

Fill in this information to identify the case:

Debtor 1 _____
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: _____ District of _____
Case number _____

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. 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?

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?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Contact phone

Contact phone

Contact email

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: ____ _

7. How much is the claim? \$_____. 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.

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 one:

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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 _____
MM / DD / YYYY

Signature

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

Name _____
First name Middle name Last name

Title _____

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

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____



INVOICE

EMBASSY SUITES

Customer:
Online WM ezPay ID:

00005-06801-73002

Invoice Date:

06/16/2016

Invoice Number:

4706329-0086-1

Account Number:

XXX-XX2545-0086-2

Due Date:

Due Upon Receipt

Waste Management of
Springdale Hauling
PO Box 43410
PHOENIX, AZ 85080
(800) 607-9509
(800) 443-5558
(214) 626-8894 FAX

Total Current Charges Total Amount Due

1,196.10

1,196.10

Account Summary

Description

Previous Balance	0.00
Total Credits and Adjustments	0.00
Total Payments Received	0.00
Total Current Charges	1,196.10
Total Amount Due	1,196.10
Total Amount Past Due	0.00

Please see automatic payment message on remittance below.



Service Period: 06/01/16-06/15/16

Description	Amount
Roll-Off	1,196.10
Total Current Charges	1,196.10

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of \$5.00, or such late charge allowed under applicable law, regulation or contract. Additionally, if your service is suspended for non-payment, you may be charged a resume charge to restart your service. For each returned check, a charge will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

Use your iPhone or Android mobile device to manage your account, pay your bill, and schedule a roll-off pickup, similar to wm.com. More at wm.com/GoMobile.



Waste Management of
Springdale Hauling
PO Box 43410
PHOENIX, AZ 85080
(800) 607-9509
(800) 443-5558
(214) 626-8894 FAX

Payment Coupon

Please detach and send with checks only (no cash).
Please send all other correspondence to your local site.

Your Account Number

XXX-XX2545-0086-2

Invoice Date

06/16/2016

Your Invoice Number

4706329-0086-1

Due Date	Total Due	Amount Paid
Upon Receipt	1,196.10	

*** DO NOT PAY-AUTOMATIC PAYMENT WILL BE PROCESSED ***

Your bank account will be drafted for \$1,196.10.

00868660092545047063290000011961000000119610 1

0001028 SP 7668 -C02-P00000-1 I2017003



EMBASSY SUITES
PO BOX 2410
SPOKANE WA 99210-2410

Waste Management of
Springdale Hauling
PO BOX 9001054
LOUISVILLE KY 40290-1054

Service Location: XXX-XX8927 John Q Hammons Center (P): 3303 Pinnacle Hills Pkwy: Rogers Ar 72758-8952

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Wm ezpay id: 00006-86540-23009				
06/04/16	950343	30 Yd compactor	1.00			966.28
		Govt fran reg fee per	7.46			11.19
		Ticket Total				977.47
06/16/16		Fuel/environmental charge				77.30
06/16/16		Regulatory cost recovery chrg				37.56
06/16/16		Arkansas state 6.50%				71.00
06/16/16		Benton county 1.00%				10.92
06/16/16		Rogers city 2.00%				21.85
Total charges for service location						1,196.10
Total Current Charges						1,196.10

NOTICE: By sending your check, you are authorizing the Company to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check.

You agree, in order for us to service our account or to collect any amounts you may owe (for non-marketing or solicitation purposes), we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages, facsimile messages or e-mails, using any e-mail address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.



INVOICE

Waste Management of
Springdale Hauling
PO Box 43410
PHOENIX, AZ 85080
(800) 607-9509
(800) 443-5558
(214) 626-8894 FAX

Customer: EMBASSY SUITES
Online WM ezPay ID: 00005-06801-73002
Invoice Date: 07/01/2016
Invoice Number: 4708882-0086-7
Account Number: XXX-XX2545-0086-2
Due Date: Due Upon Receipt

Total Current Charges	Total Amount Due
2,193.49	3,389.59

Account Summary

Description	
Previous Balance	1,196.10
Total Credits and Adjustments	0.00
Total Payments Received	0.00
Total Current Charges	2,193.49
Total Amount Due	3,389.59
Total Amount Past Due	0.00

Please see automatic payment message on remittance below.



