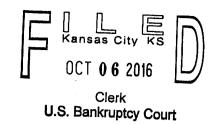
| Fill in this information to identify the case: | | | |
|--|--|--|--|
| Debtor 1 | John Q. Hammons Fall 2006, LLC, et al. | | |
| Debtor 2 (Spouse, if filing) | | | |
| United States | Bankruptcy Court for the: District of Kansas - Kansas City | | |
| Case number | 16-21142 | | |



Official Form 410

Proof of Claim

12/15

00067

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.

| , , | allelf identity the C | | | | | | |
|-----|---|--|---------------------|-----------------------------|-------------------------|----------------------------|----------------|
| 1. | Who is the current creditor? | FTI Consulting, Inc. 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? | Where should notice | | | Where should different) | d payments to the creditor | r be sent? (if |
| | Federal Rule of | Name | t, i ii Consuit | g, | Name | · - | |
| | Bankruptcy Procedure | 909 Commerce R | oad | | Hame | | |
| | (FRBP) 2002(g) | Number Street | Joau | | Number | Street | |
| | | Annapolis | MD | 21401 | | | |
| | | City | State | ZIP Code | City | State | ZIP Code |
| | | Contact phone 410.95 | 1.4872 | | Contact phone | | |
| | | Contact email legal@ | fticonsulting.c | <u>com</u> | Contact email | | _ |
| | | Uniform claim identifier fo | r electronic paymer | nts in chapter 13 (if you u | use one): | | |
| 4. | Does this claim amend one already filed? | ☑ No ☐ Yes. Claim number | er on court claims | s registry (if known) | | Filed on | DD / YYYY |
| 5. | Do you know if anyone else has filed a proof of claim for this claim? | ☑ No ☐ Yes. Who made the | he earlier filing? | | | JQI | H Ctl ID |
| | | | | | | | |

Official Form 410 Proof of Claim

Case 16-21142 Claim 104-1 Filed 10/10/16 Desc Main Document Page 1 of 9

6. Do you have any number ☑ No you use to identify the ☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _ debtor? $79,\!852.89$. Does this amount include interest or other charges? 7. How much is the claim? $f \square$ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). What is the basis of the Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. claim? 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. Services Provided Z No 9. Is all or part of the claim secured? ☐ 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? ☐ Yes. Amount necessary to cure any default as of the date of the petition. 11. Is this claim subject to a ☑ No right of setoff? Yes. Identify the property:

Give Information About the Claim as of the Date the Case Was Filed

Part 2:

| 12. Is all or part of the claim entitled to priority under | ☑ No | | | | | |
|--|--|--|--|-----------------------------|---------------------------|---------------------------------------|
| 11 U.S.C. § 507(a)? | Yes. Chec | k all that apply: | | | | Amount entitled to priority |
| A claim may be partly priority and partly | | stic support obligations (included).C. § 507(a)(1)(A) or (a)(1)(E | | pport) unde | er | \$ |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | Up to \$ person | \$2,775* of deposits toward pual, family, or household use. | urchase, lease, or rental of 11 U.S.C. § 507(a)(7). | f property | or services for | \$ |
| . , | bankru | s, salaries, or commissions (uptcy petition is filed or the de .C. § 507(a)(4). | p to \$12,475*) earned wi btor's business ends, wh | thin 180 da ichever is e | ys before the earlier. | \$ |
| | ☐ Taxes | or penalties owed to governr | nental units. 11 U.S.C. § | 507(a)(8). | | \$ |
| | ☐ Contrib | \$ | | | | |
| • | Other. | Specify subsection of 11 U.S | 6.C. § 507(a)() that app | lies. | | \$ |
| | * Amounts | are subject to adjustment on 4/0 | 1/16 and every 3 years after | that for case | s begun on or afte | er the date of adjustment. |
| | | | | | | |
| Part 3: Sign Below | | | | | | |
| The person completing | Check the appr | opriate box: | | | | |
| this proof of claim must sign and date it. | ☐ I am the cr | editor | | | | |
| FRBP 9011(b). | ~ | editor's attorney or authorize | d agent | | | |
| If you file this claim | _ | • | - | otov Rule 3 | 004 | |
| electronically, FRBP | ☐ 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. | | | | | |
| 5005(a)(2) authorizes courts to establish local rules | — Tam a guarantor, surety, endoiser, or other codebtor. Dankruptcy Rule 3003. | | | | | |
| specifying what a signature | Lundarstand the | at an authorized signature or | this Proof of Claim conv | | ka audo damo at | that when ealer deline the |
| is. | | laim, the creditor gave the de | | | | |
| A person who files a | | | | | | |
| fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 | I have examine and correct. | d the information in this <i>Proo</i> | f of Claim and have a rea | sonable be | elief that the info | ormation is true |
| years, or both. 18 U.S.C. §§ 152, 157, and | I declare under | penalty of perjury that the for | regoing is true and correc | t. | | |
| 3571. | Executed on da | te 09/23/2016 | | | | |
| | | | | | | |
| | Cin | tu. P.L. | • | | | |
| | Signature | | | | - | |
| | Print the name of the person who is completing and signing this claim: | | | | | |
| | Name | Curtis Lu | | | | |
| | | First name | Middle name | | Last name | |
| | Title | General Counsel | | _ | | |
| | Company | FTI Consulting, Inc. | | | | |
| | | Identify the corporate service | r as the company if the author | rized agent | is a servicer. | |
| Address 1101 K Street, NW, Suite B100 | | | | | | |
| | 341400 | Number Street | | | | · · · · · · · · · · · · · · · · · · · |
| | | Wasington | | DC | 20005 | |
| | | City | | State | ZIP Code | |
| | Contact phone | 410.951.4872 | | Email Ieo | al@fticonsu | lting com |

UNITED STATES BANKRUPTCY COURT DISTRICT OF KANSAS AT KANSAS CITY

In re: JOHN Q. HAMMONS FALL 2006, LLC, et al., Debtors.

CREDITOR: FTI CONSULTING, INC.

| Inv.# | Date | Total invoice |
|-------------|-------------|---------------|
| | | |
| 7398579 | 12/11/2015 | \$7,440.00 |
| 7414766 | 5/27/2016 | \$59,535.00 |
| 7420855 | 8/9/2016* | \$11,538.46 |
| 7424380 | 9/19/2016** | \$1,339.43 |
| | | |
| TOTAL CLAIM | | \$79,852.89 |

^{*} For Professional Fees and Expenses incurred for the period May 21, 2016 through June 20, 2016.

^{**} For Expenses incurred for the period June 8, 2016 through June 12, 2016.



C. Vincent Maloney Perkins Coie LLP 131 Dearborn St Suite 1700 Chicago, IL 60603 December 11, 2015 FTI Invoice No. 7398579 FTI Job No. 442212.0001 Terms: Payment on Presentation FEDERAL I.D. NO. 52-1261113

Re: Perkins Coie - JQH

Current Invoice Period: Charges Posted through December 7, 2015

\$7.440.00

Total Amount Due

57,440.00

Please Remit Payment To: FTI Consulting, Inc. P.O. Box 418178

Boston, MA 02247-8178

Professional Services

Total Amount Due this Period.....

Wire Payment To: Bank of America, NA Rockville, MD 20852

Account#2 003939577164

ARAH DOKONOSOR

ACH Payments To: Bank of America, NA Rockville, MD 20852

Rockville, MD 20852 Account #: 003939577164 ABA #: 052001633

Case 16-21142 Claim 104-1 Filed 10/10/16 Desc Main Document



C. Vincent Maloney Perkins Coie LLP 131 Dearborn St Suite 1700 Chicago, IL 60603 May 27, 2016 FTI Invoice No. 7414766 FTI Job No. 442212.0001 Terms: Payment on Presentation FEDERAL I.D. NO. 52-1261113

ŵ.

