B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPT	CY COURT District of Kansas		PROOF OF CLAIM
Name of Debtor:		Case Number:	
John Q. Hammons Fall 2006, L	LC	16-21142 / Robert D. Berger	AUG 25 2016
	claim for an administrative expense that arises of ment of an administrative expense according to		
	tity to whom the debtor owes money or property		Cierk U.S. Bankruptcy Court COURT USE ONLY
Name and address where notices should Refrigerated Specialist, Inc. 3040 EAST Meadows Blvd.	be sent:		Check this box if this claim amends a previously filed claim.
Mesquite, TX 75150 Telephone number: (972) 279-3800			Court Claim Number: (If known)
(972) 279-3800	email: VPOE@RSIDFW.COM		Filed on:
Name and address where payment should	Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
Telephone number:	email:		
1. Amount of Claim as of Date Case F	'iled: \$6	04.51	·
If all or part of the claim is secured, com	plete item 4.		
If all or part of the claim is entitled to pri	ority, complete item 5.		
Check this box if the claim includes in	terest or other charges in addition to the princip	al amount of the claim. Attach a	statement that itemizes interest or charges.
2. Basis for Claim: Services rende (See instruction #2)	ered		
3. Last four digits of any number	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifi	er (optional):
by which creditor identifies debtor:	JOHN Q 300		
Q 3 0 0	(See instruction #3a)	(See instruction #3b)	
	secured by a lien on property or a right of ts, and provide the requested information.	Amount of arrearage and c included in secured claim, i	other charges, as of the time case was filed, if any: \$
Nature of property or right of setoff: Describe:	Real Estate Motor Vehicle Other	Basis for perfection:	
Value of Property: \$	-	Amount of Secured Claim:	S
Annual Interest Rate% OFixe (when case was filed)	ed or 🗇 Variable	Amount Unsecured:	\$
5. Amount of Claim Entitled to Priori the priority and state the amount.	ty under 11 U.S.C. § 507 (a). If any part of th	e claim falls into one of the foll	owing categories, check the box specifying
Domestic support obligations under 1 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<ol> <li>Wages, salaries, or commissions (up to earned within 180 days before the case was debtor's business ceased, whichever is ear 11 U.S.C. § 507 (a)(4).</li> </ol>	is filed or the employee bene	efit plan —
□ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or househo use – 11 U.S.C. § 507 (a)(7).	<ul> <li>Taxes or penalties owed to governmen 11 U.S.C. § 507 (a)(8).</li> </ul>	tal units –	agraph of
*Amounts are subject to adjustment on 4	/01/16 and every 3 years thereafter with respect	to cases commenced on or after	the date of adjustment.
6. Credits. The amount of all payments	on this claim has been credited for the purpose	of making this proof of claim. (S	· · · ·
Case 16-21142	Claim 55-1 Filed 08/30/1	L6 Desc Main Do	cument Page 1 60627

B10 (Official Form 10) (04/13)	2			
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. <i>(See instruction #7, and the definition of "redacted".)</i>				
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.				
or their auth	trustee, or the debtor, norized agent. uptcy Rule 3004.)			
I declare under penalty of perjury that the information provided in this claim is true	e 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 fraudulant claim: Fine of up to \$500,000 or	r imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			
The instructions and definitions below are general explanations of the law. In a exceptions to these g	PROOF OF CLAIM FORM certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, general rules may apply. d 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.	<ul> <li>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.</li> <li>5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).</li> </ul>			
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).	<ul> <li>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.</li> <li>6. Credits: An authorized signature on this proof of claim serves as an acknowledgment that</li> </ul>			
<ol> <li>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.</li> </ol>	<ul> <li>when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</li> <li>7. Documents: Attach redacted copies of any documents that show the debt exists and a lien</li> </ul>			
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.	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.			
<ol> <li>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.</li> </ol>	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			
<b>3a. Debtor May Have Scheduled Account As:</b> 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.	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			
<b>3b. Uniform Claim Identifier:</b> 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.	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.			

