

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

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

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Marvin Hester
 Title: President
 Company: REFRIGERATED SPECIALIST, INC
 Address and telephone number (if different from notice address above):

 
 (Signature) _____ (Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
 Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
 State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
 State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
 State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
 Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
 Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
 If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
 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.

7. Documents:
 Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
 The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

STATEMENT

Refrigerated Specialist, Inc.
3040 East Meadows Blvd.
Mesquite (DFW), TX 75150
USA
(972)-279-3800

PAGE 1
DATE 7/18/2016
ACCOUNT NO JOHN Q 300

ATTN : MARRIOTT - ALLEN
JOHN Q. HAMMONS HOTELS, INC.
300 HAMMONS PKWY
SPRINGFIELD, MO 65806

AMOUNT DUE 604.51
TERMS Net 30 Days

INVC DATE	INVOICE NO	TYPE	PO/CHECK NO	CHARGES	CREDITS	BALANCE
4/19/2016	S393554	Inv	CHRIS	213.79	0.00	213.79
6/23/2016	S394690	Inv	DICK DABAGAIN	203.45	0.00	203.45
6/17/2016	S397013	Inv	DICK DABAGIAN	187.27	0.00	187.27

We Accept Mastercard, Visa and AmEx

CURRENT	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS	AMOUNT DUE
203.45	187.27	0.00	213.79	604.51

Refrigerated Specialist, Inc.

3040 East Meadows Blvd.
 Mesquite (DFW), TX 75150
 USA
 Phone: (972) 279-3800
 Fax: (972) 686-9656

Invoice Print

Invoice Date 4/19/2016
 Invoice Number S393554
 Service Order S393554

S
 O
 L JOHN Q. HAMMONS HOTELS, INC.
 D 300 HAMMONS PKWY
 T SPRINGFIELD, MO 65806
 O

J
 O
 B MARRIOTT COURTYARD 29010
 S 210 E. STACY RD.
 I ALLEN, TX 75002
 T
 E

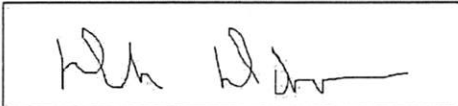
NET DUE \$213.79

Terms Code	Branch	Tax Code	Purchase Order
Net 30 Days	DFW	7100	CHRIS

Description: WO S393554: BISTRO CUBER MANITOWOC QM30A 310073903

4/14/16
 FOUND UNIT DRIPPING WATER FROM THE WATER INLET VALVE. FOUND THAT PIPE CONNECTION TO VALVE WAS LEAKING. REMOVED AND RE-SEALED WITH PIPE TAPE. RESTARTED AND VERIFIED NO MORE LEAKS. RETURNED TO SERVICE.
 TG

Item Id	Units	Quantity	Unit Price	Extension
Labor - Hency, Marvin Work Date: 4/14/2016	HR	1.25	98.00	122.50
Component: BISTRO CUBER Manufacturer: MANITOWOC Model #: QM30A Serial #: 310073903				
ARRIVAL ASSESSMENT ARRIVAL ASSESSMENT	EA	1.00	75.00	75.00



Customer Signature

Taxable	Non Taxable	Sales Tax	Total	Payments	NET DUE
\$197.50	\$0.00	\$16.29	\$213.79	\$0.00	\$213.79

We now accept Visa, MasterCard & American Express
 A monthly finance charge of 1.5% will be added to each invoice with an outstanding balance over 60 days.

Customer Copy

TACLA008679R
 Regulated by Texas Department of Licensing & Regulation
 PO Box 12157, Austin TX 78711, 800-803-9202, 512-463-6599

Refrigerated Specialist, Inc.
 3040 East Meadows Blvd.
 Mesquite (DFW), TX 75150
 USA
 Phone: (972) 279-3800
 Fax: (972) 686-9656

Invoice Print

Invoice Date 6/23/2016
 Invoice Number S394690
 Service Order S394690

S
 O
 L JOHN Q. HAMMONS HOTELS, INC.
 D 300 HAMMONS PKWY
 T SPRINGFIELD, MO 65806
 O

J
 O
 B MARRIOTT COURTYARD 29010
 S 210 E. STACY RD.
 I ALLEN, TX 75002
 T
 E

NET DUE \$203.45

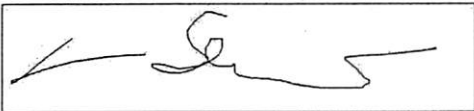
Terms Code	Branch	Tax Code	Purchase Order
Net 30 Days	DFW	7100	DICK DABAGAIN

Description: WO S394690: BISTRO CUBER MANITOWOC QM30A 310073903

5-6-2016
 CHECKED IN WITH DAVID IN ENGINEERING. FOUND THAT WATER LEAK WAS COMING FROM THE FITTING TO WATER INLET VALVE. TRIED TO RE-SEAL WITH TEFLON TAPE, BUT COULD NOT STOP LEAK. WILL BACK ORDER WATER INLET VALVE.

