

Fill in this information to identify the case:

Debtor 1 RICHARDSON HAMMONS, LP  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: \_\_\_\_\_ District of KS  
(State)  
Case number 16-21209 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)  
Where should notices to the creditor be sent? TDOR c/o Attorney General  
Name  
PO Box 20207  
Number Street  
Nashville TN 37202-0207  
City State ZIP Code  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_  
Where should payments to the creditor be sent? (if different)  
Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
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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? \_\_\_\_\_

**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: 4 8 8 9

7. How much is the claim? \$ 146,866.00 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).

\$ 146,866.00

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 07/20/2016  
MM / DD / YYYY

Debbie McAlister AND 7-21-16  
Signature

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

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Debtor: **RICHARDSON HAMMONS, LP**

D/B/A: RICHARDSON HAMMONS, LP  
300 JOHN Q HAMMONS PARKWAY SUITE 900  
SPRINGFIELD, MO 65806  
ACCOUNT #: 319487357  
ACCT TYPE FRAN/EXCS 2  
ENTITY ID 20-2154889/001

D/B/A: EMBASSY SUITES NASHVILLE SOUTH  
820 CRESCENT CENTRE DR  
FRANKLIN, TN 37067-6218  
ACCOUNT #: 501500665  
ACCT TYPE BUS CITY  
ENTITY ID 20-2154889/001

LEGAL CLAIMS SUMMARY SHEET

RICHARDSON HAMMONS, LP
TAXPAYER'S NAME
RICHARDSON HAMMONS, LP
BUSINESS NAME
300 JOHN Q HAMMONS PARKWAY
BUSINESS ADDRESS
SPRINGFIELD, MO 65806
CITY STATE ZIP
319487357 FRAN/EXCS 2 / 20-2154889/001
ACCOUNT NUMBER

Bankruptcy - KS/KANSAS CITY
TYPE & LOCATION OF COURT
16-21209 II
CASE NUMBER CHAPTER #
6/26/16
DATE PETITION FILED
8/1/16
1ST CREDITORS MEETING
BUSINESS CLOSURE DATE

Table with 7 columns: TYPE, PERIOD BEGIN, PERIOD END, TAX, PENALTY (Late Charge, Ret. Ck), INTEREST, TOTAL. Includes rows for tax periods 01/01/15-12/31/15 and 01/01/16-06/26/16, and a TOTALS row.

Non-claimable Liability
TOTAL LIABILITY\* 131,866.00

P & I Figured to: 06/26/16

RECAP:
(AB) Audit Balance
(PP) Partial Pay Balance
(NR) No Remit Returns
(E) Estimated Assessments 131,866.00
(DM) Debit Memos
(RC) Return Checks
GRAND TOTAL \$131,866.00

Handwritten signature of Debbie McAlister
Signature

07/20/2016
Date

LEGAL CLAIMS SUMMARY SHEET

RICHARDSON HAMMONS, LP  
 TAXPAYER'S NAME  
 Embassy Suites Nashville South  
 BUSINESS NAME  
 820 Crescent Centre DR  
 BUSINESS ADDRESS  
 Franklin TN 37067-6218  
 CITY STATE ZIP  
 501500665 BUS CITY / 20-2154889/001  
 ACCOUNT NUMBER

Bankruptcy - KS/KANSAS CITY  
 TYPE & LOCATION OF COURT  
 16-21209 11  
 CASE NUMBER CHAPTER #  
 6/26/16  
 DATE PETITION FILED  
 8/1/16  
 1<sup>ST</sup> CREDITORS MEETING  
 BUSINESS CLOSURE DATE

TYPE	PERIOD BEGIN	PERIOD END	TAX	PENALTY		INTEREST	TOTAL
				Late Charge	Ret. Ck		
E	01/01/16	06/26/16	15,000.00	0.00	0.00	0.00	15,000.00
TOTALS			15,000.00	0.00	0.00	0.00	15,000.00
						Non-claimable Liability	
						<b>TOTAL LIABILITY*</b>	<b>15,000.00</b>

P & I Figured to: 06/26/16

RECAP:  
 (AB) Audit Balance \_\_\_\_\_  
 (PP) Partial Pay Balance \_\_\_\_\_  
 (NR) No Remit Returns \_\_\_\_\_  
 (E) Estimated Assessments 15,000.00  
 (DM) Debit Memos \_\_\_\_\_  
 (RC) Return Checks \_\_\_\_\_  
 GRAND TOTAL \$15,000.00

*Hebbie McAllister*  
 Signature

07/20/2016  
 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):**

<b>Creditor:</b> (8533213) Tennessee Department of Revenue TDOR c/o Attorney General PO Box 20207 Nashville, TN 37202-0207	<b>Claim No: 37</b> <i>Original Filed</i> Date: 08/07/2016 <i>Original Entered</i> Date: 08/07/2016	<b>Status:</b> Filed by: CR Entered by: Terri Marshall Modified:
Amount claimed: \$146866.00		
Priority claimed: \$146866.00		

*History:*

<a href="#">Details</a>	<a href="#">37-1</a>	08/07/2016 Claim #37 filed by Tennessee Department of Revenue, Amount claimed: \$146866.00 (Marshall, Terri )
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*Description:* (37-1) Taxes (21209: Richardson Hammons LP)

*Remarks:* (37-1) 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

<b>Total Amount Claimed*</b>	\$146866.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>	\$146866.00	
<b>Administrative</b>		