

Fill in this information to identify the case:

Debtor 1 HAMMONS OF FRANKLIN, LLC.
Debtor 2 (Spouse, if filing) _____
United States Bankruptcy Court for the: _____ District of KANSAS (State)
Case number 16-21210 CH 11 PRE PETITION

FILED
Kansas City, KS
JUL 25 2016

Clerk
U.S. Bankruptcy Court

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? Tennessee Department of Revenue
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?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>TDOR c/o Attorney General</u> Name</p> <p><u>PO Box 20207</u> Number Street</p> <p><u>Nashville</u> <u>TN</u> <u>37202-0207</u> City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____

JQH Ct ID

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: 8 3 9 2

7. How much is the claim? \$ 758.04 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 healthcare information.
Taxes

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)?

No

Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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). \$ 676.79

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 4/1/16 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 07/18/2016
MM / DD / YYYY

Debbie McAlister
Signature D
7-20-16

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

Name Debbie D. McAlister
First name Middle name Last name

Title Account Tech I

Company Tennessee Department of Revenue
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 500 Deaderick St.
Number Street

Nashville TN 37242-9718
City State ZIP Code

Contact phone (615)532-6332 Email deborah.mcalister@tn.gov

Debtor: **HAMMONS OF FRANKLIN, LLC.**

D/B/A: HAMMONS OF FRANKLIN, LLC.
300 JOHN Q HAMMONS PARKWAY SUITE 900
SPRINGFIELD, MO 65806

ACCOUNT #: 319400850
ACCT TYPE FRAN/EXCS 2
ENTITY ID 0478392

LEGAL CLAIMS SUMMARY SHEET

HAMMONS OF FRANKLIN, LLC
 TAXPAYER'S NAME

HAMMONS OF FRANKLIN, LLC
 BUSINESS NAME

300 JOHN Q HAMMONS PARKWAY SUITE 900
 BUSINESS ADDRESS

SPRINGFIELD, MO 65806
 CITY STATE ZIP

319400850 FRAN/EXCS 2 / 0478392
 ACCOUNT NUMBER

Bankruptcy - KS/KANSAS CITY
 TYPE & LOCATION OF COURT

16-21210 11
 CASE NUMBER CHAPTER #

6/26/16
 DATE PETITION FILED

8/1/16
 1ST CREDITORS MEETING

BUSINESS CLOSURE DATE

TYPE	PERIOD BEGIN	PERIOD END	TAX	PENALTY		INTEREST	TOTAL	
				Late Charge	Ret. Ck			
NR	01/01/12	12/31/12	100.00	25.00	0.00	23.18	148.18	
E	01/01/13	12/31/13	125.00	31.25	0.00	19.92	176.17	
NR	01/01/14	12/31/14	100.00	25.00	0.00	8.69	133.69	
E	01/01/15	12/31/15	150.00	0.00	0.00	0.00	150.00	
E	01/01/16	06/26/16	150.00	0.00	0.00	0.00	150.00	
TOTALS			625.00	81.25	0.00	51.79	758.04	
							Non-claimable Liability	
							TOTAL LIABILITY*	758.04

P & I Figured to: 06-26-16

RECAP:

(AB) Audit Balance _____

(PP) Partial Pay Balance _____

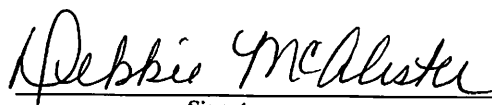
(NR) No Remit Returns 281.87

(E) Estimated Assessments 476.17

(DM) Debit Memos _____

(RC) Return Checks _____

GRAND TOTAL \$758.04


 Signature

07/19/2016
 Date

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):**

Creditor: (8533213) Tennessee Department of Revenue TDOR c/o Attorney General PO Box 20207 Nashville, TN 37202-0207	Claim No: 34 <i>Original Filed</i> Date: 08/07/2016 <i>Original Entered</i> Date: 08/07/2016	Status: Filed by: CR Entered by: Terri Marshall Modified:
Amount claimed: \$758.04		
Priority claimed: \$676.79		

History:

[Details](#) [34-1](#) 08/07/2016 Claim #34 filed by Tennessee Department of Revenue, Amount claimed: \$758.04 (Marshall, Terri)

Description: (34-1) Taxes (21210: Hammons of Franklin, LLC)

Remarks: (34-1) KSB Filed 7/25/16; ECF by Claims Agent 8/7/2016

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*	\$758.04
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	\$676.79	
Administrative		