B 10 (Official Form 10) (04/10)

Name of Check this box if you are sweet field or period of Check this box if you are sweet in the debtor of Check this box if you are sweet in the synone size in this coars in the commencement of the coars. A request for popment of an administrative expense may be filted pursuant to 11 U.S.C. § 503. Name of Check the person or other entity to whom the debtor owes money or property): Name and address where notices should be sent: City Utilities of Springfield, IMO 65801 Telephone number: Ceurt Claim Name and address where payment should be sent (if different from above): Telephone number: Ceurt Claim Name and address where payment should be sent (if different from above): Telephone number: Ceurt Claim Name and address where payment should be sent (if different from above): Telephone number: Ceurt Claim Name and address where payment should be sent (if different from above): Telephone number: Case Number: (if all or part of Check this box if you are sween the approach of heir relating to your claim. Attach copy statement gives be sent filed a proof of claim relating to your claim. Attach copy statement gives the cold if you are similar to syone size has filed a proof of claim relating to your claim is entitled to priority, complete item 5. I. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed: S. Amount of Chiam as of Date Case Filed:	United States Bankruptcy Court - District Of Kansas	PROOF OF CLAIM	
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 representative expenses are printed for the claim. Name of Creditor (the person or other entity to whom the debtor owes money or property): Name and address where notices should be sent: City Utilities of Springfield, MO 65801 Telephone number: Telephone num			
Name and address where notices should be sent: City Utilities of Springfield 301 E Central St PO Box 551 Springfield, MO 65801 Telephone number: (417) 863-9000 Name and address where payment should be sent (if different from above): Central St PO Box 551 Springfield, MO 65801 Telephone number: Check this box if you are navere that spronte she has filed a proof of clair streting by your claim is sentent of the streting by your claim is unsecured, do not complete item of the fail or part of your claim is secured, complete item 5. Amount of Claim so of Date Case Filed: \$ 5,7,604.25 Telephone number: I. Amount of Claim as of Date Case Filed: \$ 5,7,604.25 Telephone number: I. Amount of 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. One of the filed of the priority of the claim. Attach itemized statement of interest or changes. Sent statement of intere	NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of		
City Utilities of Springfield 301 E Central St PO Box S51 Springfield, MO 65801 Telephone number: Telephone number: Telephone number: Telephone number: I. Amount of Claim as of Date Case Filed: S. 57.604.25 Telephone number: I. Amount of Claim as of Date Case Filed: S. 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 fell or part of your claim is secured, complete item 4 below, however, if all or your claim is unsecured, do not complete item 4 fell or part of your claim is entitled to priority, complete item 5. Of Check this box if you are the debtor or trustee in this case. S. Amount of Claim Entitled or Priority under II U.S.C., \$307(6)(1). If all or part of your claim is entitled to priority, complete item 5. Of 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. 2. Basis for Claim: Melored unpaid utilities. See instruction 82 on reverse side.) 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. 2. Basis for Claim: Melored unpaid utilities. See instruction 82 on reverse side.) Check this box if you are the debtor or trustee in this case of the claim is claim in secured. See instruction 82 on reverse side.) Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statements of unpaid utilities. See instruction 82 on reverse side.) Check this box if you are the debtor or trustee in this case of the claim is claim in secured by a lien on property or right of setoff and provide the requested information. Nature of property or right of setoff: Real Estate Motor Vehicle Other Describes: Value of Property: Amount of screarage and other charges as of time case filed included in secured claim, if any; S. Basis for perfection: Amount o	Name of Creditor (the person or other entity to whom the debtor owes money or property):	claim am	
Check this box if you are aware that arrows a statement of interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. 1. Amount of Claim is entitled to priority, complete item 5. 2. Basis for Claim: Metered unpaid Utilities (See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: 5554 3. Debtor may have scheduled account as: (See instruction #4 on reverse side.) 4. Secured Claim (See instruction #4 on reverse side.) Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe: Value of Property: S	City Utilities of Springfield 301 E Central St	Court Claim Number:	
Telephone number: 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 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. Of 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. 2. Basis for Claim: Meltered unpaid utilities (See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: 5554 33. Debtor may have scheduled account as: (See instruction #2 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 Describer: Value of Property: \$ Annual Interest Rate% Amount of a 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 Describer: The annual of property or right of setoff setoff: Real Estate Motor Vehicle Other Describer: The annual of property or right of setoff setoff: Real Estate Motor Vehicle Other Describer: Taxes or penalties owed to governate box if your claim is secured by a lien on property or right of setoff setoff: Taxes or penalties over to governate box if your claim is secured to see the property or right of setoff setoff: Taxes or penalties over to solve the property or right of setoff		Filed on:	
In Amount of Claim as of Date Case Filed: Society the priority of Claim Entitled to Priority under 11 U.S.C. §507(a). 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. Basis for Claim: Melered unpaid utilities (See instruction #2 an everse side.) 3a. Debtor may have scheduled account as: (See instruction #3 an everse side.) 3a. Debtor may have scheduled account as: (See instruction #3 an everse side.) 4. Secured Claim (See instruction #3 an everse side.) Amount of an everse side.) Amount of a rrearage and other charges as of time case filed included in secured claim, if any: \$	Name and address where payment should be sent (if different from above):	anyone el relating to	se has filed a proof of claim by your claim. Attach copy of
Fail 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. 2. Basis for Claim: Metered unpaid utilities Metered unpa	Telephone number:		
statement of interest or charges. 2. Basis for Claim: Metered unpaid utilities (See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: 5554 3a. Debtor may have scheduled account as: (See instruction #3 on reverse side.) 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 6 Amount of arrearage and other charges as of time case filed included in secured claim, if any: Amount of secured Claim: Amount of Secured Claim: Amount of Secured Claim: 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. (See instruction 7 and definition of redacted or neverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER 509/14/2016 Date: O3/14/2016 Date: Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or of the person authorized to file this claim and state address and telephone number if different from the notice	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.	Priority any port one of the check the	under 11 U.S.C. §507(a). If tion of your claim falls in ne following categories,
Domestic support obligations under 1 U.S.C. \$507(a)(1)(A) or (a)(1)(B) (See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: 5554 3. Debtor may have scheduled account as: (See instruction #3 on reverse side.) 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:S Annual Interest Rate		Specify the p	priority of the claim.
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.) 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: S Amount Of Secured Claim: S Amount Of Secured Claim: S Amount Unsecured: S Other Astach 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. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER 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 Wages, salaries, or commissions (up to \$1504) business, whichever is earlier -11 U.S.C. \$507 (a)(4). Contributions to an employee beneft plan -11 U.S.C. \$507 (a)(5). 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)(7). Amount entitled to priority: \$\$\frac{1}{2}\$\$ Taxes or penalties owed to governmental units -11 U.S.C. \$507 (a)(2). Amount entitled to priority: \$\$\frac{1}{2}\$\$ Taxes or penalties owed to governmental units -11 U.S.C. \$507 (a)(2). Amount entitled to priority: \$\$\frac{1}{2}\$\$ Amounts are subject to adjustment on 41/1/13 and every 3 years the	2. Basis for Claim: Metered unpaid utilities		
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: 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 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. FOR COURT USE ON	3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.) 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: \$	to \$11,72 before fi petition of business U.S.C. § Contribut plan - 11 Up to \$2, purchase or service househol (a)(7). Taxes or governm (a)(8).	25*) earned within 180 days ling of the bankruptey or cessation of the debtor's, whichever is earlier – 11 507 (a)(4). tions to an employee benefit U.S.C. §507 (a)(5). 600* of deposits toward, lease, or rental of property es for personal, family, or d use – 11 U.S.C. §507 penalties owed to ental units – 11 U.S.C. §507
Date: O9/14/2016 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	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	of 11 U. Amou \$ *Amounts a 4/1/13 and 6	S.C. §507 (a)(). Int entitled to priority: In the control of t
Date: O9/14/2016 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	If the documents are not available, please explain:		adjustment.
address above. Attach copy of power of attorney, if any. Donna Sraden 5R. CSR	other person authorized to file this claim and state address and telephone number if different from taddress above. Attach copy of power of attorney, if any.	reditor or the notice	FOR COURT USE UNLY

