy clerk's office Documents in this case may be field at this address. You may inspect all records field in this case at this office or online at miny best of the order or separatative must attend the mediation for a constituent on the statement of the debtor's representative must attend the mediation to be questioned.	f claim or other filling in the case. John Q. Hammons Fall 2006, LLC, et al. (Se 300 John Q. Hammons Fall 2006, LLC, et al. (Se 300 John Q. Hammons Parkway Suite 900 Springfield, MO 65806 Mark A. Shaiken Stinson Leonard Street LLP 6400 South Fiddlers Green Circle Suite 1900 Greenwood Village, CO 80111 161 Robert J. Dole US Courthouse 500 State Avenue Kansas City, KS 66101 at August 1, 2016, at 1:30 pm The meeting may be confinued or adjourned to a later date. If so, the date will be on the court docket.	Email: mark.shaiken@stinson.com Contact phone (303) 376-8422 Office Hours: 9:00 AM - 4:00 PM Monday - Friday Contact phone (913) 735-2110 Location: Robert J Dole US Courthouse 500 State Avenue and Room 173
Do not file this noticel with any proof of 1. Debtor's full name 2. All other names used in the last 8 years 3. Address 3. Address 4. Debtor's attorney Name and address 5. Bankruptcy clerk's office Documents in this case may be field at this address. You may inspect all records field in this address. You may inspect all records field in this desse at this office or online at while block point. 6. Maeeting of creditors The debtor's representative must atlend the meeting to be questioned under ceth. Creditors that are not	 I claim or other filling in the case. John Q. Hammons Fall 2006, LLC, et al. (Se 300 John Q. Hammons Fall 2006, LLC, et al. (Se 300 John Q. Hammons Parkway Suite 900 Springfield, MO 65806 Mark A. Shaiken Stinson Leonard Street LLP 6400 South Fiddlers Green Circle Suite 1900 Greenwood Village, CO 80111 161 Robert J. Dole US Courthouse 500 State Avenue Kansas City, KS 66101 at August 1, 2016, at 1:30 pm The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket. All individual debtors are insplitted to produce photo ID proof of Social Security Number to the Trustee at the Meeting of Creditors. 	Email: mark.shaiken@stinson.com Contact phone (303) 376-8422 Office Hours: 9:00 AM - 4:00 PM Monday - Friday Contact phone (913) 735-2110 Location: Robert J Dole US Courthouse 500 State Avenue and Room 173 Kanşas City, KS 66101
2. All other names used in the last 8 years 3. Address 4. Debtor's attorney Name and address 5. Bankruptcy clerk's office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at why passrow. 6. Meeting of creditors The debtor's representative must attend the meeting to be questioned under cath. Creditors may attend, but are not	f claim or other filling in the case. John Q. Hammons Fall 2006, LLC, et al. (Se 300 John Q. Hammons Parkway Suite 900 Springfield, MO 65806 Mark A. Shaikon Stinson Leonard Street LLP 6400 South Fiddlers Green Circle Suita 1900 Greenwood Village, CO 80111 161 Robert J. Dole US Courthouse 500 State Avenue Kansas City, KS 66101 at August 1, 2016, at 1:30 pm The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket. All individual debtors are regulared to produce photo ID proof of Social Security Number to the Trustee at the	Email: mark.shaiken@stinson.com Contact phone (303) 376-8422 Office Hours: 9:00 AM - 4:00 PM Monday - Friday Contact phone (913) 735-2110 Location: Robert J Dole US Courthouse 500 State Avenue and Room 173 Kansas City, KS 66101 or use.
Do not file this noticel with any proof of 1. Debtor's full name 2. All other names used in the last 8 years 3. Address 3. Address 4. Debtor's attorney Name and address 5. Bankruptcy clerk's office Documents in this case may be field at this address. You may inspect all records field in this case at this office or online at whit passion. 6. Meeting of creditors The dobtor's representative must attend the meeting to be questioned under the meeting to be questioned on the dobtor of the	 I claim or other filling in the case. John Q. Hammons Fall 2006, LLC, et al. (Se 300 John Q. Hammons Fall 2006, LLC, et al. (Se 300 John Q. Hammons Parkway Suite 900 Springfield, MO 65806 Mark A. Shaiken Stinson Leonard Street LLP 6400 South Fiddlers Green Circle Suite 1900 Greenwood Village, CO 80111 161 Robert J. Dole US Courthouse 500 State Avenue Kansas City, KS 66101 at August 1, 2016, at 1:30 pm The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket. All individual debtors are insplitted to produce photo ID proof of Social Security Number to the Trustee at the Meeting of Creditors. 	Email: mark.shaiken@stinson.com Contact phone (303) 376-8422 Office Hours: 9:00 AM - 4:00 PM Monday - Friday Contact phone (913) 735-2110 Location: Robert J Dole US Courthouse 500 State Avenue and Room 173 Kanşas City, KS 66101





Make Checks Payable to Myers Supply, Inc. Remit Payment To: Bept. 1835 P.O. Box 2153 Birmingham, AL 35287-1835 H.S. 501-623-7742 Emergency Response #800-255-3924

EMBASSY SUITES HOT SPRINGS Attn: ACCOUNTS PAYABLE 400 CONVENTION BLVD HOT SPRINGS, AR 71901

Statement Date 07/14/16 Customer Account 0002470 Terms COD

- F Before Invoice Number Denotes Finance Charge.
- OA Before Invoice Number Denotes Payment On Account.
- см Before Invoice Number Denotes Credit Memo.
- DM Before Invoice Number Denotes Charge Back.

