

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM FILED Kansas City, KS JUL 18 2016 Clerk U.S. Bankruptcy Court
Name of Debtor: John Q HAMMONDS Fall 2006 LLC	Case Number: 16-21142 DOC #104 FILED 7/8/16	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): MYERS Supply, INC		COURT USE ONLY
Name and address where notices should be sent: 831 THIRD STREET HOT SPRINGS, AR 71913		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: 501-623-7743	email: Linda@MYERSSupply.com	Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): Same As above		Filed on: 07/08/16
Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>2091.78</u>		
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.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>INVOICES dated 6/2/16 to 7/1/16</u> (See instruction #2) <u>(5 INVOICES) 2019549, 2019777, 2019826, 2019847, 2020388</u>		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: <u>Embassy 2470</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) 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.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (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 claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<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).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: JUDY MYERS

Title: PREP

Company: MYERS SUPPLY INC.

Address and telephone number (if different from notice address above):

831 THIRD STREET
HOT SPRINGS AR 71913

Judy Myers 7-14-16
(Signature) (Date)

Telephone number: 501-623-7743 email: JUDY@MYERSSUPPLY.COM

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed 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.

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).

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.

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.

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.

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.

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.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

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).

If any portion of the claim falls 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 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 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.

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 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 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.

Correspondence Item:

459

Process Date:

7/11/2016

Image

1 of 5

Embassy Suites 2470

Information to identify the case:

Debtor **John Q. Hammons Fall 2006, LLC, et al. (Jointly Administered)**

EIN 20-5498577

Name

United States Bankruptcy Court District of Kansas

Date case filed for chapter 11 6/26/16

Date 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 Bankruptcy Case

04/16

For the debtor listed above, a case has been filed under chapter 11 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from the debtor by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.

Confirmation of a chapter 11 plan may result in a discharge of debt. A creditor who wants to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadline specified in this notice. (See line 11 below for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

Do not file this notice with any proof of claim or other filing in the case.

1. Debtor's full name	John Q. Hammons Fall 2006, LLC, et al. (See Attachment 1 for complete list of Debtors)	
2. All other names used in the last 8 years		
3. Address	300 John Q Hammons Parkway Suite 900 Springfield, MO 65806	
4. Debtor's attorney Name and address	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
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 www.pacer.gov .	161 Robert J. Dole US Courthouse 500 State Avenue Kansas City, KS 66101	Office Hours: 9:00 AM - 4:00 PM Monday - Friday Contact phone (913) 735-2110
6. Meeting of creditors The debtor's representative must attend the meeting to be questioned under oath. Creditors may attend, but are not required to do so.	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 required to produce photo ID and proof of Social Security Number to the Trustee at the Meeting of Creditors. Non-lawyers SHOULD NOT bring cellular telephones or other electronic communication devices to the courthouse.	Location: Robert J Dole US Courthouse 500 State Avenue Room 173 Kansas City, KS 66101

For more information, see page 2 >



STATEMENT

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

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.
- CM - 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	06/02/16		333.85			333.85
2019777	06/10/16		1310.80			1,310.80
2019826	06/13/16		111.23			111.23
2019847	06/20/16	JQH-856530	140.58			140.58
2020388	07/01/16		195.32			195.32

Current	30 Days	60 Days	90 Days	120 & Over	Balance Due
335.90	1,755.88	0.00	0.00	0.00	\$2,091.78



INVOICE


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

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	06/02/2016	2019549			Pick Up	85
Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms	
2019549	06/02/2016	06/02/16	PREPAID		Net 30 Days	

LN	QTY ORD	QTY SHIP	QTY B/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
***** Invoice Message ***** Quote Number Q200154 delivery hours 8 to 5 *****								
1	4	4		WI-86229050	BEARING BLOCK	Ea	40.8113	\$163.25
2	4	4		BEARING	86000900	Ea	33.1489	\$132.60
3	2	2		WI-86305040	GASKET, FLAPPER	Ea	4.5209	\$9.04

Signature Proof of Delivery:

 Gerald Harman 06/02/16 14:46

Pay By 07/02/2016 Writer: PM

Merchandise	304.89
Freight	0.00
Misc Charges	0.00
Sub Total	304.89
Taxable	304.89
Tax (GA)	28.96
TOTAL	\$333.85

Archive Copy



INVOICE

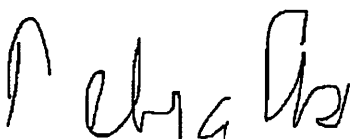
Make Checks Payable to Myers Supply, Inc.
 Remit Payment To: Dept. 1835 P.O. Box 2153
 Birmingham, AL 35287-1835
 H.S. 501-623-7742 Emergency Response #800-255-3924

