

Fill in this information to identify the case:

Debtor 1 Hammons of Huntsville, LLC  
Debtor 2 (Spouse, if filing) \_\_\_\_\_  
United States Bankruptcy Court for the: District of Kansas  
Case number 16-21154

**FILED**  
Kansas City, KS  
JUL 13 2017  
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.

Files 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? Travelers Casualty & Surety Company of America  
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?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Laura Murphy-Sr. Claim Counsel</u> Name <u>One Tower Square   S102A</u> Number Street <u>Hartford CT 06183</u> City State ZIP Code Contact phone <u>860.277.0328</u> Contact email <u>lmmurphy@travelers.c</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
---	--

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 10/12/2016  
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: 9 6 4

7. How much is the claim? \$ 110,855.70. 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.  
Payment of claim on Surety Bond.

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:

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 \$2,775\* 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 07/10/2017  
MM / DD / YYYY

Laura M. Murphy  
Signature

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

Name Laura M. Murphy  
First name Middle name Last name

Title Senior Counsel

Company Travelers Casualty & Surety Company of America  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address One Tower Square | S102A  
Number Street

Hartford CT 06183  
City State ZIP Code

Contact phone 860-277-0328 Email lmmurphy@travelers.com

Fill in this information to identify the case:

Debtor 1 Hammons of Huntsville, LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the District of Kansas

Case number 16-21154

**FILED**  
Kansas City, KS  
OCT 04 2016  
Clerk  
U.S. Bankruptcy Court

**RECEIVED**  
OCT 12 2016  
FMR  
HTFD, BOND & SECURITIES

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? Travelers Casualty & Surety Company of America  
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?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Laura Murphy- Sr. Counsel</u> Name</p> <p><u>One Tower Square   S102A</u> Number Street</p> <p><u>Hartford CT 06183</u> City State ZIP Code</p> <p>Contact phone <u>860.277.0328</u></p> <p>Contact email <u>lmmurphy@travelers.c</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
--	--

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? \_\_\_\_\_

<b>Payment Type</b> <input checked="" type="radio"/> Indemnity <input type="radio"/> Expense	<b>Indemnity Type</b> Damages - Surety <b>Expense Type</b>	<b>Payment Method</b> CAPTIS Check	<b>Issue/Transfer Date</b> <input checked="" type="checkbox"/> 10/13/2016	<b>Check Number</b> 1883174
<b>Payment Amount</b> \$110,855.70	<b>Insured's Share</b> \$0.00	<b>Authority</b> \$250,000	<b>Unexpended</b> \$0.00	
<b>Routing Instruction</b> Special Instructions	<b>Cycle Date</b> 10/13/2016	<b>1099 Report Type</b> Not Reportable		
<input type="radio"/> Void <input type="radio"/> Stop <input type="radio"/> Reclass				

<b>Currency type</b> US Dollars	<b>Foreign Currency Amount</b>	<b>Reference</b>
<b>Intended Approver</b>	<b>Actual Approver</b>	<b>Tracking Number</b>

<b>Pay To The Order Of</b> Huntsville Utilities P. O. Box 2048 Huntsville, AL 35804 --- Blank ---	<b>Deliver To</b> Huntsville Utilities P. O. Box 2048 Huntsville, AL 35804
---	---

Assign Payee 1
Huntsville Utilities
Assign Payee 2
Payee1 Phrase
Address On Check
Payee 1
Memo Line
--- Blank ---
Assign Deliver To
Huntsville Utilities
Assign Claimant Paid
Huntsville Utilities



## HUNTSVILLE UTILITIES

Electricity - Natural Gas - Water  
(256) 535-1200  
www.hsvutil.org

P.O. Box 2048  
Huntsville, AL 35804

RECEIVED

September 27, 2016

OCT 06 2016

**Certified Mail - Return Receipt Requested**

SAB  
11712 2016 10 06 11:58 AM

**TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA  
ONE TOWER SQUARE  
HARTFORD, CT. 06183**

**RE: UTILITIES BOND NO: 104768779  
PRINCIPAL: HAMMONS OF HUNTSVILLE, LLC DBA EMBASSY SUITE HOTEL  
ACCOUNT NO.: 311010010166**

Ladies and Gentleman:

Reference is made to the above utility bond placed in lieu of a cash deposit for the account of HAMMONS OF HUNTSVILLE, LLC DBA EMBASSY SUITE HOTEL. Please find enclosed billing itemizations for services provided from April 30, 2016 through June 26, 2016.

