

Fill in this information to identify the case:

Debtor 1 John Q. Hammons 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 12 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? Lutheran Family Services of Nebraska, Inc.
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)

<p>Where should notices to the creditor be sent?</p> <p><u>Lutheran Family Services of Nebraska, Inc.</u> Name <u>124 S. 24th Street, Suite 230</u> Number Street <u>Omaha NE 68102</u> City State ZIP Code Contact phone <u>(402)978-5655</u> Contact email <u>rmatthes@lfsneb.org</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
---	--

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? _____

JQH Ctl ID
00023

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? \$ 385.00. 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 health care information.
Translation services performed

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).

Amount entitled to priority

\$ _____

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).

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:

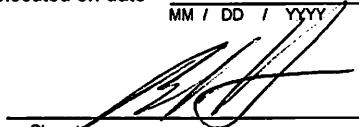
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 08/08/2016
MM / DD / YYYY



Signature

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

Name Richard A. Henrichs
First name Middle name Last name

Title Vice President of Finance

Company Lutheran Family Services of Nebraska, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 124 S. 24th Street, Suite 230
Number Street

Omaha NE 68102
City State ZIP Code

Contact phone (402)978-5649 Email dhenrichs@lfsneb.org

ATTACHMENT 1

Case Title	Case No.	Tax Id No.
Junction City Catering Co., Inc.	16-21139	20-0341585
The Revocable Trust of John Q. Hammons dated Decem	16-21140	27-6910335
JQH - Olathe Development, LLC	16-21141	26-2673825
John Q. Hammons Fall 2006, LLC	16-21142	20-5498577
Hammons, Inc.	16-21143	43-0961374
John Q. Hammons Hotels Development, LLC	16-21144	20-4421276
ACLOST, LLC	16-21145	27-6910335
John Q. Hammons 2015 Loan Holdings, LLC	16-21146	27-6910335
JQH - Lake of the Ozarks Development LLC	16-21147	20-8016799
John Q. Hammons Hotels Management I Corporation	16-21148	27-6910335
KC Residence Catering Co., Inc.	16-21149	20-8822975
JQH - Concord Development LLC	16-21150	20-3859615
John Q. Hammons Hotels Management II, L.P.	16-21151	27-6910335
Bricktown Residence Catering Co. Inc.	16-21152	20-4630331
John Q. Hammons Hotels Management, LLC	16-21153	27-6910335
Hammons of Huntsville, LLC	16-21154	20-2742259
La Vista CY Catering Co., Inc.	16-21155	26-3880456
Chateau Catering Co. Inc.	16-21156	43-1777021
Hammons of Oklahoma City, LLC	16-21157	20-4412561
La Vista ES Catering Co., Inc.	16-21158	26-1167959
JQH - Ft. Smith Development, LLC	16-21159	20-3886136
Hammons of South Carolina, LLC	16-21160	20-0579821
Civic Center Redevelopment Corp.	16-21161	43-1291197
Lincoln P Street Catering Co., Inc.	16-21162	31-1694356
Hammons of Lincoln, LLC	16-21163	20-4412445
JQH - East Peoria Development, LLC	16-21164	20-3886084
Hammons of New Mexico, LLC	16-21165	20-0579890
Loveland Catering Co., Inc.	16-21166	26-3991523
Hammons of Tulsa, LLC	16-21167	20-4412618
Concord Golf Catering Co. Inc.	16-21168	20-5452347
JQH - Glendale, AZ Development, LLC	16-21169	20-3886602
Manzano Catering Co., Inc.	16-21170	20-0790652
JQH - San Marcos Development, LLC	16-21171	20-3904237
Hammons of Sioux Falls, LLC	16-21172	20-4412618
Hammons of Rogers, Inc.	16-21173	47-1865587
JQH - Allen Development, LLC	16-21174	26-2074398
Murfreesboro Catering Co., Inc.	16-21175	26-1168075
Concord Hotel Catering Co. Inc.	16-21176	20-5449981
JQH - Kansas City Development, LLC	16-21177	20-3886667
Normal Catering Co., Inc.	16-21178	26-4689021
OKC Courtyard Catering Co., Inc.	16-21179	90-0161928
JQH - Norman Development, LLC	16-21180	20-8829560