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	Туре	Actual Amount	Actual Balance	
	Wrote Off to Collections	(\$19,964.62)	\$0.00	
7/26/2016		\$19,964.62	\$19,964.62	
6/29/2016		(\$15,959.06)	\$0.00	
				

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

		140 400 001	40.00	
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		(\$5,248.15)	\$0.00	
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Trans Date	Туре	Actual Amount	Actual Balance	
	Wrote Off to Bankruptcy	(\$3,188.78)	\$0.00	
	Billing Credit	(\$12,829.70)	\$3,188.78	
7/22/2016		\$16,018.48	\$16,018.48	
	Late Payment Charge	\$134.22	\$1,476.52	
7/19/2016		(\$15,079.25)	\$1,342.30	
6/22/2016		\$16,421.55	\$22,512.28	
6/21/2016		\$6,090.73	\$6,090.73	
6/17/2016		(\$13,133.14)	\$0.00	
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Trans Date	Туре	Actual Amount	Actual Balance	
	Wrote Off to Bankruptcy	(\$15,363.77)	\$0.00	
	Billing Credit	(\$15,700.80)	\$15,363.77	
6/26/2016		\$31,064.57	\$31,064.57	
6/29/2016		(\$17,479.04)	\$0.00	
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. Account Financial History - 9576100010 Hammons John Q - Service Dates 6/18/16 thru 7/8/16

Traņs Date	Туре	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	
-				

, Account Financial History - 9655235673 John Q Hammons Hotels Mgt Llc - Service Dates 6/1/16 thru 7/8/2016

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

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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: 12/23/2016

Trustee: Last Date to file (Govt):

Creditor: (8509054) Claim No: 91
CITY OF SPRINGFIELD Original Filed
CITY UTILITIES Date: 09/27/2

301 E CENTRAL PO BOX Original Entered

551

SPRINGFIELD MO

65801

Claim No: 91 Status:
Original Filed Filed by: CR
Date: 09/27/2016 Entered by: Terri Marshall

al Entered Modified:

Date: 09/27/2016

Amount claimed: \$57604.25

History:

Details 91-1 09/27/2016 Claim #91 filed by CITY OF SPRINGFIELD CITY UTILITIES,

Amount claimed: \$57604.25 (Marshall, Terri)

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*

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		

^{*}Includes general unsecured claims