Utility Services were provided at 800 Monroe Street S.W., Huntsville, Alabama 35801. We would appreciate you giving this your immediate attention by sending your check in the amount of \$110,875.70.

If you have any questions, please call me at (256) 535-1227 and I will be glad to be of assistance to you.

Sincerely,

**HUNTSVILLE UTILITIES**

**Wanda Wallace  
Collections Supervisor**

Enclosure

**CC: Itemized Statement for HAMMONS OF HUNTSVILLE, LLC DBA EMBASSY SUITE HOTEL.**



**HUNTSVILLE UTILITIES**  
ELECTRICITY • NATURAL GAS • WATER

**Customer Name:** Hammons of Huntsville  
**Master Account Number:** 311010010166  
**Service Address:** 800 Monroe St

---

**Balance forward:** \$0.00

**Balances from Child Accounts**

**211010070912**

Invoice 04/30/16-5/31/16 \$11,940.55  
Invoice 06/01/16-6/26/16 \$7,618.27  
\$19,558.82

**211010070932**

Invoice 5/20/16-6/20/16 \$794.01  
Invoice 6/21/16-6/26/16 \$76.29  
\$870.30

**211010131018**

Invoice 4/30/16-5/31/16 \$10,664.18  
Invoice 6/1/16-6/26/16 \$10,199.77  
\$20,863.95

**211010131080**

Invoice 4/30/16-5/31/16 \$55.04  
Invoice 6/1/16-6/26/16 \$47.65  
\$102.69

**211010136057**

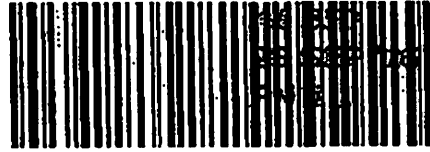
Invoice 4/30/16-5/31/16 \$29,987.21  
Invoice 6/1/16-6/26/16 \$39,492.73  
\$69,479.94