East Peoria Catering Co. Inc.	16-21181	26-0748207
R-2 Operating Co., Inc.	16-21182	31-0813507
Chateau Lake, LLC	16-21183	27-3999337
Fort Smith Catering Co. Inc.	16-21184	47-0928152
Rogers ES Catering Co., Inc.	16-21185	83-0355309
JQH - La Vista III Development, LLC	16-21186	20-5024792
Franklin/Crescent Catering Co. Inc.	16-21187	62-1859058
SGF-Courtyard Catering Co., Inc.	16-21188	31-1694399
JQH - La Vista Conference Center Development, LLC	16-21189	20-8758908
Sioux Falls Convention/Arena Catering Co., Inc.	16-21190	46-0448025
JQH - Murfreesboro Development, LLC	16-21191	20-3904373
Glendale Coyotes Catering Co. Inc.	16-21192	36-4605073
St. Charles Catering Co., Inc.	16-21193	20-2273206
JQH - Normal Development, LLC	16-21194	20-3886814
Tulsa/169 Catering Co., Inc.	16-21195	36-4508217
Glendale Coyotes Hotel Catering Co. Inc.	16-21196	26-0178436
JQH - Oklahoma City Bricktown Development, LLC	16-21197	20-3916824
U.P. Catering Co., Inc.	16-21198	43-1301806
JQH - Rogers Convention Center Development, LLC	16-21199	20-3887500
Hammons of Colorado LLC	16-21200	72-1560568
JQH - La Vista CY Development, LLC	16-21201	20-3916555
Huntsville Catering, LLC	16-21202	27-6910335
Hampton Catering Co. Inc.	16-21203	20-2274086
Hot Springs Catering Co. Inc.	16-21204	20-0175501
International Catering Co. Inc.	16-21205	20-1095582
Joplin Residence Catering Co. Inc.	16-21206	20-3804181
JQH - Pleasant Grove Development LLC	16-21207	27-6910335
Hammons of Richardson, LLC	16-21208	49-4201375
Richardson Hammons LP	16-21209	20-2154889
Hammons of Franklin, LLC	16-21210	49-4201375

Lutheran Family Services
Interpretation Services Program
1941 S. 42nd Street, Suite 402
Omaha, Nebraska 68105
Phone: (402)-536-3500

INVOICE

Invoice # 183

TO:
Stacey Otterson
Embassy Suites- Downtown
555 South 10th Street
Omaha, NE, 68102

FOR:
Interpretation Services for July
2015

Date	DESCRIPTION	HOURS	RATE	AMOUNT
7/27/2015	Employee Satisfaction Survey-Abdullah, Arabic, with Kara Kettelson	1	35	35
7/27/2015	Employee Satisfaction Survey-Menuka, Nepali, with Kara and Jennifer	1	35	35
7/28/2015	Employee Satisfaction Survey-Menuka, Nepali, with Kara and Jennifer	1	35	35
7/28/2015	Employee Satisfaction Survey-Abdullah, Arabic, with Kara and Jennifer	1	35	35
Total:		4		140

Make all checks payable to: **Robin Matthes, Lutheran Family Services**
124 S 24th Street, Suite 230
Omaha, NE 68102

Thank you!

Lutheran Family Services
Interpretation Services Program
941 S. 42nd Street, Suite 402
Omaha, Nebraska 68105
Phone: (402)-536-3500

INVOICE

Invoice # 283

TO:
Stacey Otterson
Embassy Suites- Downtown
555 South 10th Street
Omaha, NE, 68102

FOR:
Interpretation Services for October
2015

Date	DESCRIPTION	HOURS	RATE	AMOUNT
10/16/2015	Employee meeting-Interpreter:Menuka, language: Nepali, with Kara Ketelsen	1	35	35
Total:		1		35

Make all checks payable to: **Robin Matthes, Lutheran Family Services**
124 S 24th Street, Suite 230
Omaha, NE 68102

Thank you!

Lutheran Family Services
Interpretation Services Program
1941 S. 42nd Street, Suite 402
Omaha, Nebraska 68105
Phone: (402)-536-3500

INVOICE

Invoice # 336

TO:
Stacey Otterson
Embassy Suites- Downtown
555 South 10th Street
Omaha, NE, 68102

FOR:
Interpretation Services for
December 2015

Date	DESCRIPTION	HOURS	RATE	AMOUNT
12/14/2015	Phone call-Interpreter:Santi, language:Nepali, with Kara Ketelsen	1	35	35
12/15/2015	Job interview-Interpreter:Santi, language:Nepali, with Kara Ketelsen	1	35	35
Total:		2		70

Make all checks payable to: **Robin Matthes, Lutheran Family Services**
124 S 24th Street, Suite 230
Omaha, NE 68102

Thank you!

Lutheran Family Services
Interpretation Services Program
1941 S. 42nd Street, Suite 402
Omaha, Nebraska 68105
Phone: (402)-536-3500

INVOICE

Invoice # 407

TO:
Stacey Otterson
Embassy Suites- Downtown
555 South 10th Street
Omaha, NE, 68102

FOR:
Interpretation Services for March
2016

Date	DESCRIPTION	HOURS	RATE	AMOUNT
3/24/2016	meeting with employees with Kara Ketelsen- Interpreter: Abdullah- Language: Arabic (1:30-4:30pm)	3	35	105
Total:		3		105

Make all checks payable to: **Robin Matthes, Lutheran Family Services**
124 S 24th Street, Suite 230
Omaha, NE 68102

Thank you!

