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Official Form 410 **Proof of Claim**

04/16

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 Clai	m				
1. Who is the current creditor?	Department of the Treasury - Inter Name of the current creditor (the personance) Other names the creditor used with the	son or entity to be paid fo			
2. Has this claim been acquired from someone else?	■ No □ Yes. From whom?				
3. Where should notices and payments to the	Where should notices to the c	reditor be sent?	Where should p different)	payments to the ci	reditor be sent? (if
creditor be sent?	Internal Revenue Service		Internal Revenue S	Service	
Federal Rule of	Name		Name		
Bankruptcy Procedure (FRBP) 2002(g)	P.O. Box 7346		2850 NE Independ	dence Ave STE 101 M	I/S 5334-LSM
	Number Street		Number S	Street	
	Philadelphia PA	10101 7040	Lasta Querrait	МО	64064-2327
	Philadelphia PA City State	19101-7346 ZIP Code	Lee's Summit City	State	ZIP Code
	Contact phone <u>1-800-973-0424</u>		Contact phone 8	16-966-2364	-
	Contact email		Contact email _		-
	Creditor Number: 8547208				
	Uniform claim identifier for electroni	c payments in chapter 13	3 (if you use one)		
4. Does this claim amend one already filed?	 Image: Second se	urt claims registry (if k	nown)1	Filed c	on: 08/26/2016 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 find	iling?			

5. 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 ic	lentify the debtor:	See Attachment
7. How much is the claim?	\$_0.00 Does this a ■ No	mount include inter	est or other charge	es?
		ch statement itemizin Irges required by Ban		
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, serv	ices performed, perso	onal injury or wrong	ul death, or credit card.
	Attach redacted copies of any documents supporting	g the claim required	by Bankruptcy Rule	3001(c).
	Limit disclosing information that is entitled to privac	y, such as health care	e information.	
	Taxes			
9. Is all or part of the claim	■ No			
secured?	$\hfill\square$ Yes. The claim is secured by a lien on property.			
	Nature of property:			
	Real Estate. If the claim is secured by t Attachment (Official Form	he debtor's principal 410-A) with this Proof	residence, file a Mo f of Claim.	rtgage Proof of Claim
	Motor Vehicle			
	Other. Describe:			
	Basis for perfection: Attach redacted copies of documents, if an example, a mortgage, lien, certificate of tit been filed or recorded.)	ny, that show evidenc le, financing stateme	e of perfection of a nt, or other docume	security interest (for ht that shows the lien has
	Value of Property:	\$	_	
	Value of Property: Amount of the claim that is secured:	\$	_	
		\$		ecured and unsecured hatch the amount in line 7.
	Amount of the claim that is secured:	\$	amounts should n	
	Amount of the claim that is secured: Amount of the claim that is unsecured:	\$\$ as of the date of the	amounts should n	
	Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default	\$\$ as of the date of the	amounts should n	
10. Is this claim based on a	Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default Annual Interest Rate (when case was fil Fixed Variable	\$\$ as of the date of the	amounts should n	ecured and unsecured hatch the amount in line 7.
10. Is this claim based on a lease?	Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default Annual Interest Rate (when case was fil □ Fixed	\$ \$ as of the date of the ed) <u>%</u>	amounts should n	

12. Is all or part of the claim entitled to priority under	No	
11 U.S.C. §507(a)?	□ Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	 Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). 	\$
in some categories, the law limits the amount entitled to priority.	Up to \$2,850* 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 \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. U.S.C. § 507(a)(4). 	\$
	\Box Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	\Box 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 4/01/19 and every 3 years after that for cases begun on or afte	r the date of adjustment.

