

Fill in this information to identify the case:

Debtor 1 UNREIN & COMPANY, INC./Midas West 5183

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-20399

FILED
Kansas City, KS
OCT 06 2016

Clerk
U.S. Bankruptcy Court

Official Form 410
Proof of Claim

12/15

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? AAP FINANCIAL SERVICES
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor ADVANCE AUTO

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>AAP FINANCIAL SERVICES</u> Name	<u>AAP FINANCIAL SERVICES</u> Name
<u>4729 HARGROVE ROAD</u> Number Street	<u>PO BOX 742063</u> Number Street
<u>RALEIGH NC 27604</u> City State ZIP Code	<u>ATLANTA GA 30374</u> City State ZIP Code
Contact phone <u>877-280-5965</u>	Contact phone _____
Contact email _____	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? _____



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: 1 7 6 6

7. How much is the claim? \$ 1,326.21. 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.
AR LINE OF CREDIT

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 all that apply:

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 \$2,775* 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 \$12,475*) 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 4/01/16 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

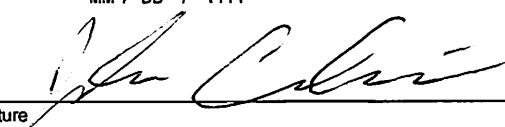
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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.

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 09 29 2016
MM / DD / YYYY


Signature

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

Name	<u>John</u>	<u>Charles</u>	<u>Cornelison</u>
	First name	Middle name	Last name
Title	<u>Credit Manager</u>		
Company	<u>Advance Auto Parts</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>4729 Hargrove Road</u>		
	Number	Street	
	<u>Raleigh</u>	<u>NC</u>	<u>27604</u>
	City	State	ZIP Code
Contact phone	<u>919-573-2873</u>	Email	_____

9/19/2016 OPEN ITEM STATEMENT

ADVANCE AUTO PARTS
 PO BOX 742063
 ATLANTA GA 30374-2063
 UNITED STATES
 (877) 280-5965
 CREDITDEPT@ADVANCE-
 AUTO.COM



CUSTOMER NO: 1649001766
 DNU Midas #5183 Westridge
 2900 SW Plass Ct. suite 202
 TOPEKA, KS 66611

BALANCE: 1,326.21
 PAST DUE: 1,326.21

INVOICE DATE	INVOICE NUMBER	PO NUMBER	DUE DATE	INVOICE AMOUNT	AMOUNT PAID	AMOUNT DUE
04-JAN-16	1649600428002	846390	29-FEB-16	26.99	0.00	26.99
04-JAN-16	1649600471488	846390	29-FEB-16	150.99	0.00	150.99
06-JAN-16	1649600671598	5183	29-FEB-16	67.80	0.00	67.80
07-JAN-16	1649600771665	846630	29-FEB-16	36.08	0.00	36.08
11-JAN-16	1649601171736	5183	29-FEB-16	13.24	0.00	13.24
15-JAN-16	1649601571980	5183	29-FEB-16	4.60	0.00	4.60
15-JAN-16	1649601582174	846753	29-FEB-16	26.52	0.00	26.52
15-JAN-16	1649601592917	846753	29-FEB-16	53.51	0.00	53.51
16-JAN-16	1649601649680	846794	29-FEB-16	65.61	0.00	65.61
16-JAN-16	1649601649688	846792	29-FEB-16	46.21	0.00	46.21
16-JAN-16	1649601649698	ASAP	29-FEB-16	16.61	0.00	16.61
16-JAN-16	1649601672018	RCB	29-FEB-16	-73.63	0.00	-73.63
16-JAN-16	1649601672019	RCB	29-FEB-16	-44.16	0.00	-44.16
22-JAN-16	1649602272228	NA	29-FEB-16	-13.24	0.00	-13.24
28-JAN-16	1649602872422	847001	29-FEB-16	64.50	0.00	64.50
29-JAN-16	1649602929643	847021	29-FEB-16	78.15	0.00	78.15
08-FEB-16	1649603972793	CREDIT	31-MAR-16	-78.15	0.00	-78.15
09-FEB-16	1649604072828	847214	31-MAR-16	123.46	0.00	123.46
10-FEB-16	1649604140484	847210	31-MAR-16	26.99	0.00	26.99
11-FEB-16	1649604272876	847250	31-MAR-16	100.63	0.00	100.63
13-FEB-16	1649604473016	847275	31-MAR-16	22.18	0.00	22.18
22-FEB-16	1649605321454	847440	31-MAR-16	90.41	0.00	90.41
01-MAR-16	1649606141371	847609	30-APR-16	145.61	0.00	145.61
04-MAR-16	1649606473865	5183	30-APR-16	17.43	0.00	17.43
07-MAR-16	1649606741605	847727	30-APR-16	11.55	0.00	11.55
07-MAR-16	1649606741640	847721	30-APR-16	65.09	0.00	65.09
07-MAR-16	1649606773934	847727	30-APR-16	31.48	0.00	31.48
09-MAR-16	1649606974074	847780	30-APR-16	164.45	0.00	164.45
10-MAR-16	1649607023009	847812	30-APR-16	99.70	0.00	99.70
11-MAR-16	1649607174142	MIDAS	30-APR-16	-11.33	0.00	-11.33
11-MAR-16	1649607174146	847807	30-APR-16	18.08	0.00	18.08
12-MAR-16	1649607274202	847823	30-APR-16	70.38	0.00	70.38
12-MAR-16	1649607274203	847823	30-APR-16	20.24	0.00	20.24
13-APR-16	1649610475464	CREDIT	31-MAY-16	-111.77	0.00	-111.77
22-APR-16	CTI FEE APR 2016-530		31-MAY-16	99.00	0.00	99.00

INVOICE DATE	INVOICE NUMBER	PO NUMBER	DUE DATE	INVOICE AMOUNT	AMOUNT PAID	AMOUNT DUE
27-MAY-16	CR CTI_FEE APR 2016-530		30-JUN-16	-99.00	0.00	-99.00
27-MAY-16	CR CTI_FEE MAY 2016 5		30-JUN-16	-99.00	0.00	-99.00
27-MAY-16	CTI FEE MAY-2016 5		30-JUN-16	99.00	0.00	99.00

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: (8581244) AAP FINANCIAL SERVICES 4729 HARGROVE ROAD RALEIGH, NC 27604	Claim No: 95 <i>Original Filed</i> Date: 10/10/2016 <i>Original Entered</i> Date: 10/10/2016	Status: <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
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Amount claimed: \$1326.21				
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History:
[Details](#) [95-1](#) 10/10/2016 Claim #95 filed by AAP FINANCIAL SERVICES, Amount claimed: \$1326.21 (Marshall, Terri)

Description: (95-1) AR line of credit
Remarks: (95-1) KSB Filed 10/6/16; ECF by Claims Agent 10/10/2016

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*	\$1326.21
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		