

Fill in this information to identify the case:

Debtor 1 John Q. Hammons Fall 2006, LLC, et al.
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: District of Kansas at Kansas City
Case number 16-21142

FILED
Kansas City KS
AUG 15 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? City of Richardson, Texas
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>Whitt L. Wyatt</u> Name	<u>City of Richardson, Attn: Cindi Hernandez</u> Name
<u>500 N. Akard, Suite 1800</u> Number Street	<u>P.O. Box 831907</u> Number Street
<u>Dallas TX 75201</u> City State ZIP Code	<u>Richardson TX 75083</u> City State ZIP Code
Contact phone <u>214-965-9900</u>	Contact phone <u>972-744-4120</u>
Contact email <u>wwyatt@njdhs.com</u>	Contact email <u>cindi.hernandez@cor.gov</u>

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? _____

JOH CH ID

00021

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: 2 9 3 4

7. How much is the claim? \$ 13,896.74. 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.
Unpaid 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:

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 08/11/2016
MM / DD / YYYY

/s/ Whitt L. Wyatt

Signature

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

Name Whitt L. Wyatt
First name Middle name Last name

Title City Attorney

Company Nichols, Jackson, Dillard, Hager & Smith, L.L.P.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 500 N. Akard, Suite 1800
Number Street

Dallas TX 75201
City State ZIP Code

Contact phone 214-965-9900 Email wwwyatt@njdhs.com

**UNITED STATES BAKRUPTCY COURT
DISTRICT OF KANSAS AT KANSAS CITY**

In re:)
)
JOHN Q. HAMMONS FALL 2006, LLC, et al.,) **Case No. 16-21142**
)
Debtors.)

UTILITY BILLING RECORDS AFFIDAVIT FOR PRE-PETITION UTILITY SERVICE

STATE OF TEXAS §
 §
 COUNTY OF DALLAS §

BEFORE ME, the undersigned authority, on this date personally appeared Cindi Hernandez, who after being by me duly sworn did depose:

"My name is Cindi Hernandez. I am over eighteen (18) years of age, have never been convicted of a felony and am competent and capable of making this Affidavit. I have personal knowledge of the facts stated herein and they are true and correct.

I am the Custodian of Records the City of Richardson utility billing department. As part of my duties and responsibilities, I maintain and/or have personal knowledge of certain files contained in our office. Attached hereto as Exhibit "A" is a one (1) page document being a true and correct copy of the official utility billing records of the City of Richardson. As evidenced by the attached utility billing statement, debtor John Q. Hammons Fall 2006, LLC, et al., currently owes \$13,896.74 for a utility account (Account Number 91510-72934) held by the City of Richardson. This account is associated with the City's Renaissance Hotel property located at 900 E. Lookout Drive, Richardson, Texas. This amount represents the full pre-petition amount owed on this utility account for all usage incurred through June 25, 2016. All legal offsets, payments, and credits known to the affiant have been allowed and are represented in this amount.

These records are kept in the regular course of business and pursuant to the authority of the City of Richardson. Further, the record has been made at or near the time or reasonably soon thereafter in connection with the activity as set forth in this Affidavit. The record attached hereto is the original or exact duplicate of the original. I hereby attest to the authenticity of the record and that the same is maintained by the City Richardson."

Further Affiant sayeth not.



Cindi Hernandez
 Cindi Hernandez, Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, this 11 day of August, 2016.

Laurie Woody
 Notary Public, State of Texas

My Commission Expires: 2019

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> (8546968) City of Richardson, Texas Whitt L Wyatt 500 N Akard, Suite 1800 Dallas, TX 75201	Claim No: 49 <i>Original Filed</i> Date: 08/25/2016 <i>Original Entered</i> Date: 08/25/2016	<i>Status:</i> Filed by: CR Entered by: Terri Marshall Modified:
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Amount claimed: \$13896.74				
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History:
[Details](#) [49-1](#) 08/25/2016 Claim #49 filed by City of Richardson, Texas, Amount claimed: \$13896.74 (Marshall, Terri)

Description: (49-1) Utilities
Remarks: (49-1) 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

Total Amount Claimed*	\$13896.74
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		