Re: Perkins Coie - JQH

| Professional Services. | | \$59,535.00 |
|------------------------------|-------|---------------------|
| 1 TOTOSSIONAL DOLVIOCS | ••••• | |
| | | \$59,535.00 |
| Total Amount Due this Period | | \$ 39,335.00 |
| Previous Balance Due | ····· | \$7,440.00 |

Please Remit Payment To: FTI Consulting Inc. P.O. Box 418178 Boston, MA 02241-8178

Current Invoice Period: Charges Posted through May 27, 2016

Wire Payment To: Bank of America, NA Rockville, MD 20852 Account #: 003939577164 ACH Payments To: Bank of America, NA Rockville, MD 20852 Account #: 003939577164 ABA #: 052001633



C. Vincent Maloney Perkins Coie LLP 131 Dearborn St Suite 1700 Chicago, IL 60603 August 9, 2016 FTI Invoice No. 7420855 FTI Job No. 442212.0001 Terms: Payment on Presentation FEDERAL I.D. NO. 52-1261113

Re: Perkins Coie - JQH

Current Invoice Period: Charges Posted through August 9, 2016

For Professional Fees and Expenses incurred for the period May 21, 2016 through June 20,2016.

| Professional Fees | \$9,513.00 |
|------------------------------|-----------------|
| Expenses | \$2;025.46 |
| Total Amount Due this Period | \$11,538.46 |
| | |
| Previous Balance Due | \$66,975.00 |
| Total Amount Due | \$78,513,46 |

Please Remit Payment To: FTI Consulting, Inc. P.O. Box 418178 Boston, MA 02241-8178

Wire Payment To: Bank of America, NA 103West 33rd Street, New York, NY 10001 Account #: 003939577164 ABA#: 026009593 ACH Payments To: Bank of America, NA 1455 Market Street, San Francisco, CA 94109 Account #: 003939577164 ABA #: 052001633



C. Vincent Maloney Perkins Coie LLP 131 Dearborn St Suite 1700 Chicago, IL 60603

September 19, 2016 FTI Invoice No. 7424380 FTI Job No. 442212.0001 Terms: Payment on Presentation FEDERAL I.D. NO. 52-1261113

Re: Perkins Coie - JQH

| Current Invoice Period: | For Expenses incurred for the period June 8, 2016 through June 12, 2016. | | |
|------------------------------|--|--|--|
| Expenses | | | |
| Total Amount Due this Period | \$1,339,43 | | |
| Previous Balance Due | \$78.513.46 | | |
| Total Amount Due | \$79,852,89 | | |

Please Remit Payment To: FTI Consulting, Inc. P.O. Box 418178 Boston, MA 02241-8178

Wire Payment To: Bank of America, NA 103West 33rd Street, New York, NY 10001 Account #: 003939577164 ABA #: 026009593

ACH Payments To: Bank of America, NA 1455 Market Street, San Francisco, CA 94109 Account #: 003939577164 ABA #: 052001633



Invoice Summary

C. Vincent Maloney Perkins Coie LLP 131 Dearborn St Suite 1700 Chicago, IL 60603

September 19, 2016 FTI Invoice No. 7424380 FTI Job No. 442212.0001 Terms Payment on Presentation FEDERAL I.D. NO. 52-1261113

Re: Perkins Coie - JQH

| rrent Invoice Period: | For Expenses incurred for the period June 8, 20 through June 12,2016. |
|----------------------------------|---|
| Business Meals | \$30.00 |
| Other/Miscellaneous | \$34.00 |
| Transportation | \$1,275.43 |
| Total Expenses | \$1,339.43 |
| Invoice Total for Current Period | \$1,339.43 |

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

Last Date to file (Govt): **Trustee:**

Creditor: (8581254)FTI CONSULTING INC LEGAL DEPARTMENT 909 COMMERCE ROAD

ANNAPOLIS, MD

21401

Claim No: 104 Status: Original Filed

Original Entered

Date: 10/10/2016

Filed by: CR

Date: 10/10/2016 Entered by: Terri Marshall

Modified:

Amount claimed: \$79852.89

History:

Details

104- 10/10/2016 Claim #104 filed by FTI CONSULTING INC, Amount claimed:

\$79852.89 (Marshall, Terri)

Description: (104-1) Services provided

Remarks: (104-1) 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* \$79852.89 **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