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UNITED STATES BANKRUPTCY COURT - DISTRICT OF KANSAS

PROOF OF CLAIM

Name of Debtor: John Q Hammons Fall 2006, LLC, et al.

Case Number: 16-21142 / Robert D Berger

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

City Utilities of Springfield
301 E Central St
PO Box 551 Springfield, MO 65801

Court Claim Number: (If known)

Telephone number: (417) 863-9000

Filed on:

Name and address where payment should be sent (if different from above):

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 57,604.25

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

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

2. Basis for Claim: Metered unpaid utilities (See instruction #2 on reverse side.)

Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

3. Last four digits of any number by which creditor identifies debtor: 5554

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

\$

*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 09/14/2016

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

Donna Graden Sr. CSR

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.



Trans Date	Type	Actual Amount	Actual Balance
9/13/2016	Wrote Off to Collections	(\$19,964.62)	\$0.00
7/26/2016	Bill	\$19,964.62	\$19,964.62
6/29/2016	Payment	(\$15,959.06)	\$0.00

Trans Date	Type	Actual Amount	Actual Balance	
9/13/2016	Wrote Off to Bankruptcy	(\$7,863.08)	\$0.00	
6/26/2016	BILL	\$7,863.08	\$7,863.08	
6/29/2016	Payment	(\$8,178.88)	\$0.00	

9/13/2016	Wrote Off to Bankruptcy	(\$2,187.78)	\$0.00	
6/26/2016	BILL	\$2,187.78	\$2,187.78	
7/5/2016	Payment	(\$5,248.15)	\$0.00	

Trans Date	Type	Actual Amount	Actual Balance	
9/13/2016	Wrote Off to Bankruptcy	(\$3,188.78)	\$0.00	
7/27/2016	Billing Credit	(\$12,829.70)	\$3,188.78	
7/22/2016	Bill	\$16,018.48	\$16,018.48	
7/25/2016	Late Payment Charge	\$134.22	\$1,476.52	
7/19/2016	Payment	(\$15,079.25)	\$1,342.30	
6/22/2016	BILL	\$16,421.55	\$22,512.28	
6/21/2016	Bill	\$6,090.73	\$6,090.73	
6/17/2016	Payment	(\$13,133.14)	\$0.00	

Account Financial History - 9576100010 Hammons John Q - Service Dates 6/18/16 thru 7/8/16

Trans Date	Type	Actual Amount	Actual Balance
9/13/2016	Wrote Off to Bankruptcy	(\$1,512.12)	\$0.00
7/8/2016	BILL	\$1,512.12	\$1,512.12
7/5/2016	Payment	(\$3,136.36)	\$0.00

Trans Date	Type	Actual Amount	Actual Balance	
9/13/2016	Wrote Off to Bankruptcy	(\$6,520.10)	\$0.00	
7/8/2016	BILL	\$6,520.10	\$6,520.10	
6/29/2016	Payment	(\$6,708.54)	\$0.00	

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SEP 19 2016
BY:

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:** 12/23/2016
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (8509054) CITY OF SPRINGFIELD CITY UTILITIES 301 E CENTRAL PO BOX 551 SPRINGFIELD MO 65801	Claim No: 91 <i>Original Filed</i> Date: 09/27/2016 <i>Original Entered</i> Date: 09/27/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
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Amount claimed: \$57604.25		
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History:

Details	91-1	09/27/2016	Claim #91 filed by CITY OF SPRINGFIELD CITY UTILITIES, Amount claimed: \$57604.25 (Marshall, Terri)
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Description: (91-1) Metered unpaid utilities

Remarks: (91-1) KSB Filed 9/19/16; ECF by Claims Agent 9/27/2016

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*	\$57604.25
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		