Lutheran Family Services
Interpretation Services Program
1941 S. 42nd Street, Suite 402
Omaha, Nebraska 68105
Phone: (402)-536-3500

INVOICE

Invoice # 471

TO:
Stacey Otterson
Embassy Suites- Downtown
555 South 10th Street
Omaha, NE, 68102

FOR:
Interpretation Services for May
2016

Date	DESCRIPTION	HOURS	RATE	AMOUNT
5/4/2016	Employee Staff Meeting-Interpereter:Hadeel Haider,Language:Arabic, with Kara Katelsen (9-10am)	1	35	35
Total:		1		35

Make all checks payable to: **Robin Matthes, Lutheran Family Services**
124 S 24th Street, Suite 230
Omaha, NE 68102

Thank you!

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> (8510209) LUTHERAN FAMILY SERVICES OF NE INC ROBIN MATTHES 124 S 24TH STREET STE 230 OMAHA NE 68102	Claim No: 51 <i>Original Filed</i> Date: 08/25/2016 <i>Original Entered</i> Date: 08/25/2016 <i>Last Amendment</i> Filed: 08/26/2016 <i>Last Amendment</i> Entered: 08/26/2016	<i>Status:</i> Filed by: CR Entered by: Terri Marshall Modified:
Amount claimed: \$385.00		

History:

Details	51-1	08/25/2016	Claim #51 filed by LUTHERAN FAMILY SERVICES, Amount claimed: \$385.00 (Marshall, Terri)
Details	51-2	08/26/2016	Amended Claim #51 filed by LUTHERAN FAMILY SERVICES, Amount claimed: \$385.00 (Marshall, Terri)

<i>Description:</i> (51-1) Services performed		
<i>Remarks:</i> (51-1) KSB Filed 8/12/2016; ECF by Claims Agent 8/25/2016 (51-2) Amended by Claims Agent to upload corrected PDF image of claim		

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*	\$385.00
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		

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.

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

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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 BANKRUPTCY 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

UTILITIES DEPARTMENT

SERVICE ADDRESS
900 E LOOKOUT DR



ACCOUNT NUMBER	CYCLE	BILL DATE	DUE DATE
91510-72934	1-44	7/8/16	7/23/16

Total Current Charges	13,896.74
Balance Forward	0.00
Total Amount Due	13,896.74

John Q. Hammons Fall 2006, LLC, et al.
c/o Renaissance DLS/RICH Hotel
4243 Hunt Rd
Cincinnati, OH 45242-6645

RETURN THIS PORTION. PLEASE MAKE CHECK PAYABLE TO CITY OF RICHARDSON.

900 E LOOKOUT DR

CORRECTED BILL

ACCOUNT NUMBER	CYCLE	BILL DATE	DUE DATE
91510-72934	1-44	7/8/16	7/23/16

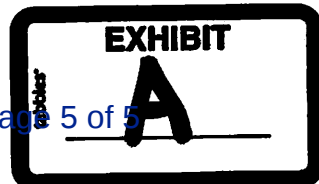
Rate Class: COMMERCIAL

Last payment amount/date: 20501.96 07/03/16

Service	Service Period	Days	Meter Number	Mult	Units	Current	Previous	Usage
WA	6/7/16 6/26/16	19	70071383	1.000	TGAL	7193.00	6590.00	603.00
WA	6/7/16 6/26/16	19	70071383	1.000	TGA2	25569.00	25113.00	456.00
						Charge	Total	
WA	Water		1059.00			6,872.77		6,872.77
SW	Sewer		1059.00			7,087.85		7,087.85
DC	Drainage-Commercial					68.29		68.29
	PU 30 COMP/WT 15880		6/17/2016			368.00		368.00
	Deposit Refund					(500.00)		(500.00)
	Deposit Interest					(0.17)		(0.17)

Total Current Charges	13,896.74
Balance Forward	0.00
Total Amount Due	13,896.74

To make a payment online, visit our web site at
www.cor.net/waterpayment or www.cor.net
Questions? Email us at customer.service@cor.gov



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> (8510209) LUTHERAN FAMILY SERVICES OF NE INC ROBIN MATTHES 124 S 24TH STREET STE 230 OMAHA NE 68102	Claim No: 51 <i>Original Filed Date:</i> 08/25/2016 <i>Original Entered Date:</i> 08/25/2016 <i>Last Amendment Filed:</i> 08/26/2016 <i>Last Amendment Entered:</i> 08/26/2016	<i>Status:</i> Filed by: CR Entered by: Terri Marshall Modified:
Amount claimed: \$385.00		

History:

Details	51-1	08/25/2016	Claim #51 filed by LUTHERAN FAMILY SERVICES, Amount claimed: \$385.00 (Marshall, Terri)
Details	51-2	08/26/2016	Amended Claim #51 filed by LUTHERAN FAMILY SERVICES, Amount claimed: \$385.00 (Marshall, Terri)

Description: (51-1) Services performed

Remarks: (51-1) KSB Filed 8/12/2016; ECF by Claims Agent 8/25/2016
 (51-2) Amended by Claims Agent to upload corrected PDF image of claim

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*	\$385.00
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		