6-1-2016
 REPLACED WATER INLET VALVE. RESTARTED AND VERIFIED PROPER OPERATION AND NO WATER LEAKS. RETURNED TO SERVICE.
 TG

Item Id	Units	Quantity	Unit Price	Extension
Labor - Hency, Marvin Work Date: 5/6/2016	HR	1.00	.00	.00
0 Component: Manufacturer: Model #: Serial #:				
Labor - Hency, Marvin Work Date: 5/6/2016	HR	0.25	.00	.00
0 Component: Manufacturer: Model #: Serial #:				
Labor - Hency, Marvin Work Date: 6/1/2016	HR	0.75	98.00	73.50
Component: BISTRO CUBER Manufacturer: MANITOWOC Model #: QM30A Serial #: 310073903				
040001814 WATER INLET VALVE PO 00115948 EG	Each	1.00	114.44	114.44



Customer Signature

Taxable	Non Taxable	Sales Tax	Total	Payments	NET DUE
\$187.94	\$0.00	\$15.51	\$203.45	\$0.00	\$203.45

We now accept Visa, MasterCard & American Express
 A monthly finance charge of 1.5% will be added to each invoice with an outstanding balance over 60 days.

Customer Copy

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 PO Box 12157, Austin TX 78711, 800-803-9202, 512-463-6599

Refrigerated Specialist, Inc.

3040 East Meadows Blvd.
Mesquite (DFW), TX 75150
USA
Phone: (972) 279-3800
Fax: (972) 686-9656

Invoice Print

Invoice Date 6/17/2016
Invoice Number S397013
Service Order S397013

S
O
L JOHN Q. HAMMONS HOTELS, INC.
D 300 HAMMONS PKWY
T SPRINGFIELD, MO 65806
O

J
O
B MARRIOTT COURTYARD 29010
S 210 E. STACY RD.
I ALLEN, TX 75002
T
E

NET DUE \$187.27

Terms Code	Branch	Tax Code	Purchase Order
Net 30 Days	DFW	7100	DICK DABAGIAN

Description: WO S397013: FRONT LINE RIGHT DELFIELD UCC 18648PTBM-C 0903150002310

6-14-16
CHECKED IN WITH DICK. FOUND UNIT TEMPING AT 75F. FOUND EVAPORATOR FAN NOT
RUNNING. FOUND UNIT WITH NO POWER, FOUND UNIT UNPLUGGED. PLUG UNIT UP AND SET
THERMOSTAT TO CUT OUT AT 35F. UNIT IS UP AND RUNNING.
TG

Item Id	Units	Quantity	Unit Price	Extension
Labor - Montgomery, Mark Work Date: 6/14/2016	HR	1.00	98.00	98.00
Component: FRONT LINE RIGHT Manufacturer: DELFEILD Model #: 18648PTBM-C Serial #: 0903150002310				
ARRIVAL ASSESSMENT ARRIVAL ASSESSMENT	EA	1.00	75.00	75.00

Customer Signature

Taxable	Non Taxable	Sales Tax	Total	Payments	NET DUE
\$173.00	\$0.00	\$14.27	\$187.27	\$0.00	\$187.27

We now accept Visa, MasterCard & American Express
A monthly finance charge of 1.5% will be added to each invoice with an outstanding balance over 60 days.

Customer Copy

TACLA008679R
Regulated by Texas Department of Licensing & Regulation
PO Box 12157, Austin TX 78711, 800-803-9202, 512-463-6599

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> (8510772) REFRIGERATED SPECIALIST INC 3040 E MEADOWS BLVD MESQUITE TX 75150	Claim No: 55 <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: \$604.51		

History:

Details	55-1	08/30/2016 Claim #55 filed by REFRIGERATED SPECIALIST INC, Amount claimed: \$604.51 (Marshall, Terri)
<i>Description:</i> (55-1) services rendered		
<i>Remarks:</i> (55-1) KSB Filed 8/25/16; 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*	\$604.51
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		