Part 3: Sign Below					
he person completing this	Check the a	appropriate box:			
oof of claim must sign nd date it.	I am the open sectors and the open sectors are as a sector open sector open sectors and the open sectors are as a sector open sector open sectors are as a sector open sectors are as a sector open sector open sector open sectors are as a sector open sector open sectors are as a sector open sector open sectors are as a sector open sector open sector open sectors are as a sector open sector open sector open sectors are as a sector open sector op	creditor.			
RBP 9011(b).	\Box I am the c	creditor's attorney or a	uthorized agent.		
ou file this claim	\Box I am the t	trustee, or the debtor,	or their authorized agent. Bankru	uptcy Rule 3004.	
ectronically, FRBP 05(a)(2) authorizes courts establish local rules	🗆 I am a gu	arantor, surety, endor	ser, or other codebtor. Bankrupto	cy Rule 3005.	
becifying what a signature			gnature on this Proof of Claim ser gave the debtor credit for any pa		
person who files a audulent claim could be	I have exam and correct.		n this Proof of Claim and have a	reasonable belief that the i	information is true
ned up to \$500,000, aprisoned for up to 5 ears, or both.	l declare un	der penalty of perjury	that the foregoing is true and co	rrect.	
3 U.S.C. §§ 152, 157, and 571.	Executed or	n date 09/18/2017 MM / DD / YYYY			
	/s/ TOM ED (Signature)		no is completing and signing t	– his claim:	
	(Signature) Print the na	ame of the person wi	no is completing and signing t		
	(Signature)		no is completing and signing to Middle name		EDMONDS Last name
	(Signature) Print the na	ame of the person wi	Middle name		
	(Signature) Print the na Name	ame of the person wi TOM First name Bankruptcy Speciali Internal Revenue Se	Middle name		
	(Signature) Print the na Name Title	TOM First name Bankruptcy Speciali Internal Revenue Se Identify the corporate s	Middle name st ervice ervicer as the company if the authoriz nce Ave STE 101 M/S 5334-LSM	zed agent is a servicer.	
	(Signature) Print the na Name Title Company	ame of the person will <u>TOM</u> First name <u>Bankruptcy Speciali</u> <u>Internal Revenue Sec</u> Identify the corporate s <u>2850 NE Independe</u> Number Stre	Middle name st ervice ervicer as the company if the authoriz nce Ave STE 101 M/S 5334-LSM	zed agent is a servicer.	Last name
	(Signature) Print the na Name Title Company	TOM First name Bankruptcy Speciali Internal Revenue Se Identify the corporate s	Middle name st ervice ervicer as the company if the authoriz nce Ave STE 101 M/S 5334-LSM	zed agent is a servicer.	

Proof of Claim for Internal Revenue Taxes	Form 410 Attachment
Department of the Treasury/Internal Revenue Service	Case Number
In the Matter of: R-2 OPERATING CO INC	16-21182
300 JOHN W HAMMONS PKWY STE 900 SPRINGFIELD, MO 65806	Type of Bankruptcy Case CHAPTER 11
	Date of Petition
Amendment No. 1 to Proof of Claim dated 08/26/2016.	06/26/2016

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured P	riority Claims und	er section 507(a)(8) of the E	Bankruptcy Code		
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX3507	CORP-INC	12/31/2016	04/10/2017	\$0.00	\$0.00

Total Amount of Unsecured Priority Claims:

\$0.00

District of Kansas Claims Register

16-21182 R-2 Operating Co., Inc.

Judge: Robert D. Berger	Chapter: 11	
Office: Kansas City	Last Date to file	claims:
Trustee:	Last Date to file	(Govt):
<i>Creditor:</i> (8547208) Internal Revenue Service PO Box 7346 Philadelphia PA 19101	Claim No: 1 Original Filed Date: 08/29/2016 Original Entered Date: 08/29/2016 Last Amendment Filed: 09/19/2017 Last Amendment Entered: 09/19/2017	Status: Filed by: CR Entered by: Tangerine R Willingham Modified: 09/02/2016
Amount claimed: \$0.00		
Secured claimed: \$0.00		
Priority claimed: \$0.00		
History:		
	#1 filed by Internal Re erine)	venue Service, Amount claimed: \$500.00 (Willingham,
	ded Claim #1 filed by I ngham, Tangerine)	nternal Revenue Service, Amount claimed: \$0.00
Description:		
Romarks: (1-1) **NOTE_THIS (TAIM HAS BEEN EN	TERED IN THE LEAD CASE 16-

Remarks: (1-1) **NOTE-THIS CLAIM HAS BEEN ENTERED IN THE LEAD CASE 16-21142 AS CLAIM #68**

Claims Register Summary

Case Name: R-2 Operating Co., Inc. Case Number: 16-21182 Chapter: 11 Date Filed: 06/26/2016 Total Number Of Claims: 1

Total Amount Claimed* \$0.00

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	\$0.00	
Priority	\$0.00	
Administrative		

District of KANSAS (State)

Official Form 410 **Proof of Claim**

04/16

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 Cla	im	
1. Who is the current creditor?	Department of the Treasury - Internal Revenue S Name of the current creditor (the person or entity to be p 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	Where should notices to the creditor be sent?	? Where should payments to the creditor be sent? (if different)
creditor be sent?	Internal Revenue Service	Internal Revenue Service
Federal Rule of	Name	Name
Bankruptcy Procedure	P.O. Box 7346	
(FRBP) 2002(g)	Number Street	2850 NE Independence Ave STE 101 M/S 5334-LSM
		Number Officer
	Philadelphia PA 19101-7346	Lee's Summit MO 64064-2327
	City State ZIP Code	City State ZIP Code
	Contact phone 1-800-973-0424	Contact phone 816-966-2364
	Contact email	Contact email
	Creditor Number: 8547208	
	Uniform claim identifier for electronic payments in chap	oter 13 (if you use one)
4. Dese Abie status and t		
4. Does this claim amend one already filed?	■ No ✓ Yes. Claim number on court claims registry	(if known) Filed on:
, ,	Yes. Claim number on court claims registry	/ (ii khown) Filed off 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?	

