

Fill in this information to identify the case:

Debtor name: John Q. Hammons Hotels Management LLC
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (if known): 16-21153

See Appendix A to bar date notice for list of debtors and case numbers.

RECEIVED
DEC 07 2016
BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
THIS SPACE IS FOR COURT USE ONLY

Official Form 410

Proof of Claim

04/16

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, except for administrative expenses under 11 U.S.C. § 503(b)(9).

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.

The original of this completed form (faxes not accepted), together with accompanying documentation, must be either (a) delivered to the Claims and Noticing Agent at the address set forth on the Bar Date Notice, or (b) filed using the online Document Filing System (CM/ECF) of the United States Bankruptcy Court for the District of Kansas, in either event so as to be received no later than 5:00 p.m. CST on the December 23, 2016.

Part 1: Identify the Claim

1. Who is the current creditor?
Public Service Company of North Carolina, Inc. dba PSNC Energy
Name of the current creditor (the person or entity to be paid for this claim)
Other name 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?
PSNC Energy
Name
220 Operation Way mc 222
Number Street
Cayce SC 29033
City State ZIP Code
Contact phone 803-217-9678
Contact email janet.reyes@scana.com
Where should payments to the creditor be sent? (if different)
same
Name
Number Street
City State ZIP Code
Contact phone _____
Contact email _____
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) 40-1 Filed on 8/10/2016
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: 9615

7. How much is the claim? \$ 2110.19. 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 health care information.
pre petition utilities

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

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

Up to \$2,850* 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 \$12,850*) 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). \$ _____

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 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

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

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ 1623.22

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 12/5/2016
MM/DD/YYYY

Janet C. Reyes
Signature

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

Name Janet C. Reyes
First name Middle name Last name

Title Bankruptcy Analyst

Company PSNC Energy
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 220 Operation Way, Mail Code C222
Number Street

City Cayce State SC ZIP Code 29033

Contact phone 803-217-9678 Email janet.reyes@scana.com

John Q. Hammons Fall 2006 LLC
Chapter 11 Bankruptcy Filing June 26, 2016
District of Kansas Case #16-21142

Public Service Company of North Carolina, Inc (PSNC Energy)						
Account Name	Pre-Petition Account	Address	Pre-Petition Debt	503(b)(9)	Tax ID	Rate
John Q Hammons Hotel Management LLC	x-xxxx-xxxx-0925	5400 John Q Hammons Dr NW Concord, NC 28027-3401	\$2,110.19	\$1,623.22	20-3859615	175
PSNC Energy Totals:			\$2,110.19	\$1,623.22		



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4 HOURS A DAY

-877-776-2427, toll-free

EMERGENCY SERVICE - 24 HOURS A DAY
to report gas leaks

-877-776-2427, toll-free

ONE STATEMENT GENERATED ON:
Jun 28 2016

SERVICE FOR

JOHN Q HAMMONS HOTELS MANAGEMENT, LLC
5400 JOHN Q HAMMONS DR NW
CONCORD NC 28027-3401

ACCOUNT NUMBER

██████████0925

DATE DUE

Jul 6 2016

AMOUNT DUE

\$2,110.19

FINAL BILL

ACCOUNT SUMMARY

Previous Bill Amount	\$ 2,632.59
Payment Received 06/28/16 THANK YOU	-2,632.59
Current Charges	2,110.19

Amount Due on 7/6/16 \$2,110.19

A late payment charge of 1% may be added to any balance remaining 25 days after billing.

SUMMARY OF CURRENT CHARGES

Gas Charges	\$2,110.19
Total Current Charges	\$2,110.19

CURRENT CHARGES

Gas Charges

RATE PLAN
175 - Firm Transportation

METER NO.	BILLING PERIOD	DAYS	CURRENT	PREVIOUS	CONSTANT	USAGE (GCF)	BTU FACTOR	THERMS
000588385	05/31/16 - 06/26/16	26	14871	13668	10	12,050	1.0330 =	12,448
Basic Facilities Charge								300.00
12,448 Therms X \$ 0.145420								1,810.19
Total Gas Charges								\$2,110.19

Posting Summary	SERVICE FOR 5400 JOHN Q HAMMONS DR NW			
	ACCOUNT NUMBER	STATEMENT DATE	AMOUNT DUE	DATE DUE
	██████████0925	6/28/16	\$2,110.19	7/26/16

PLEASE KEEP THIS PORTION FOR YOUR RECORDS.



