

Fill in this information to identify the case:

Debtor 1 JQH - ALLEN DEVELOPMENT LLC
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: District of Kansas
Case number 16-21174

FILED
Kansas City, KS
AUG 26 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? Classic Party Rentals
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>Classic Party Rentals c/o Intercontinental Fin</u> Name <u>31368 Via Colinas #110</u> Number Street <u>Westlake Village CA 91362</u> City State ZIP Code Contact phone <u>818-483-5419</u> Contact email <u>kris@ifscollect.com</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>
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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 Ct ID
00025

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 3 6 1

7. How much is the claim? \$ 2,830.00. 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.
goods sold

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 \$2,775* 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. \$ _____

* 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 08/23/2016
MM / DD / YYYY


Signature

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

Name Kris Reynolds
First name Middle name Last name

Title COO

Company Intercontinental Financial Services
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 31368 Via Colinas #110
Number Street

Westlake Village CA 91362
City State ZIP Code

Contact phone 818-483-5419 Email kris@ifscollect.com

Amount Payment To:

OpCo LLC dba Classic Party Rentals
100 PHILLIP DAVIS DRIVE, CHARLOTTE, NC 28217
Phone: 704.523.9300 |
WWW.CLASSICPARTYRENTALS.COM



Customer Statement
July 19, 2016

179361
EMBASSY SUITES-CONCORD
ACCOUNTS PAYABLE DEPARTMENT
5400 JOHN Q HAMMONS DRIVE NW
CONCORD NC 28027

Statement Recap

Terms : NET30
Invoices: 4
Current: \$0.00
30 Days: \$2,830.00
60 Days: \$0.00
90 Days: \$0.00
120 Days: \$0.00
Total: \$2,830.00

Inv Date	Inv Num	Event Name	Invoice Amount	Balance	P/O
			\$2,830.00	\$2,830.00	
05-31-16	0001805916	EVENT_1805916	\$2,830.00	\$2,830.00	
Totals:	4				

CUSTOMER STATEMENT RECAP

Total Number Of Invoices:		4			
Total Invoice Amount:		\$2,830.00			
Total Discount Amount:		\$0.00			
Total Net Invoice Amount:		\$2,830.00			
Current:	30 Days:	60 Days:	90 Days:	120 Days:	Total:
\$0.00	\$2,830.00	\$0.00	\$0.00	\$0.00	\$2,830.00



CLASSIC

EVENT & TENT RENTALS

INVOICE

CP OpCo LLC dba Classic Party Rentals
 600 PHILLIP DAVIS DRIVE, CHARLOTTE, NC 28217
 PH: 704.523.9300 | WWW.CLASSICPARTYRENTALS.COM

Invoice 0001805916
 Date 05-31-2016
 Customer 179361
 Printed by NRAMIREZ

RENTAL TOTAL:	2,630.00
SALES TOTAL:	.00
MISC. TOTAL:	200.00
TAX TOTAL:	.00
INVOICE TOTAL:	2,830.00
PAYMENTS / CREDITS:	.00
BALANCE DUE:	\$2,830.00

CANCELLATION POLICY:

- * 50% deposit is required to confirm all orders- inventory will not be held without deposit.
- * Once sub-rentals have been confirmed and/or shipped quantities can not be changed or deleted, payment is due in full.
- * Final counts are due 7 days prior to delivery.
- * Changes and cancellations within 7 days of event are subject to a 25% restocking fee.
- * Cancellations with 2 days of the event are subject to a 50% restocking fee.
- * Cancellations 1 day prior to the or the day of the event must be paid in full and are subject to a 100% cancellation fee.
- * Client is responsible for all missing and broken items unless breakage is noted at delivery.
- * Table and Chair rental does not include set-up or break-down. Please contact your sales rep prior to delivery to add this service fee.

QUOTE POLICY

- Pricing valid for 30 days from the date your quote was received.
- Quotes confirmed and Orders changed or finalized within 14 days of delivery date may be subject to increased pricing.