**TOTAL AMOUNT OWED** \$110,875.70



**HUNTSVILLE UTILITIES**  
 ELECTRICITY • NATURAL GAS • WATER  
 P.O. BOX 2048  
 HUNTSVILLE, AL 35804

**CERTIFIED MAIL**



7015 0640 0004 1900 8348



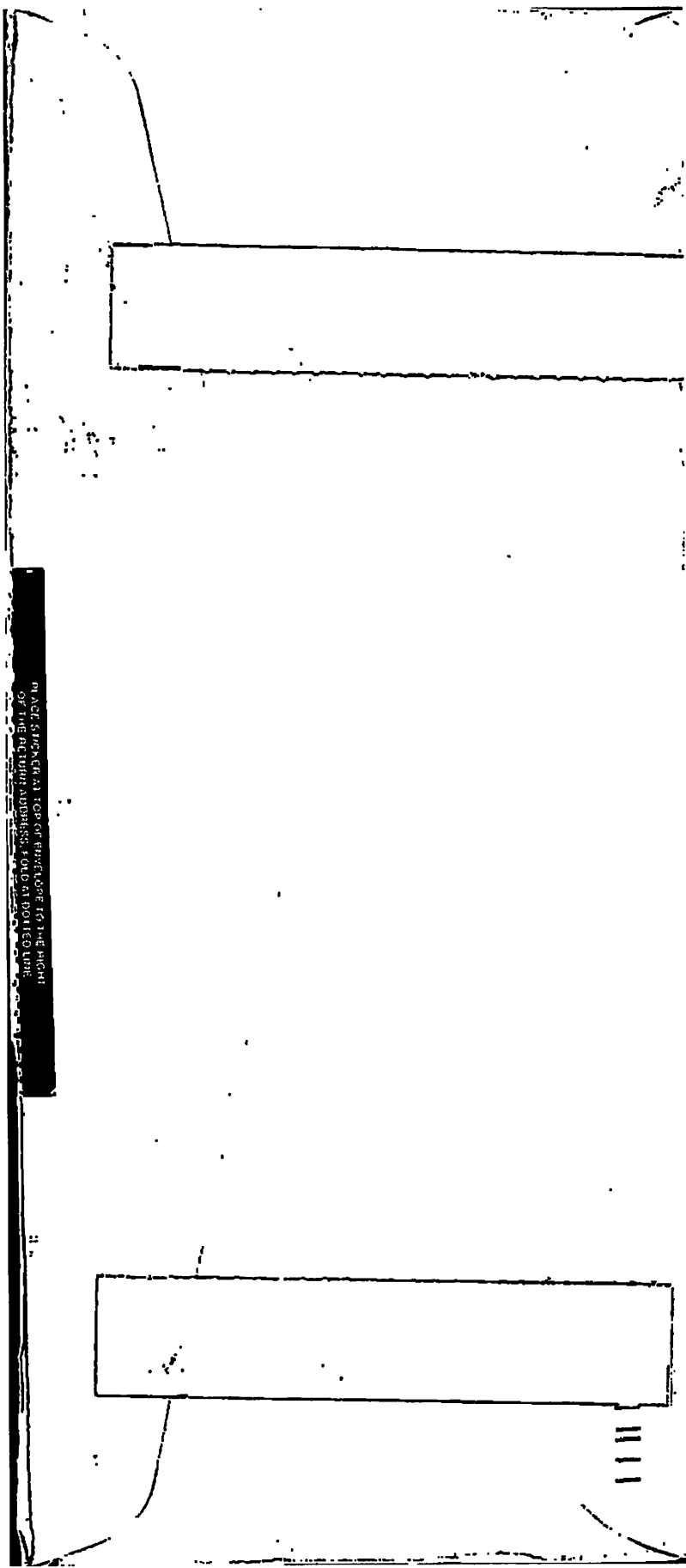
U.S. POSTAGE >>> FITNEY BOWES  
  
 ZIP 35801 \$ 006.46<sup>5</sup>  
 02 17  
 0001378545 SEP. 28 2016

Travelers Casualty and Surety Co. of America  
 One Tower Square  
 Hartford, CT 06183

06183-000299







# 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):**

*Creditor:* (8581255)  
TRAVELERS CASUALTY &  
SURETY COMPANY OF  
AMERICA  
LAURA MURPHY - SR.  
COUNSEL  
ONE TOWER SQUARE /  
S102A  
HARTFORD, CT 06183

**Claim No:** 105  
*Original Filed*  
*Date:* 10/10/2016  
*Original Entered*  
*Date:* 10/10/2016  
*Last Amendment*  
*Filed:* 07/14/2017  
*Last Amendment*  
*Entered:* 07/14/2017

*Status:*  
*Filed by:* CR  
*Entered by:* Terri Marshall  
*Modified:*

Amount claimed: \$110855.70

Secured claimed: \$110855.70

*History:*

- [Details](#) [105-1](#) 10/10/2016 Claim #105 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$201900.00 (Marshall, Terri )
- [Details](#) [105-2](#) 10/25/2016 Amended Claim #105 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$201900.00 (Marshall, Terri )
- [Details](#) [105-3](#) 07/14/2017 Amended Claim #105 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$110855.70 (Marshall, Terri )

*Description:* (105-1) Issuance of Surety Bond  
(105-2) Issuance of Surety Bond (16-21154)  
(105-3) Payment of claim on Surety Bond (16-21154)

*Remarks:* (105-1) KSB Filed 10/4/16; ECF by Claims Agent 10/10/2016  
(105-2) Amended by Claims Agent 10/25/2016 to correct claim amt classification  
(105-3) KSB Filed 7/13/17; ECF by Claims Agent 7/14/17.

## 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

<b>Total Amount Claimed*</b>	\$110855.70
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>	\$110855.70	
<b>Priority</b>		
<b>Administrative</b>		

Fill in this information to identify the case:

Debtor 1 Hammons of Huntsville, LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-21154

**FILED**  
Kansas City, KS  
OCT 04 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? Travelers Casualty & Surety Company of America  
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?  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>Laura Murphy- Sr. Counsel</u>	_____
	Name	Name
	<u>One Tower Square   S102A</u>	_____
	Number Street	Number Street
	<u>Hartford CT 06183</u>	_____
City State ZIP Code	City State ZIP Code	
Contact phone <u>860.277.0328</u>	Contact phone _____	
Contact email <u>lmmurphy@travelers.c</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  
00068

**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: 9 6 4

7. How much is the claim? \$ 201,900.00. 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.  
Issuance of Surety Bond.

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:

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 \$2,775\* 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).