Service Period: 06/16/16-06/30/16

Description	Amount
Roll-Off	2,193.49
Total Current Charges	2,193.49

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of \$5.00, or such late charge allowed under applicable law, regulation or contract. Additionally, if your service is suspended for non-payment, you may be charged a resume charge to restart your service. For each returned check, a charge will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

Use your iPhone or Android mobile device to manage your account, pay your bill, and schedule a roll-off pickup, similar to wm.com. More at wm.com/GoMobile.



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Springdale Hauling
PO Box 43410
PHOENIX, AZ 85080
(800) 607-9509
(800) 443-5558
(214) 626-8894 FAX

Payment Coupon

Please detach and send with checks only (no cash).
Please send all other correspondence to your local site.

Your Account Number		
XXX-XX2545-0086-2		
Invoice Date	Your Invoice Number	
07/01/2016	4708882-0086-7	
Due Date	Total Due	Amount Paid
Upon Receipt	3,389.59	

*** DO NOT PAY-AUTOMATIC PAYMENT WILL BE PROCESSED ***
Your bank account will be drafted for \$2,193.49. An older balance remains and may require payment

00868660092545047088820000021934900000338959 9

0006428 SP 4684 -C01-P00000-I I2017009



EMBASSY SUITES
PO BOX 2410
SPOKANE WA 99210-2410

Waste Management of
Springdale Hauling
PO BOX 9001054
LOUISVILLE KY 40290-1054

Service Location: XXX-X2545 Embassy Suites (P): 3303 Pinnacle Hills Pkwy: Rogers Ar 72758-8952

Date	Ticket	Description	Quantity	U/M	Rate	Amount
06/21/16	954140	Wm ezpay id: 00005-06801-73002 30 Yd compactor	1.00			815.31
		Govt fran reg fee per	1.00			1.50
		Ticket Total				816.81
07/01/16		Fuel/environmental charge				65.22
07/01/16		Regulatory cost recovery chrg				31.69
07/01/16		Arkansas state 6.50%				59.40
07/01/16		Benton county 1.00%				9.14
07/01/16		Rogers city 2.00%				18.27
Total charges for service location						1,000.53

Service Location: XXX-X8927 John Q Hammons Center (P): 3303 Pinnacle Hills Pkwy: Rogers Ar 72758-8952

Date	Ticket	Description	Quantity	U/M	Rate	Amount
06/21/16	954141	Wm ezpay id: 00006-86540-23009 30 Yd compactor	1.00			966.28
		Govt fran reg fee per	5.55			8.32
		Ticket Total				974.60
07/01/16		Fuel/environmental charge				77.30
07/01/16		Regulatory cost recovery chrg				37.56
07/01/16		Arkansas state 6.50%				70.81
07/01/16		Benton county 1.00%				10.89
07/01/16		Rogers city 2.00%				21.80
Total charges for service location						1,192.96
Total Current Charges						2,193.49

NOTICE: By sending your check, you are authorizing the Company to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check.

You agree, in order for us to service our account or to collect any amounts you may owe (for non-marketing or solicitation purposes), we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages, facsimile messages or e-mails, using any e-mail address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

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> (8538595) Waste management - Bankruptcy Department 2625 W. Grandview Rd. Ste.150 Phoenix AZ, 85023	Claim No: 42 <i>Original Filed</i> <i>Date: 08/15/2016</i> <i>Original Entered</i> <i>Date: 08/15/2016</i>	<i>Status:</i> <i>Filed by: CR</i> <i>Entered by: Lisa Marie</i> <i>Nugent</i> <i>Modified:</i>
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Amount claimed: \$3389.59				
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History:

Details	42-1	08/15/2016	Claim #42 filed by Waste management - Bankruptcy Department, Amount claimed: \$3389.59 (Nugent, Lisa)
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Description: (42-1) SERVICES PERFORMED

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*	\$3389.59
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		