TERMS AND CONDITIONS

The rental period commences on the "Install" date and ends on the "Pick-up" date shown on the Order. If Client makes greater use of the Rental Items than agreed upon, or does not return will-call items by the "Pick-up" date shown on the Order, additional fees will be charged.
 Full Terms and Conditions - <https://classicpartyrentals.com/rental-terms-conditions>



CLASSIC

EVENT & TENT RENTALS

INVOICE

EVENT_1805916

CP OpCo LLC dba Classic Party Rentals
600 PHILLIP DAVIS DRIVE, CHARLOTTE, NC 28217
PH: 704.523.9300 | WWW.CLASSICPARTYRENTALS.COM

Invoice 0001805916
Date 05-31-2016
Customer 179361
Printed by NRAMIREZ

B I L L T O	EMBASSY SUITES-CONCORD ATTN: SUSANNAH BANKS 5400 JOHN Q HAMMONS DRIVE NW CONCORD, NC 28027	S H I P T O	EMBASSY SUITES-CONCORD ATTN: SUSANNAH BANKS 5400 JOHN Q HAMMONS DRIVE NW CONCORD, NC 28027 TEL: (704) 455-8200
		P I C K U P	SAME AS SHIP TO ADDRESS

Day	Date	Time	PO#:	Ordered by : SUSANNAH
Install: TUE	05/31/2016	09:00 AM		# of Guests :
Event: WED	06/01/2016	09:00 AM	Order Descr:	Salesperson : PATTY PRESSLEY
Pick-Up: TUE	06/07/2016	09:00 AM	Referred by :	Entered by : PPRESSLEY
			Telephone# :	Terms : NET30

Quantity	Return	Description	Unit Price	Total
		***** RENTAL AGREEMENT TERMS *****		
		- 50% DEPOSIT REQUIRED TO SECURE ITEMS FOR RENTAL		
		- FINAL COUNTS DUE 48 HRS PRIOR TO DELIVERY		
		CONFIRM DELIVERY/PICK UP DATES AND TIMES ABOVE		
		- DELIVERY DATE: / /		
		- PICK UP DATE: / /		
		- SIGNATURE: X		
		- PLEASE RETURN VIA FAX (704)523-9355 OR EMAIL		
		***** DELIVERY NOTES *****		
		PLEASE CONTACT SUSANNAH ON DELIVERY. WILL NEED TO JUST DROP OFF TABLES AND CHAIRS. NO SET UP OR BREAKDOWN REQUIRED		
40		TABLE, 6' X 30" BANQUET	\$9.50	\$380.00
500		CHAIR, BANQUET STACKING BLACK W/BLACK FRAME	\$4.50	\$2,250.00
2		INSTALLATION, DELIVERY/PICK-UP CHARGE	\$100.00	\$200.00

August 23, 2016

The Clerk
U.S. BANKRUPTCY COURT
161 Robert J Dole US Courthouse
500 State Avenue
Kansas City, KS 66101

Re: JQH – Allen Development LLC
CASE NO: 16-21174

OUR FILE NO: Classic Party Rentals (179361-CHA)

Dear Sir/Madam:

Enclosed please find our Proof of Claim to be filed on behalf of our client in the above-referenced bankruptcy proceeding.

Please acknowledge receipt and filing of our claim on our Proof Form, and return it in the enclosed postage-paid, self-addressed envelope. Also, please direct future bulletins and/or dividends to our attention.

Thank you.

Very truly yours,

INTERCONTINENTAL FINANCIAL SERVICES



Kris Reynolds
Account Manager

KR/K
enc.

RECEIVED
AUG 26 2016

U.S. Bankruptcy Court
Kansas City, KS

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> (8549850) CLASSIC PARTY RENTALS C/O INTERCONTINENTAL FIN 31368 VIA COLINAS #110 WESTLAKE VILLAGE, CA 91362	Claim No: 53 <i>Original Filed</i> Date: 08/30/2016 <i>Original Entered</i> Date: 08/30/2016	<i>Status:</i> Filed by: CR Entered by: Terri Marshall Modified:
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Amount claimed: \$2830.00		
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History:

Details	53-1	08/30/2016	Claim #53 filed by CLASSIC PARTY RENTALS C/O INTERCONTINENTAL FIN, Amount claimed: \$2830.00 (Marshall, Terri)
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<i>Description:</i> (53-1) goods sold		
<i>Remarks:</i> (53-1) KSB Filed 8/26/16; ECF by Claims Agent 8/30/2016		

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*	\$2830.00
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		