

United States Bankruptcy Court Kansas District of Kansas City	PROOF OF CLAIM
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In re (Name of Debtor) Hammons of South Carolina LLC	Case Number 16-21160
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Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor <i>(The person or entity to whom the debtor owes money or property)</i> Commissioners of Public Works	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Address Where Notices Should be Sent Commissioners of Public Works PO Box B Charleston SC 29402 Telephone No. (843) 727-6800	THIS SPACE IS FOR COURT USE ONLY

U.S. Bankruptcy Court

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 117554-00-6	Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
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1. BASIS FOR CLAIM: <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ to _____ (date) (date)
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2. DATE DEBT WAS INCURRED: 5/13/16 thru 6/26/16	3. IF COURT JUDGEMENT, DATE OBTAINED:
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4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one and part of another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.	
<input type="checkbox"/> SECURED CLAIM \$ <u>0</u> Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges included in secured claim above, if any \$ <u>0</u> <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>690.87</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.	<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ <u>0</u> Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) - 11 U.S.C. § 507 (a)(3) <input type="checkbox"/> Contributions to an employee benefit plan-U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchases, lease, or rental of property or services for personal, family, or household use-11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units-11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other-11 U.S.C. §§ 507(a)(2), (a)(5)-(Describe briefly)

5. TOTAL AMOUNT OF CLAIM AT TIME			
CLAIM AT TIME	\$ <u>690.87</u>	\$ <u>0</u>	\$ <u>690.87</u>
CASE FILED:	(Unsecured)	(secured)	(Priority) (Total)
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to principal amount of the claim. Attach itemized statement of all additional charges.			

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.	THIS SPACE IS FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS: <i>attach copies of supporting documents</i> , such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. if the documents are not available, explain. If the documents are voluminous, attach a summary.	8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date 8/16/2016	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) HC Lucas Raymond
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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.

CSSF260I 08/16/16 INQ BILL-PAYMENT HISTORY 03:46 PM CSSM260
 INQ BILL OPERATOR INIT: PROD DATABASE
 IBM ACCOUNT: 117554 00 6 STATUS: 13 BANKRUPTCY RATES: 010212040806
 NAME: HAMMONS OF SC LLC AUTO DRAFT: A 000000000000
 SERVICE LOCATION: 5035 INTERNATIONAL BLVD 29418 CR 000000000000

ACCT BAL:	+690.87	OVR PAY:	+0.00	BAD DEBT BAL:	+0.00
-DATE-	--UNITS--	---AMOUNT---	CD TYP BD	-----NET----	-READ- RQST CSR OPR
WA 072616	+95.96	+350.83	00 BILL N	+350.83	062616 002
WA 072116	+247.90	+843.12	00 BILL N	+843.12	071516 002
072516	-151.94	-492.29	47 ADJ	+350.83	C L
072516	-95.96	-350.83	47 ADJ	+0.00	C L
WA 062016	+92.63	+340.04	00 BILL N	+340.04	061416 002
071216	+0.00	-340.04	00 PYMT	+0.00	
080216	+0.00	+340.04	55 PADJ	+340.04	CL
WA 051916	+86.05	+318.72	00 BILL N	+318.72	051316 002
061016	+0.00	-318.72	00 PYMT	+0.00	
WA 042116	+0.00	+46.40	00 BILL N	+46.40	041416 002
051316	+0.00	-46.40	00 PYMT	+0.00	
WA 032116	+0.00	+46.40	00 BILL N	+46.40	031416 002
041216	+0.00	-46.40	00 PYMT	+0.00	

HELP = PF13 FOR CONSUMPTION IN GALLONS, PRESS <PF7> VALID RESPONSES = PF1
 SEND DATA: EXIT STORM CHARGE AMNT=PF9 NEXT RESPONSE: INQ BILL

DC900001

PF12=PAGE FORWARD / PF24=PAGE BACK

CSSF260I 08/16/16 INQ BILL-PAYMENT HISTORY 03:46 PM CSSM260
 INQ BILL OPERATOR INIT: PROD DATABASE
 IBM ACCOUNT: 117554 00 6 STATUS: 13 BANKRUPTCY RATES: 010212040806
 NAME: HAMMONS OF SC LLC AUTO DRAFT: A 000000000000
 SERVICE LOCATION: 5035 INTERNATIONAL BLVD 29418 CR 000000000000
 ACCT BAL: +690.87 OVR PAY: +0.00 BAD DEBT BAL: +0.00

	-DATE-	--UNITS--	---AMOUNT---	CD	TYP	BD	-----NET----	-READ-	RQST	CSR	OPR
WA	072616	+95.96	+350.83	00	BILL	N	+350.83	062616			002
WA	072116	+247.90	+843.12	00	BILL	N	+843.12	071516			002
	072516	-151.94	-492.29	47	ADJ		+350.83				C L
	072516	-95.96	-350.83	47	ADJ		+0.00				C L
WA	062016	+92.63	+340.04	00	BILL	N	+340.04	061416			002
	071216	+0.00	-340.04	00	PYMT		+0.00				
	080216	+0.00	+340.04	55	PADJ		+340.04				CL
WA	051916	+86.05	+318.72	00	BILL	N	+318.72	051316			002
	061016	+0.00	-318.72	00	PYMT		+0.00				
WA	042116	+0.00	+46.40	00	BILL	N	+46.40	041416			002
	051316	+0.00	-46.40	00	PYMT		+0.00				
WA	032116	+0.00	+46.40	00	BILL	N	+46.40	031416			002
	041216	+0.00	-46.40	00	PYMT		+0.00				

HELP = PF13 FOR CONSUMPTION IN GALLONS, PRESS <PF7> VALID RESPONSES = PF1
 SEND DATA: EXIT STORM CHRAGE AMNT=PF9 NEXT RESPONSE: INQ BILL

DC900001

PF12=PAGE FORWARD / PF24=PAGE BACK

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> (8549856) COMMISSIONERS OF PUBLIC WORKS PO BOX B CHARLESTON, SC 29402	Claim No: 57 <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: \$690.87		

History:

Details	57-1	08/30/2016	Claim #57 filed by COMMISSIONERS OF PUBLIC WORKS, Amount claimed: \$690.87 (Marshall, Terri)
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Description: (57-1) Goods sold/services performed

Remarks: (57-1) KSB Filed 8/23/16; 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*	\$690.87
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		