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: <u>See Attachment</u>
How much is the claim?	\$_500.00 Does this amount include interest or other charges?
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
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.
	Taxes
Is all or part of the claim	■ No
secured?	□ 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
). Is this claim based on a lease?	■ No □ Yes. Amount necessary to cure any default as of the date of the petition. \$
. Is this claim subject to a	

12. Is all or part of the claim entitled to priority under 11 U.S.C. §507(a)?		Amount entitled to priority
A claim may be partly priority and partly	 Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). 	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	□ Up to \$2,850* 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 \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. U.S.C. § 507(a)(4). 	\$
	■ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ <u>500.00</u>
	\Box 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 4/01/19 and every 3 years after that for cases begun on or afte	r the date of adjustment.

Part 3: Sign Below						
The person completing this	Check the a	ppropriate box:				
proof of claim must sign and date it.	■ I am the creditor.					
FRBP 9011(b).	\Box I am the c	creditor's attorney or a	authorized agent.			
If you file this claim	I am the t	rustee, or the debtor,	or their authorized agent. Bankruptcy Rule	9 3004.		
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	🗆 I am a gua	arantor, surety, endor	rser, or other codebtor. Bankruptcy Rule 30	05.		
specifying what a signature is.			ignature on this Proof of Claim serves as an gave the debtor credit for any payments re		lating the	
A person who files a fraudulent claim could be fined up to \$500,000,	I have exam and correct.		in this Proof of Claim and have a reasonab	le belief that the information is tru	e	
imprisoned for up to 5 years, or both.	imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both.					
18 U.S.C. §§ 152, 157, and 3571.	Executed on	n date 08/26/2016 MM / DD / YYYY				
	/s/ TOM ED	MONDS				
	(Signature)					
	Drint the ne	me of the nerson w	he is completing and signing this slaim			
	Frint the na	ine of the person w	ho is completing and signing this claim			
	Name	TOM		EDMONDS		
		First name	Middle name	Last name		
	Title	Bankruptcy Speciali	ist			
	Company	Internal Revenue So	ervice			
	Company	Internal Revenue Se	ervice servicer as the company if the authorized agent i	s a servicer.		
	Company Address	Internal Revenue Solution	servicer as the company if the authorized agent i ence Ave STE 101 M/S 5334-LSM	s a servicer.		
		Internal Revenue Se Identify the corporate s 2850 NE Independe Number Stre	servicer as the company if the authorized agent i ence Ave STE 101 M/S 5334-LSM eet			
		Internal Revenue Se Identify the corporate s 2850 NE Independe	servicer as the company if the authorized agent i ence Ave STE 101 M/S 5334-LSM set		I-2327 ode	

Proof of Claim for Internal Revenue Taxes		Form 410 Attachment
Department of the Treasury/Internal Revenue Service	SERVIC [®]	Case Number
In the Matter of: R-2 OPERATING CO INC		16-21182
300 JOHN W HAMMONS PKWY S SPRINGFIELD, MO 65806	STE 900	Type of Bankruptcy Case
SERINGFIELD, MO 03800		CHAPTER 11
		Date of Petition
		06/26/2016

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured P	riority Claims	under section 507(a)(8) of the H	ankruptcy Code		
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX3507	CORP-INC	12/31/2016	1 NOT FILED	\$500.00	\$0.00

Total Amount of Unsecured Priority Claims:

\$500.00

1 THE ABOVE LIABILITY HAS BEEN LISTED AS A POTENTIAL LIABILITY FOR THE DEBTOR BECAUSE THE RETURN HAS NOT BEEN FILED. AS SOON AS THE DEBTOR FILES THE RETURN WITH THE IRS AS RE-OUIRED BY LAW THIS CLAIM WILL BE ADJUSTED TO REFLECT THE ASSESSED LIABILITY.

District of Kansas Claims Register

16-21142 John Q. Hammons Fall 2006, LLC

		10-211	<u>42 John Q. Hai</u>	IIII0IIS Fall 2000, LLC	
		Judge: R	obert D. Berger	Chapter: 11	
Office: Kansas City		Last Date to file claims	5:		
Trustee:				Last Date to file (Govt):
Creditor: INTERNA SERVICE PO BOX PHILADE 7346	AL REVE E 7346		Claim No: 68 Original Filed Date: 09/02/2016 Original Entered Date: 09/02/2016	Status: Filed by: CR Entered by: kcm Modified:	
Amount	claimed	\$500.00			
Priority	claimed	\$500.00			
History:					
<u>Details</u>	<u>68-1</u> 09		Claim #68 filed by II claimed: \$500.00 (k	NTERNAL REVENUE SERVI cm)	CE, Amount
Descripti	on:				
<i>Remarks</i> AS CLAII	· · /	*ORIGINA	L CLAIM FILED IN	CASE 16-21182 ON 8/29/16	

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*	\$500.00
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	\$500.00	
Administrative		