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

Criminal penalties apply for making a false statement on a proof of claim.

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

### STATEMENT

Net 30 Days

2)-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

INVC DATE	INVOICE NO	TYPE	PO/CHECK NO	CHARGES	CREDITS	BALANCE
4/19/2016	S393554	Invc	CHRIS	213.79	0.00	213.79
6/23/2016	S394690	Invc	DICK DABAGAIN	203.45	0.00	203.45
6/17/2016	S397013	Invc	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 S	Specialist, Inc.	Invoice	Print		Page 1	
3040 East Mea					Invoice Date 4/	19/2016
Mesquite (DFW	V), TX 75150				Invoice Number S	
USA Phone: (972) 2 Fax: (972) 686 <sup>.</sup>					Service Order S	
D 300 HAM	. HAMMONS HOTELS, INC. IMONS PKWY FIELD, MO 65806			J O B S I T E	MARRIOTT COURTYARD 210 E. STACY RD. ALLEN, TX 75002	29010
					NET DUE	\$213.79
Terms Code	Branch	Tax Code	Purchase Ord	er		
Net 30 Days	DFW	7100	CHRIS			
Description:	WO S393554: BISTRO CUBER	MANITOWOC Q	M30A 310073	903		2
	4/14/16 FOUND UNIT DRIPPING WATE	R FROM THE W	ATER INLET		VE. FOUND THAT PIPE CO	NECTION

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.

Item Id	Units	Quantity	Unit Price	Extension
Labor - Hencey, Marvin Work Date: 4/14/2016	HR	1.25	98.00	122.50
Component: BISTRO CUBER Manufacturer: MANITO	NOC Model #:QM30A		Serial #: 310	073903
ARRIVAL ASSESSMENT ARRIVAL ASSESSMENT	EA	1.00	75.00	75.00
MA Wing				

