

Fill in this information to identify the case:

Debtor 1 John Q. Hammons Fall 2006, LLC, et al. (Jointly Administered)

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of Kansas

Case number 16-21142

FILED
 Kansas City, KS
 SEP 06 2016
 Clerk
 U.S. Bankruptcy Court

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 Claim

1. Who is the current creditor? Brady Industries of New Mexico, LLC
 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>Brady Industries</u> Name <u>7055 Lindell Road</u> Number Street <u>Las Vegas NV 89118</u> City State ZIP Code Contact phone <u>702-876-5368</u> Contact email <u>colleen.keith@bradyindustries.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? _____

JOH Ct ID
 00037

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: 2 8 4 8

7. How much is the claim? \$ 691.65. 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

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. 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 4/01/19 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 08/30/2016
MM / DD / YYYY

Colleen Keith
Signature

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

Name Colleen Keith
First name Middle name Last name

Title Corporate Credit Manager

Company Brady Industries
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7055 Lindell Road
Number Street
Las Vegas NV 89118
City State ZIP Code

Contact phone 7028765368 Email colleen.keith@bradyindustries.com



INVOICE

INDUSTRIES, LLC

Albuquerque, NM
Phone: 505-298-2311
Fax: 505-298-8598

Please Pay From Invoice And Remit To:

Brady Industries, LLC
7055 Lindell Road
Las Vegas, NV 89118

Invoice No	5130210
Invoice Date	6/17/2016
Terms	NET 30 DAYS
Ship Via	Our Truck
Order No	3282666
Customer ID	102848
Purchase Order	Tony-6/15/2016 14:31:06
Representative	Mike Seal



SOLD TO: ALBUQUERQUE EMBASSY
SUITES HOTEL
1000 WOODWARD PLACE NE
ALBUQUERQUE, NM 87102

SHIP TO: ALBUQUERQUE EMBASSY-KITCHEN
1000 WOODWARD PLACE NE
ALBUQUERQUE, NM 87102

*** REPRINT ***

Ordered	Shipped	Complete	UoM	Item ID	Item Description	Per Unit	Total
1.000	1.000	Y	CASE	CQ8001	DEGREASER SPARTAN SURE STEP GL 4/CS	75.3335	75.33
SUB-TOTAL:							75.33
Tax Albuquerque New Mexico :							5.41
FUEL :							0.00
AMOUNT DUE :							80.74

Upon receipt of goods, Terms and Conditions found at www.bradvindustries.com are therefore agreed upon.

Authorized Signature
X

FOR CHEMICAL EMERGENCY DURING TRANSPORTATION ONLY. CALL ChemTel 1-800-255-3924, 24 HOURS PER DAY, 7 DAYS PER WEEK

This is to certify that the materials on this document are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. Contract #MIS8754026



INVOICE

INDUSTRIES, LLC

Albuquerque, NM
Phone: 505-298-2311
Fax: 505-298-8598

Please Pay From Invoice And Remit To:

Brady Industries, LLC

7055 Lindell Road

Las Vegas, NV 89118



SOLD TO: ALBUQUERQUE EMBASSY
SUITES HOTEL
1000 WOODWARD PLACE NE
ALBUQUERQUE, NM 87102

SHIP TO: ALBUQUERQUE EMBASSY
1000 WOODWARD PLACE NE
SUITES HOTEL
ALBUQUERQUE, NM 87102

Invoice No	5130211
Invoice Date	6/17/2016
Terms	NET 30 DAYS
Ship Via	Our Truck
Order No	3282656
Customer ID	102848
Purchase Order	Jessica
Representative	Mike Seal

*** REPRINT ***

Ordered	Shipped	Complete	UoM	Item ID	Item Description	Per Unit	Total
3.0000	3.0000	Y	CASE	PC0495	TOWEL C-FOLD WAU 49500 12/150	25.8200	77.46
SUB-TOTAL:							77.46
Tax Albuquerque New Mexico :							5.57
FUEL :							0.00
AMOUNT DUE :							83.03

Upon receipt of goods, Terms and Conditions found at www.bradyindustries.com are therefore agreed upon.

Authorized Signature
X



INDUSTRIES, LLC

Albuquerque, NM
Phone: 505-298-2311
Fax: 505-298-8598

INVOICE

Please Pay From Invoice And Remit To:

Brady Industries, LLC

7055 Lindell Road

Las Vegas, NV 89118



SOLD TO: ALBUQUERQUE EMBASSY
SUITES HOTEL
1000 WOODWARD PLACE NE
ALBUQUERQUE, NM 87102

SHIP TO: ALBUQUERQUE EMBASSY-KITCHEN
1000 WOODWARD PLACE NE
ALBUQUERQUE, NM 87102

Invoice No.	5133985
Invoice Date	6/22/2016
Terms	NET 30 DAYS
Ship Via	Our Salesman
Order No.	3289707
Customer ID	102848
Purchase Order	TRISTIN-6/22/2016 10:50:26
Representative	Mike Seal

*** REPRINT ***

Ordered	Shipped	Complete	UoM	Item ID	Item Description	Per Unit	Total
<i>Delivery Instructions: MIKE</i>							
5.0000	5.0000	Y	CASE	SA0640	GLOVE NITRILE PF 4MIL LRG BLU 10 BX/CS	49.2486	246.24
5.0000	5.0000	Y	CASE	SA0630	GLOVE NITRILE PF 4MIL MED BLU 10 BX/CS	49.2486	246.24

SUB-TOTAL: 492.48

Tax Albuquerque New Mexico : 35.40

FUEL : 0.00

AMOUNT DUE : 527.88

Upon receipt of goods, Terms and Conditions found at www.bradyindustries.com are therefore agreed upon.

Authorized Signature

X

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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> (8508849) BRADY INDUSTRIES INC 7055 LINDELL ROAD LAS VEGAS NV 89118	Claim No: 73 <i>Original Filed</i> Date: 09/13/2016 <i>Original Entered</i> Date: 09/13/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
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Amount claimed: \$691.65				
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History:

Details	73-1	09/13/2016	Claim #73 filed by BRADY INDUSTRIES INC, Amount claimed: \$691.65 (Marshall, Terri)
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<i>Description:</i> (73-1) goods sold		
<i>Remarks:</i> (73-1) KSB Filed 9/6/16; ECF by Claims Agent 9/13/2016		

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*	\$691.65
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		