ACCOUNT NUMBER

██████████0925

DATE OF BANK DRAFT

Jul 6 2016

AMOUNT TO BE DRAFTED

\$2,110.19

20 BD

180416759 EP

ATTN: MEAGHAN STANFORD
JOHN Q HAMMONS HOTELS MANAGEMENT, LLC
4243 HUNT RD
CINCINNATI OH 45242-6645

Thank you for using PSNC Energy's Electronic Banking Service.

Your bank draft is set up for:

Fifth Third Bank





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CUSTOMER SERVICE
1-877-776-2427
STATEMENT DATE
Jun 28 2016

ACCOUNT NUMBER
[REDACTED] 0925
DATE DUE
Jul 6 2016

Page 2 of 2
AMOUNT DUE
\$2,110.19

Payment Options

By Mail: Pay by check or money order in the enclosed envelope.

Online: Visit psncenergy.com to pay directly from your bank account or credit card.

By Phone: Call 1-800-450-9159, toll-free, 24 hours a day to pay using your credit card, debit card or directly from your bank account. There is a fee of \$3.50 per transaction that BillMatrix receives for providing this service. Additional limitations may apply.

Authorized Payment Agencies: Visit an authorized payment location near you to pay in person. There is no fee associated with service at an authorized payment location.

CHECK CASHING STORE #2, 100 DAVIDSON HWY, CONCORD NC 28027

ALL NC AND SC WALMARTS

Unauthorized Payment Agencies: Additional payment centers may exist in your area that are not PSNC Energy authorized payment locations. While these unauthorized locations may accept your PSNC Energy payment, they will charge a fee for doing so, and your payment will be delayed in reaching PSNC Energy.

Thank you for being our customer. This is your final bill with us. Please contact your PSNC Energy office if we can help in meeting any of your future energy needs.

Electronic check conversion. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

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: 12/23/2016

Trustee:

Last Date to file (Govt):

Creditor: (8535258)
Public Service Company of North
Carolina dba PSNC
220 Operation Way, MC 222
Cayce, SC 29033

Claim No: 40
Original Filed
Date: 08/10/2016
Original Entered
Date: 08/10/2016
Last Amendment
Filed: 12/08/2016
Last Amendment
Entered: 12/08/2016

Status:
Filed by: CR
Entered by: Terri Marshall
Modified:

Amount claimed: \$2110.19

Priority claimed: \$1623.22

History:

[Details](#) [40-1](#) 08/10/2016 Claim #40 filed by Public Service Company of North Carolina dba PSNC, Amount claimed: \$2110.19 (Lawson, Patricia)

[Details](#) [40-2](#) 12/08/2016 Amended Claim #40 filed by Public Service Company of North Carolina dba PSNC, Amount claimed: \$2110.19 (Marshall, Terri)

Description: (40-1) Pre-petition utilities
(40-2) Services Performed

Remarks: (40-2) amends claim 40, filed in JQH- Hotels Management (16-21153)

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*	\$2110.19
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	\$1623.22	
Administrative		

Fill in this information to identify the case:

Debtor 1 John Q. Hammons Fall 2006 LLC
Debtor 2 dba John Q Hammons Hotel Management LLC
(Spouse, if filing)
United States Bankruptcy Court for the: District of Kansas
Case number 16-21142

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? Public Service Company of North Carolina dba PSNC Energy
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?			Where should payments to the creditor be sent? (if different)		
<u>SCANA Services, Inc.</u>			Name _____		
Name			Name		
<u>220 Operation Way, Mail Code C222</u>			Number _____ Street _____		
Number _____ Street _____			Number _____ Street _____		
<u>Cayce</u>	<u>SC</u>	<u>29033</u>	City _____ State _____ ZIP Code _____		
City	State	ZIP Code	City _____ State _____ ZIP Code _____		
Contact phone	<u>(803) 217-8997</u>		Contact phone _____		
Contact email	<u>Patricia.Lawson@</u>		Contact email _____		

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? _____

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: 9 6 1 5

7. How much is the claim? \$ 2,110.19. 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 health care information.
Pre-petition utilities

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)?

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

No

Yes. Check all that apply:

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).

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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 08/09/2016
MM / DD / YYYY

/s/ Patricia L. Lawson

Signature

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

Name Patricia Lynne Lawson
First name Middle name Last name

Title Senior Paralegal

Company SCANA Services, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 220 Operation Way, MC 222
Number Street

Cayce, SC 29033
City State ZIP Code

Contact phone (803) 217-8997 Email Patricia.Lawson@scana.com

John Q. Hammons Fall 2006 LLC
Chapter 11 Bankruptcy Filing June 26, 2016
District of Kansas Case #16-21142