Invoice Number	Invoice Date	Customer P/O #	Original Inv Amount	Payment Date	Amount Paid	Invoice Balance
2019549 2019777 2019826 2019847	06/02/16 06/10/16 06/13/16		333.85 1310.80 111.23			333.85 1,310.80 111.23
2019847	07/01/16	JQH-856530	140.58 195.32	n an		140.58 195.32
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Current	30 Days	60 Days	90 Days	120	& Over Balance	Due
335.90	1,755.88	0.00	0.00		0.00 \$2,091	



Make Checks Payable to Myors Supply, Inc. Remit Payment To: Bept. 1835 P.O. Box 2153 Birmingham, AL 35287-1835 H.S. 501-623-7742 Emergency Response #800-255-3924 INVOICE

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– Sold To

EMBASSY SUITES HOT SPRINGS ATT: ACCOUNTS PAYABLE 400 CONVENTION BLVD HOT SPRINGS AR 71901 EMBASSY SUITES 400 CONVENTION BLVD HOT SPRINGS AR 71901

Custamer #	Order Date	Sales Order #	Buyer	Customer P/O #	Ship Via	Salesman
0002470	06/02/2016	2019549			Pick Up	85
Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms	L
2019549	06/02/2016		PREPAID		Net 30 Days	an a

LN	ONTY ORD	onty Ship	ONTY B/O	PRODUCT NUMBER	DESCRIPTION			NET PRICE	EXTENSION
					ucaphilisti di di di	***** Invoice			
					keen planopline histoit	Quote Number Q20 delivery hours			
		dian.	<u>á s</u> ta	nd Ruikiniana	te an		****	*****	
1	4			WI-86229050 BEARING	n na ha na kaong kao	86000900	Ea Ea	40.8113 33.1489	\$132.60
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Signature Proof of Delivery:	Merchandise	304.89
111-2	Freight Misc Charge	s 0.00
All the	Sub Total	304.89
	Taxable	304.89 28.96
Gerald Harman 06/02/16 14:46	TOTAL	\$333.85

Archive Copy Pay By 07/02/2016

016 Writer: PM



Make Checks Payable to Myers Supply, Inc. Remit Payment To: Dept. 1835 P.O. Box 2153 Birmingham, AL 35287-1835 H.S. 501-623-7742 Emergency Response #800-255-3924

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INVOICE

Sold To EMBASSY SUITES HOT SPRINGS ATT: ACCOUNTS PAYABLE 400 CONVENTION BLVD HOT SPRINGS AR 71901

Ship To EMBASSY SUITES 400 CONVENTION BLVD HOT SPRINGS AR 71901

Customer #	Order Date	Sales Order #	Buyer	Customer P/O #	Ship Via	Salesman
0002470	06/09/2016				Tr HS2/010	85
Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms	
2019777	06/10/2016				Net 30 Days	

LŊ	ORD ORD	QNTY Ship	ONTY B/O	PRODUCT NUMBER	DESCRIPTION		UOM	NET PRICE	EXTENSION
1	K	1		CUDA2600	izin chili, astronomizia				
1	1	1				CUDA WIDE AREA DUAL MOTOR UPRIC VIPER	Ea HT V	1194.075 /ACUUM	\$1194.08
		li setti s				Serial # CUDA26	020	50	intrativelle
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						alikosta cartanda			
	ini.				ener en	ulandsi Hisoboleni Hik			

Signature Proof of Delivery:			Merchandise	1,194.08
		4	Freight	0.00
			Shipping & I	landling 3.00
			Sub Total	1,13/.00
			Taxable	1,197.08
I WGUZ			Tax (GA)	
Debra 06/10/16 09:28			TOTAL	\$1,310.80
Archive Copy Pay By 07/10/	2016 Writer: AJB			

Pay By 07/10/2016

Writer: AJB



Make Checks Payable to Myors Supply, Inc. Remit Payment To: Dept. 1835 P.O. Box 2153 Birmingham, AL 35287-1835 H.S. 501-623-7742 Emergency Response #800-255-3924 INVOICE

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EMBASSY SUITES HOT SPRINGS ATT: ACCOUNTS PAYABLE 400 CONVENTION BLVD HOT SPRINGS AR 71901

EMBASSY SUITES 400 CONVENTION BLVD HOT SPRINGS AR 71901

Customer #	Order Date	Sales Order #	Buyer	Customer P/O #	Ship Via	Salesman
0002470	06/13/2016	2019826			Pick Up	85
Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms	
	06/13/2016				Net 30 Days	