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	2019777			Tr HS2/010	85
Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms	
2019777	06/10/2016	06/10/16	PREPAID		Net 30 Days	

LN	QNTY ORD	QNTY SHIP	QNTY B/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
1	1	1		CUDA2600	CUDA WIDE AREA DUAL MOTOR UPRIGHT VACUUM VIPER Serial # CUDA26-02060	Ea	1194.075	\$1194.08

Signature Proof of Delivery:

 Debra 06/10/16 09:28

Pay By 07/10/2016
 Writer: AJB

Merchandise	1,194.08
Freight	0.00
Shipping & Handling	3.00
Sub Total	1,197.08
Taxable	1,197.08
Tax (GA)	113.72
TOTAL	\$1,310.80

Archive Copy



INVOICE

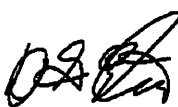
Make Checks Payable to Myers Supply, Inc.
 Remit Payment To: Dept. 1835 P.O. Box 2153
 Birmingham, AL 35287-1835
 H.S. 501-623-7742 Emergency Response #800-255-3924

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 # 0002470	Order Date 06/13/2016	Sales Order # 2019826	Buyer	Customer P/O #	Ship Via Pick Up	Salesman 85
Invoice # 2019826	Invoice Date 06/13/2016	Ship Date 06/13/16	Freight Terms PREPAID	Job Number	Terms Net 30 Days	

LN	QNTY ORD	QNTY SHIP	QNTY B/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
1	3	3		TP-3302	BLUE FEATHER SO TP96/CS SMART SOFT	Cs	33.86	\$101.58

Signature Proof of Delivery:

 DAVID CHITUM 06/13/16 09:49

Pay By 07/13/2016 Writer: LB

Merchandise	101.58
Freight	0.00
Misc Charges	0.00
Sub Total	101.58
Taxable	101.58
Tax (GA)	9.65
TOTAL	\$111.23

Archive Copy



INVOICE


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

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	06/13/2016	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	

LN	ONLY ORD	ONLY SHIP	ONLY B/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
1	2	2		WI-86008210	SPACER	Ea	16.38	\$32.76
2	1	1		WI-86000740	AXLE	Ea	78.48	\$78.48
3	2	2		WI-86004080	GUARD, THREAD	Ea	8.57	\$17.14

Signature Proof of Delivery:

 Gerald Harman 06/20/16 09:36

Pay By 07/20/2016
 Writer: RM

Merchandise	128.38
Freight	0.00
Misc Charges	0.00
Sub Total	128.38
Taxable	128.38
Tax (GA)	12.20
TOTAL	\$140.58

Archive Copy



INVOICE

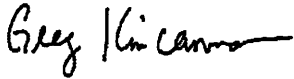
Makes Checks Payable to Myers Supply, Inc.
 Remit Payment To: Dept. 1835 P.O. Box 2153
 Birmingham, AL 35287-1835
 H.S. 501-623-7742 Emergency Response #800-255-3924

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 # 0002470	Order Date 07/01/2016	Sales Order # 2020388	Buyer	Customer P/O #	Ship Via Pick Up	Salesman 85
Invoice # 2020388	Invoice Date 07/01/2016	Ship Date 07/01/16	Freight Terms PREPAID	Job Number	Terms Net 30 Days	

LN	QTY ORD	QTY SHIP	QTY B/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
1	4	4		TP-3302	BLUE FEATHER SO	Cs	33.86	\$135.44
2	1	1		PC-58200BK	TP96/CS SMART SOFT SL3858200K 60GL 100 REPLACES PP-TM65	Cs	42.9342	\$42.93

Signature Proof of Delivery:

 GREG 07/01/16 11:45

Pay By 07/31/2016
 Writer: LB

Merchandise	178.37
Freight	0.00
Misc Charges	0.00
Sub Total	178.37
Taxable	178.37
Tax (GA)	16.95
TOTAL	\$195.32

Archive Copy

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> (8532553) Myers Supply, Inc. 831 Third Street Hot Springs, AR 71913	Claim No: 21 <i>Original Filed</i> Date: 08/05/2016 <i>Original Entered</i> Date: 08/05/2016	<i>Status:</i> Filed by: CR Entered by: Terri Marshall Modified:
Amount claimed: \$2091.78		

History:

Details	21-1	08/05/2016 Claim #21 filed by Myers Supply, Inc., Amount claimed: \$2091.78 (Marshall, Terri)
-------------------------	----------------------	--

Description:

Remarks: (21-1) KSB Filed 7/18/16; ECF by Claims 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		