

Fill in this information to identify the case:

Debtor 1 John Q Hammons Hotels
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: District of Kansas
Case number 16-21140

FILED
Kansas City KS
SEP 12 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? Insight Direct USA, Inc.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor Insight

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)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Michael L. Walker</u> Name	_____ Name
<u>6820 S. HARL Ave.</u> Number Street	_____ Number Street
<u>Tempe AZ 85283</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>(480) 333-3425</u>	Contact phone _____
Contact email <u>swest2@insight.com</u>	Contact email _____

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? _____

JQH Ctl ID
00043

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: 0 0 4 3

7. How much is the claim? \$ 2,346.01. 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.
good 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)?

No

Yes. Check one:

Amount entitled to priority

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

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

\$ _____

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 9/6/2016
MM / DD / YYYY

Michael L. Walker

Signature

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

Name Michael L. Walker
First name Middle name Last name

Title Assistant Secretary

Company Insight Direct USA, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 6820 S. HARL Ave.
Number Street

Tempe AZ 85283
City State ZIP Code

Contact phone (480) 333-3425 Email swest2@insight.com



Ship To 20958377

Page 1 of 1

John Q Hammons Hotels
34268
David McDermott - GPOS
300 S JOHN Q HAMMONS PKWY STE 800
SPRINGFIELD MO 65806-2550

Rebill Invoice

Rebill Invoice 909455453	Date 25-AUG-2015	Sales Order no. 50102728	Account No. 10030043	Payment Terms Net 45 Days	Due Date 09-OCT-2015	Sales Rep Name Theodore Steinker	Account Clerk
PO No. 37365495	PO Release No.		Contract No.	State Contract No.		Ship Via Federal Express/Ground	
FEIN: 36-3948996	BN: 866766850 RT	Service Order No.		Service Rep Name		Original Invoice No. 909120210	

Register for Electronic Invoicing at www.insight.com/einvoice

Material	Material Description	Qty	Unit Price	Ext. Price
T J9782A#ABA	HP 2530-24 Switch - switch - 24 ports - managed - desktop, rack-mountable, wall-mountable Serial #: CN4AFPF0CJ, CN4AFPF0B4, CN4AFPF0LQ, CN4AFPF018, CN4AFPF14D CN4AFPF157, CN4AFPF13T, CN4AFPF15H	8	269.90	2,159.20

Subtotal 2,159.20
Ttl Freight Charge 49.70
TAX 137.11
Total Amount Due 2,346.01
Currency USD

(T) Denotes taxable item * Denotes non-shippable item

PC User Name(s)-If shared or multiple NA
PCs on order
Customer Reference Number NA

THANK YOU FOR YOUR ORDER.
FOR ALL INQUIRIES PLEASE CALL 800-934-4477.
The Terms and Conditions and Return Policy and Procedures set forth on <https://www.insight.com/us/en/terms-conditions/terms-of-sale-products.html> are specifically incorporated herein.



Please remit checks to:
Insight Direct USA, Inc.
PO BOX 731069
Dallas, TX 75373-1069

Ship To 20958377

John Q Hammons Hotels
34268
David McDermott - GPOS
300 S JOHN Q HAMMONS PKWY STE 800
SPRINGFIELD MO 65806-2550

Send address changes to addresschange@insight.com
For proper credit, please return this portion with payment.

ACCOUNT NO	10030043
INVOICE DATE	25-AUG-2015
INVOICE NUMBER	909455453
BALANCE DUE	2,346.01
AMOUNT PAID	
CURRENCY	USD

Bill to: 40106958
John Q Hammons Hotels
34268
David McDermott - GPOS/37365495
300 S JOHN Q HAMMONS PKWY STE 800
SPRINGFIELD MO 65806-2550

Please remit electronically to:
Insight Direct USA, Inc
c/o JPMorgan Chase
Account: 816338339
Swift code: chasus33
Wire ABA: 021000021
ACH ABA: 124001545

001003004390909455453600002346014497000000000000000

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> (8509909) History INSIGHT DIRECT USA INC MICHAEL L WALKER 6820 S HARL AVE TEMPE AZ 85283	Claim No: 79 <i>Original Filed</i> Date: 09/20/2016 <i>Original Entered</i> Date: 09/20/2016	<i>Status:</i> Filed by: CR Entered by: Terri Marshall Modified:
Amount claimed: \$2346.01		

History:

Details	79-1	09/20/2016 Claim #79 filed by INSIGHT DIRECT USA INC, Amount claimed: \$2346.01 (Marshall, Terri)
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Description: (79-1) Goods sold (21140; The Revocable Trust of John Q. Hammons)

Remarks: (79-1) KSB Filed 9/12/16; ECF by Claims Agent 9/20/2016

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*	\$2346.01
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		