

Fill in this information to identify the case:

Debtor 1 John Q Hammows Fall 2006 LLC  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: \_\_\_\_\_ District of Kansas  
Case number 16-21142

**FILED**  
Kansas City, KS  
AUG 15 2016

Clerk  
U.S. Bankruptcy Court

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?  
Anytime Labor - Kansas  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor LaborMax Staffing

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?  
LaborMax Staffing  
Name  
PO Box 900  
Number Street  
Kearney MO 64060  
City State ZIP Code  
Contact phone 816-903-5555 ext 201  
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: 1958

7. How much is the claim? \$ ~~12500~~ 371.92 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.  
services performed - Labor/Staffing

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:

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 \$2,850\* 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.

**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.

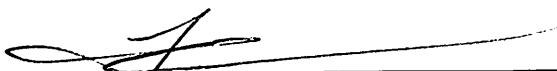
I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 07/25/2016  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name Terrie — Veltholm  
First name Middle name Last name

Title Accounting

Company Laber Mac Holding  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 900  
Number Street

Mooney MO 64060  
City State ZIP Code

Contact phone 816-903-5555 Email \_\_\_\_\_

# Aging Report

Database: SCKANSAS | User: Terrie Widhalm

As Of : 07/25/2016

Customer Name : Courtyard Marriott-JC

Office Name : All Offices

Courtyard Marriott-JC		Cust #: 1958	Aging Max: 60.00 Credit Limit: 6,500.00	Last Payment #: 53253 Avg Pay Off: 16	Last Payment: 261.06 AP Contact: Karen C. AP Email:	Payment Date: 07/22/2016 AP Phone: (785) 210-1500				
Invoice #	Invoice Date	Last Pay Date	Age	Amount	Payments	0-30	31-60	61-90	Over 90	Amount Due
<del>16-77534</del>	<del>07/08/2016</del>		17	<del>584.90</del>	<del>0.00</del>	<del>584.90</del>	0.00	0.00	0.00	<del>584.90</del>
16-77340	07/01/2016	07/22/2016	24	632.98	261.06	371.92	0.00	0.00	0.00	371.92
<b>Customer Totals:</b>				<b>1,217.88</b>	<b>261.06</b>	<b>956.82</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>956.82</b>
<b>Summary Totals:</b>				<b>1,217.88</b>	<b>261.06</b>	<b>956.82</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>956.82</b>
						100.00%	0.00%	0.00%	0.00%	

371.92

LaborMax Staffing  
 719 N Washington Street  
 JUNCTION CITY, KS 66441  
 Phone: (785) 238-3600  
 Fax: (785) 238-3611

DATE	INVOICE #
07/01/2016	16-77340



Bill To
Courtyard Marriott-JC Accounts Payable 310 Hammons Drive JUNCTION CITY, KS 66441

Please Remit Payment To
Anytime Labor-Kansas LLC DBA LaborMax Staffing PO Box 900 KEARNEY, MO 64060 Phone: (816) 903-5555

Terms	Customer #	Amount	Balance Due
NET 7	1958	\$632.98	\$371.92

**HOUSEKEEPING-825**

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
273528	07/01/2016	HALL, MECCA	HOUSEKEEPING	Regular Pay	\$12.09	7.60	\$91.88
273528	07/01/2016	MCWHORTER, JOAN 825	HOUSEKEEPING	Regular Pay	\$12.09	7.00	\$84.63
273528	07/01/2016	PARKER, SCARLETTE 825	HOUSEKEEPING	Regular Pay	\$12.09	6.23	\$75.32
						20.83	\$251.83

**KITCHEN- 825**

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
273528	06/25/2016	AVERY, BRITTANY 825	GENERAL LABOR	Regular Pay	\$12.09	10.00	\$120.90
273528	06/25/2016	ELLISON, THURMAN 825	GENERAL LABOR	Regular Pay	\$12.09	10.00	\$120.90
273528	06/25/2016	RUSHING, TYNESHIA 825	GENERAL LABOR	Regular Pay	\$12.09	10.00	\$120.90
						30.00	\$362.70

**Payments / Credits**

Type	Date	Amount
Funded Receivable	07/22/2016	\$261.06

Reg: 50.83	DT:	Invoice #: 16-77340	Sub Total:	\$614.53
OT:	Other:	Office #: 16	ACA:	\$18.45
Total Hours: 50.83			Total This Invoice:	\$632.98
			Pay This Amount:	\$371.92

LaborMax Staffing  
 PO Box 900

We appreciate the opportunity to be of service to you and your team. Please note our new remit to address.

Please Remit Payment To
Anytime Labor-Kansas LLC DBA LaborMax Staffing PO Box 900 KEARNEY, MO 64060 Phone: (816) 903-5555

Bill To
Courtyard Marriott-JC Accounts Payable 310 Hammons Drive JUNCTION CITY, KS 66441

# 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> (8508627) ANYTIME LABOR KANSAS LLC DBA LABORMAX STAFFING PO BOX 900 KEARNEY MO 64060	<b>Claim No: 48</b> <i>Original Filed</i> Date: 08/25/2016 <i>Original Entered</i> Date: 08/25/2016	<b>Status:</b> Filed by: CR Entered by: Terri Marshall Modified:
Amount claimed: \$371.92		

*History:*

<a href="#">Details</a>	<a href="#">48-1</a>	08/25/2016	Claim #48 filed by ANYTIME LABOR KANSAS LLC, Amount claimed: \$371.92 (Marshall, Terri )
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*Description:* (48-1) Services performed  
*Remarks:* (48-1) KSB Filed 8/15/2016; ECF by Claims Agent 8/25/2016

## 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>	\$371.92
<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>		
<b>Administrative</b>		