Customer Siganture

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

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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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Mesquite (DFW USA Phone: (972) 2 Fax: (972) 686	79-3800	Invoice	e Print	Invoice Invoice Nur	Page 1 Date 6/23/2016 mber S394690 Order S394690
D 300 HAM	. HAMMONS HOTELS, INC. IMONS PKWY FIELD, MO 65806	* *	J O B S I T E	MARRIOTT COUR 210 E. STACY RD. ALLEN, TX 75002	
	-			NET DUE	\$203.45
Terms Code	Branch	Tax Code	Purchase Order		
Net 30 Days	DFW	7100	DICK DABAGAIN		25
			RE-SEAL WITH TE	FLON TAPE, BUT C	MING FROM THE
	6-1-2016 REPLACED WATER INLET V WATER LEAKS. RETURNED TG	VATER INLET VAL' ALVE. RESTARTE	RE-SEAL WITH TE VE.	FLON TAPE, BUT C	OULD NOT STOP
Item Id	LEAK. WILL BACK ORDER W 6-1-2016 REPLACED WATER INLET V WATER LEAKS. RETURNED TG	VATER INLET VAL' ALVE. RESTARTE	RE-SEAL WITH TE VE. D AND VERIFIED Units	FLON TAPE, BUT C PROPER OPERATIC Quantity	OULD NOT STOP
Labor - Hencey,	LEAK. WILL BACK ORDER W 6-1-2016 REPLACED WATER INLET V WATER LEAKS. RETURNED TG Marvin Work Date: 5/6/2016	VATER INLET VAL' 'ALVE. RESTARTE TO SERVICE.	RE-SEAL WITH TE VE. D AND VERIFIED Units HR	FLON TAPE, BUT C	OULD NOT STOP
Labor - Hencey, Component:	LEAK. WILL BACK ORDER W 6-1-2016 REPLACED WATER INLET V WATER LEAKS. RETURNED TG Marvin Work Date: 5/6/2016	VATER INLET VAL' 'ALVE. RESTARTE TO SERVICE.	RE-SEAL WITH TE VE. D AND VERIFIED Units	FLON TAPE, BUT C PROPER OPERATIC Quantity	OULD NOT STOP
Labor - Hencey, Component:	LEAK. WILL BACK ORDER W 6-1-2016 REPLACED WATER INLET V WATER LEAKS. RETURNED TG Marvin Work Date: 5/6/2016	VATER INLET VAL' VALVE. RESTARTE TO SERVICE.	RE-SEAL WITH TE VE. D AND VERIFIED   Units HR Model # :	FLON TAPE, BUT C PROPER OPERATIC Quantity 1.00	OULD NOT STOP
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Labor - Hencey, Component: Labor - Hencey, Component: Labor - Hencey, Component: BIS	LEAK. WILL BACK ORDER W 6-1-2016 REPLACED WATER INLET V WATER LEAKS. RETURNED TG Marvin Work Date: 5/6/2016 Manufacture Marvin Work Date: 5/6/2016 Manufacture Marvin Work Date: 6/1/2016 TRO CUBER	VATER INLET VAL' VALVE. RESTARTE TO SERVICE. PT: PT: PT: PT: PT: PT: PT: PT:	RE-SEAL WITH TE VE. D AND VERIFIED I Units HR Model # : HR Model # : HR Model # :	FLON TAPE, BUT C PROPER OPERATIC Quantity 1.00 0.25 0.75	COULD NOT STOP
Labor - Hencey, Component: Labor - Hencey, Component: Labor - Hencey, Component: BIS	LEAK. WILL BACK ORDER W 6-1-2016 REPLACED WATER INLET V WATER LEAKS. RETURNED TG Marvin Work Date: 5/6/2016 Manufacture Marvin Work Date: 6/1/2016 TRO CUBER Manufacture ATER INLET VALVE PO 00115948	VATER INLET VAL' VALVE. RESTARTE TO SERVICE. PT: PT: PT: PT: PT: PT: PT: PT:	RE-SEAL WITH TE VE. D AND VERIFIED Units HR Model # : HR Model # : HR	FLON TAPE, BUT C PROPER OPERATIC Quantity 1.00 0.25 0.75	COULD NOT STOP

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Refrigerated S 3040 East Mea Mesquite (DFW USA Phone: (972) 2 Fax: (972) 686-	dows Blvd. /), TX 75150 79-3800	Invoice	Print	Page Invoice Date Invoice Number Service Order	6/17/20 S39701	3
D 300 HAM	HAMMONS HOTELS, INC. IMONS PKWY FIELD, MO 65806		J O B S I T E	MARRIOTT COURTYA 210 E. STACY RD. ALLEN, TX 75002	RD :	29010
				NET DUE	\$	3187.27
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						т
Item Id			Units	Quantity Unit	Price	Extension
and the second	ery, Mark Work Date: 6/14/2016		HR	Contraction of the second s	3.00	98.00
	NT LINE RIGHT Manufacturer:DE SMENT ARRIVAL ASSESSMENT	LFEILD	Model #:18648		al #: 09031. 5.00	50002310 75.00
			5	1.00 75		73.00

**Customer Signature** 

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

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## District of Kansas Claims Register

### 16-21142 John Q. Hammons Fall 2006, LLC

e	lobert D. Berger Kansas City	Chapter: 11 Last Date to file claims	
Trustee:	Cansas City	Last Date to file (Govt)	
<i>Creditor:</i> (8510772) REFRIGERATED SPECIALIST INC 3040 E MEADOWS BLVD MESQUITE TX 75150	Claim No: 55 Original Filed Date: 08/30/2016 Original Entered Date: 08/30/2016	<i>Status: Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>	
Amount claimed: \$604.51			
History:			
	Claim #55 filed by R claimed: \$604.51 (N	EFRIGERATED SPECIALIS Iarshall, Terri )	T INC, Amount
Description: (55-1) services	rendered		
Remarks: (55-1) KSB Filed 8	3/25/16; ECF by Cla	aims 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		