

Fill in this information to identify the case:

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

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? Mountain States Specialties, 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>Mountain States Specialties</u> Name <u>1671 Valtec Lane</u> Number Street <u>Boulder CO 80301</u> City State ZIP Code Contact phone <u>303-444-6186</u> Contact email <u>mssccustomerservice@gmail.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
00026

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: B L O V

7. How much is the claim? \$ \$302.32 . 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

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 \$2,775* 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

Rita Leckman
Signature

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

Name Rita M. Leckman
First name Middle name Last name

Title Vice President

Company Mountain States Specialties, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1671 Valtec Lane
Number Street

Boulder CO 80301
City State ZIP Code

Contact phone 303-444-6186 Email Rita@mtstatespecialties.com



INVOICE #: M88130
Page: 1

Bill To EMBLOV
EMBASSY SUITES LOVELAND
JOHN Q. HAMMONS TRUSTEE*em inv
4705 CLYDESDALE PARKWAY
LOVELAND, CO 80538

Ship To
EMBASSY SUITES LOVELAND
JOHN Q HAMMONS TRUSTEE
4705 CLYDESDALE PARKWAY
LOVELAND, CO 80538
UPS Contact UPC no Retail (\$)
V#MO035 Dept,

Your P.O. #		Sales Person	Terms	Ship Via	P.O. Date	Invoice Date:	Our Order No.
		Robin Slinn	Net 30 days	DROP SHIP GRD	05/02/16	06/17/16	124276
Qty. Shipped	Qty. Ordered	Description	Retail	UPC #	Price	Total	
100	100	PROM001-NONE Sport Pack A460 Design: Mountain/trees LOVELAND, CO		00503	2.73	273.00	
100	100	40500 Set up Charge (UPC only) CREATE UPC AND SEND PRICE STICKERS WITHOUT RETAIL TO LUCY			0.10	10.00	

CLAIMS MUST BE MADE WITHIN 7 DAYS OF INVOICE DATE

TERMS: NET 30 DAYS OR AS INDICATED ABOVE. Past due invoices will be subject to interest charges at the rate of 2% per month (annual percentage rate of 24%) on the unpaid balance. Accounts over 60 days will be placed on C.O.D. until paid in full.

Collection charges or legal fees necessary to enforce payment will be added to the balance due.

A \$25 fee will be charged for all bad checks returned.

PLEASE PAY BY THIS INVOICE: NO STATEMENT RENDERED

Subtotal: 283.00
Invoice Discount: 0.00
Tax: 0.00
Freight Total: 19.32
Total: 302.32

STATEMENT

Mountain States Specialties, Inc.
 1671 Valtec Lane
 Boulder, CO 80301-4620
 (303) 444-6186

Statement Date: 07/01/16

Account Number: EMBLOV

Page: 1

EMBASSY SUITES LOVELAND
 JOHN Q. HAMMONS TRUSTEE*em inv
 4705 CLYDESDALE PARKWAY
 LOVELAND, CO 80538

Amount Remitted

RETURN THIS PORTION OF
 STATEMENT WITH YOUR PAYMENT.

Document	Date	Terms	Code	Debits	Credits	Balance
M88130	06/21/16	Net 30 days	Invoice	302.32		302.32

Statement Aging:	Statement Balance		302.32	0.00	302.32
Days overdue:	Current	Up To 30 Days	31 - 60 Days	Over 60 Days	
Aged amounts:	302.32	0.00	0.00	0.00	



August 23rd, 2016

Bankruptcy Clerk's Office
161 Robert J Dole US Courthouse
Kansas City, KS 66101

Re: John Q Hammons, LLC Bankruptcy

Hello,

Attached are a completed form B410 and a copy of our invoice M88130. Embassy Suites Loveland placed this order with our company before John Q Hammons, LLC filed for bankruptcy.

Thank you,

MOUNTAIN STATES SPECIALTIES
Accounts Receivable

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> (8549855) Mountain States Specialties, Inc. 1671 Valtec Lane Boulder, CO 80301	Claim No: 54 <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:
Amount claimed: \$302.32		

History:

Details	54-1	08/30/2016 Claim #54 filed by Mountain States Specialties, Inc., Amount claimed: \$302.32 (Marshall, Terri)
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Description: (54-1) Goods sold

Remarks: (54-1) 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*	\$302.32
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		