LN	ONTY ORD	ONTY Ship	onty B/o	PRODUCT NUMBER	DESCRI	PTION		UK	om r F	ET PRICE	EXTENSIO	N
1									lar us			
1	3	3		TP-3302			LUE FEATHEF P96/CS SMAF			33.86	\$101.5	8
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Si	ignature	e Proof	of Del	ivery:					Mer	rchandise	10	1.58

Signature proof of Delivery:	Merchandi	
\land	Freight	0.00
nath	Misc Char	ges 0.00
DA 875	Sub Total	101.58
C- Read	Taxable	101.58
	Tax (GA)	9.65
DAVID CHITTUM 06/13/16 09:49	TOTAL	\$111.23

.6 Writer: LB



Make Checks Payable to Myors Supply, Inc. Remit Payment To: Bapt. 1835 P.O. Box 2153 Birmingham, AL 35287-1835 H.S. 501-623-7742 Emergency Response #800-255-3924 INVOICE

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Sold To EMBASSY SUITES HOT SPRINGS ATT: ACCOUNTS PAYABLE 400 CONVENTION BLVD HOT SPRINGS AR 71901 EMBASSY SUITES 400 CONVENTION BLVD HOT SPRINGS AR 71901

	Order Date	Sales Order #	Buyer	Customer P/O #	Ship Via	Salesman
0002470	06/13/2016	2019847		JQH-856530	Pick Up	85
Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms	
2019847	06/20/2016	06/20/16	PREPAID		Net 30 Days	2010-001-010-0-0-0-0-0-0-0-0-0-0-0-0-0-0

LN	<u>onty</u> ord	onty Ship	onty B/o	PRODUCT NUMBER DESCRIPTION	UOM	NET PRICE	EXTENSION
						U KALENDER SOLFT WURD	
123	2 1 2	2		WI-86008210 SPACER WI-86000740 AXLE WI-86004080 GUARD, THREAD	Ea Ea	16.38 78.48	
3	_	2		WI-86004080 GUARD, THREAD	Ea	8.57 (1997)	\$17.14
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Signature Proof of Delivery:	Merchandise	128.38
1.1.1	Freight	0.00
MM An	Misc_Charges	0.00
		128.38
]		128.38
		12.20
Gerald Harman 06/20/16 09:36		\$140.58

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16 Writer: RM



Make Checks Payable to Myors Supply, Inc. Remit Payment To: Bept. 1835 P.O. Box 2153 Birmingham, AL 35287-1835 H.S. 501-623-7742 Emergency Response #800-255-3924 INVOICE

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Sold To EMBASSY SUITES HOT SPRINGS ATT: ACCOUNTS PAYABLE 400 CONVENTION BLVD HOT SPRINGS AR 71901

EMBASSY SUITES 400 CONVENTION BLVD HOT SPRINGS AR 71901

	Order Date	Sales Order #	Buyer	Customer P/O #	Ship Via	Salesman
0002470	07/01/2016	2020388			Pick Up	85
Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms	
2020388	07/01/2016		PREPAID		Net 30 Days	

LN	ONTY ORD	ONTY SHIP	ONTY B/O	PRODUCT NUMBER	DESCRIPTION		UOM	NET PRICE	EXTENSION
1	4	4		TP-3302		BLUE FEATHER SO	C s	33.86	\$135.44
1 2	1	1		PC-58200BK		TP96/CS SMART SO SL3858200K 60GL	OFT Cs	42.9342	
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				mingi di sidadi Mangabi ingi di	nga (Marija, Marija), digita Anaritanja (Mila - Anarza - A	l juliju i država po slje s je so je s A se so		luhiji kiraliti. Tanga kiraliti	neidelinistein 19-nuiseur
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			1071121						

Signature Proof of Delivery:	Merchandise	178.37
	Freight	0.00
Gen Vien	Misc_Charges	_0.00
Gleg (In Canno)	<u>S</u> ub Total	178.37
	<u>T</u> axable	178.37
	Tax (GA)	16.95
GREG 07/01/16 11:45	TOTAL	\$195.32

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Pay By 07/31/2016 W

Writer: LB

District of Kansas Claims Register

16-21142 John Q. Hammons Fall 2006, LLC

8	Robert D. Berger Kansas City	Chapter: 11 Last Date to file claims Last Date to file (Govt)	
<i>Creditor:</i> (8532553) Myers Supply, Inc. 831 Third Street Hot Springs, AR 71913	Claim No: 21 Original Filed Date: 08/05/2016 Original Entered Date: 08/05/2016	Status: Filed by: CR Entered by: Terri Marshall Modified:	
Amount claimed: \$2091.78	5 		
History:			
	Claim #21 filed by N (Marshall, Terri)	Ayers Supply, Inc., Amount cl	aimed: \$2091.78
Description:			
Remarks: (21-1) KSB Filed	7/18/16; ECF by Cla	aims Agent 8/5/2016	

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*	\$2091.78
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		