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 9/21/16  
MM / DD / YYYY

Laura M. Murphy  
Signature

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

Name Laura M Murphy  
First name Middle name Last name

Title Senior Counsel

Company Travelers Casualty & Surety Company of America  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address One Tower Square | S102A  
Number Street

Hartford CT 06183  
City State ZIP Code

Contact phone 860-277-0328 Email Immurphy@travelers.com

# 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> (8581255) TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA LAURA MURPHY - SR. COUNSEL ONE TOWER SQUARE / S102A HARTFORD, CT 06183	<b>Claim No:</b> 105 <i>Original Filed</i> <i>Date:</i> 10/10/2016 <i>Original Entered</i> <i>Date:</i> 10/10/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
---	--	--

Amount claimed: \$201900.00		
-----------------------------	--	--

*History:*

<a href="#">Details</a>	<a href="#">105-1</a>	10/10/2016	Claim #105 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$201900.00 (Marshall, Terri )
-------------------------	-----------------------	------------	--

<i>Description:</i> (105-1) Issuance of Surety Bond		
<i>Remarks:</i> (105-1) KSB Filed 10/4/16; 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

<b>Total Amount Claimed*</b>	\$201900.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		



# 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> (8581255) TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA LAURA MURPHY - SR. COUNSEL ONE TOWER SQUARE / S102A HARTFORD, CT 06183	<b>Claim No: 105</b> <i>Original Filed</i> Date: 10/10/2016 <i>Original Entered</i> Date: 10/10/2016 <i>Last Amendment</i> Filed: 10/25/2016 <i>Last Amendment</i> Entered: 10/25/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
---	--	--

Amount claimed:	\$201900.00		
Secured claimed:	\$201900.00		

*History:*

<a href="#">Details</a>	<a href="#">105-1</a>	10/10/2016	Claim #105 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$201900.00 (Marshall, Terri )
<a href="#">Details</a>	<a href="#">105-2</a>	10/25/2016	Amended Claim #105 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$201900.00 (Marshall, Terri )

<i>Description:</i> (105-1) Issuance of Surety Bond (105-2) Issuance of Surety Bond (16-21154)		
<i>Remarks:</i> (105-1) KSB Filed 10/4/16; ECF by Claims Agent 10/10/2016 (105-2) Amended by Claims Agent 10/25/2016 to correct claim amt classification		

## 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

<b>Total Amount Claimed*</b>	\$201900.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>	\$201900.00	
<b>Priority</b>		
<b>Administrative</b>		

Fill in this information to identify the case:

Debtor 1 Hammons of Huntsville, LLC  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: District of Kansas  
Case number 16-21154

**FILED**  
Kansas City, KS  
OCT 04 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? Travelers Casualty & Surety Company of America  
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 notices to the creditor be sent?**  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
Laura Murphy- Sr. Counsel  
Name  
One Tower Square | S102A  
Number Street  
Hartford CT 06183  
City State ZIP Code  
Contact phone 860.277.0328  
Contact email lmmurphy@travelers.c

**Where should payments to the creditor be sent? (if different)**  
Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_  
Contact phone \_\_\_\_\_  
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  
00068

**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: 9 6 4

7. How much is the claim? \$ 201,900.00. 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.  
Issuance of Surety Bond.

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:

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 \$2,775\* 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).

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 9/21/16  
MM / DD / YYYY

Laura M. Murphy  
Signature

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

Name Laura M Murphy  
First name Middle name Last name

Title Senior Counsel

Company Travelers Casualty & Surety Company of America  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address One Tower Square | S102A  
Number Street

Hartford CT 06183  
City State ZIP Code

Contact phone 860-277-0328 Email Immurphy@travelers.com

# 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> (8581255) TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA LAURA MURPHY - SR. COUNSEL ONE TOWER SQUARE / S102A HARTFORD, CT 06183	<b>Claim No: 105</b> <i>Original Filed</i> Date: 10/10/2016 <i>Original Entered</i> Date: 10/10/2016	<i>Status:</i> Filed by: CR Entered by: Terri Marshall Modified:
Amount claimed: \$201900.00		

*History:*

<a href="#">Details</a>	<a href="#">105-1</a>	10/10/2016	Claim #105 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$201900.00 (Marshall, Terri )
-------------------------	-----------------------	------------	--

*Description:* (105-1) Issuance of Surety Bond

*Remarks:* (105-1) KSB Filed 10/4/16; 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

<b>Total Amount Claimed*</b>	\$201900.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		