Public Service Company of North Carolina, Inc (PSNC Energy)					
Account Name	Pre-Petition Account	Address	Pre-Petition Debt	Tax ID	Rate
John Q Hammons Hotel Management LLC	x-xxxx-xxxx-0925	5400 John Q Hammons Dr NW Concord, NC 28027-3401	\$2,110.19	20-3859615	175
PSNC Energy Totals:			\$2,110.19		



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-877-776-2427, toll-free
EMERGENCY SERVICE - 24 HOURS A DAY
to report gas leaks
-877-776-2427, toll-free
ONE STATEMENT GENERATED ON:
Jun 28 2016

SERVICE FOR
JOHN Q HAMMONS HOTELS MANAGEMENT, LLC
5400 JOHN Q HAMMONS DR NW
CONCORD NC 28027-3401

ACCOUNT NUMBER
[REDACTED] 0925

Page 1 of 2

DATE DUE
Jul 6 2016

AMOUNT DUE
\$2,110.19

FINAL BILL

ACCOUNT SUMMARY

Previous Bill Amount	\$ 2,632.59
Payment Received 06/28/16 THANK YOU	-2,632.59
Current Charges	2,110.19

Amount Due on 7/6/16 \$2,110.19

A late payment charge of 1% may be added to any balance remaining 25 days after billing.

SUMMARY OF CURRENT CHARGES

Gas Charges	\$2,110.19
Total Current Charges	\$2,110.19

CURRENT CHARGES

Gas Charges

RATE PLAN
175 - Firm Transportation

METER NO.	BILLING PERIOD	DAYS	CURRENT	PREVIOUS	CONSTANT	USAGE (CCF)	BTU FACTOR	THERMS
000588385	05/31/16 - 06/26/16	26	14871	13666	10	12,050	1.0330 =	12,448
Basic Facilities Charge								300.00
12,448 Therms X \$ 0.145420								1,810.19
Total Gas Charges								\$2,110.19

Posting Summary	SERVICE FOR	5400 JOHN Q HAMMONS DR NW			
	ACCOUNT NUMBER	STATEMENT DATE	AMOUNT DUE	DATE DUE	
	[REDACTED] 0925	6/28/16	\$2,110.19	7/26/16	

PLEASE KEEP THIS PORTION FOR YOUR RECORDS.



[REDACTED] 20 BD 180416759 EP

ACCOUNT NUMBER
[REDACTED] 0925

DATE OF BANK DRAFT
Jul 6 2016

AMOUNT TO BE DRAFTED
\$2,110.19

ATTN: MEAGHAN STANFORD
JOHN Q HAMMONS HOTELS MANAGEMENT, LLC
4243 HUNT RD
CINCINNATI OH 45242-6645

Thank you for using PSNC Energy's Electronic Banking Service.
Your bank draft is set up for:
Fifth Third Bank





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www.psnenergy.com

CUSTOMER SERVICE

1-877-776-2427

STATEMENT DATE

Jun 28 2016

ACCOUNT NUMBER

██████████0925

DATE DUE

Jul 6 2016

Page 2 of 2

AMOUNT DUE

\$2,110.19

Payment Options

By Mail: Pay by check or money order in the enclosed envelope.

Online: Visit psncenergy.com to pay directly from your bank account or credit card.

By Phone: Call 1-800-450-9159, toll-free, 24 hours a day to pay using your credit card, debit card or directly from your bank account. There is a fee of \$3.50 per transaction that BillMatrix receives for providing this service. Additional limitations may apply.

Authorized Payment Agencies: Visit an authorized payment location near you to pay in person. There is no fee associated with service at an authorized payment location.

CHECK CASHING STORE #2, 100
DAVIDSON HWY, CONCORD NC 28027

ALL NC AND SC WALMARTS

Unauthorized Payment Agencies: Additional payment centers may exist in your area that are not PSNC Energy authorized payment locations. While these unauthorized locations may accept your PSNC Energy payment, they will charge a fee for doing so, and your payment will be delayed in reaching PSNC Energy.

Thank you for being our customer. This is your final bill with us. Please contact your PSNC Energy office if we can help in meeting any of your future energy needs.

Electronic check conversion. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

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> (8535258) Public Service Company of North Carolina dba PSNC 220 Operation Way, MC 222 Cayce, SC 29033	Claim No: 40 <i>Original Filed</i> <i>Date:</i> 08/10/2016 <i>Original Entered</i> <i>Date:</i> 08/10/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Patricia L Lawson <i>Modified:</i>
Amount claimed: \$2110.19		

History:

Details	40-1	08/10/2016 Claim #40 filed by Public Service Company of North Carolina dba PSNC, Amount claimed: \$2110.19 (Lawson, Patricia)
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Description: (40-1) Pre-petition utilities

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*	\$2110.19
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		