

Fill in this information to identify the case:

Debtor 1 JQH - Norman Development, LLC

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-21180

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.

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?

Laura Murphy-Sr. Claim 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 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? \$ 51,611.62. 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ 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).

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 07/10/2017
MM / DD / YYYY

Laura 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

Fill in this information to identify the case:

Debtor 1 JQH- Norman Development, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-21180

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

RECEIVED
OCT 12 2016
FBI
HFD, BOND & S...

Official Form 410
Proof of Claim

12/15

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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?	<u>Travelers Casualty & Surety Company of America</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Laura Murphy-Sr. Claim Counsel</u> Name <u>One Tower Square S102A</u> Number Street <u>Hartford</u> <u>CT</u> <u>06183</u> City State ZIP Code Contact phone <u>860.277.0328</u> Contact email <u>lmurphy@travelers.c</u>	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

TRAVELERS 

HARTFORD, CT
NO 640
05 OCT '16
PM 51



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 49 HARTFORD, CT

POSTAGE WILL BE PAID BY ADDRESSEE

TRAVELERS- *Laura Murphy*
BOND & FINANCIAL PRODUCTS CLAIM DEPT.
ONE TOWER SQUARE - S202A
HARTFORD, CT 06183-9082



Payment Type <input checked="" type="radio"/> Indemnity <input type="radio"/> Expense		Indemnity Type Damages - Surety		Expense Type 	
Payment Method CAPTIS Check		Issue/Transfer Date <input checked="" type="checkbox"/> 09/08/2016		Check Number 1880411	
Payment Amount \$51,611.62		Insured's Share \$0.00		Authority \$250,000	
Routing Instruction U.S. Mail to Payee		Cycle Date 09/07/2016		Unexpended \$0.00	
1099 Report Type Not Reportable					
<input type="radio"/> Void <input type="radio"/> Stop <input type="radio"/> Reclass					

Currency type US Dollars	Foreign Currency Amount 	Reference
Intended Approver 	Actual Approver 	Tracking Number

Pay To The Order Of Oklahoma Gas And Electric Attn: Active Credit M223 PO Box 321 Oklahoma City, OK 73101-000 --- Blank ---	Deliver To Oklahoma Gas And Electric Attn: Active Credit M223 PO Box 321 Oklahoma City, OK 73101-000
---	---

Assign Pay-ee 1 Oklahoma Gas And Electric
Assign Pay-ee 2
Payee1 Phrase
Address On Check Payee 1
Memo Line --- Blank ---
Assign Deliver To Oklahoma Gas And Electric
Assign Claimant Paid Oklahoma Gas And Electric

Print Me

Reclassify

Approve

Delete

OK

Cancel

PO Box 321
Oklahoma City, Oklahoma 73101-0321
405-553-3000

RECEIVED
AUG 24 2016
SHARON CAPUTO
RTFD. BOND & SI CLAIM



August 16, 2016

Travelers Casualty and Surety Company of America
One Tower Square, S102A
Hartford, CT 06183

RE: Surety Bond #: 105181029
Principal Name: JQH-Norman Development, LLC
OGE Acct #'s: 128366322 & 128366336

To Whom It May Concern:

On June 26, 2016 service to the above electric account was cancelled. To date we have been unable to collect the unpaid final bill in the amount of \$51,611.62 from the customer who is identified as "Principal".

Your Payment Bond in the amount of \$237,268.00 and was issued November 6, 2008.

Enclosed, please find a duplicate of the unpaid final bill. We appreciate your prompt attention to this claim and remittance of \$51,611.62 to the return address below.

If you have any questions regarding this claim, please 800-522-5774 ext. 6523.

Sincerely,

OGE Credit and Collections

Enclosure

Return Address:

OGE
Attn: Active Credit M223
PO Box 321
Oklahoma City, OK 73101

**ELECTRIC SERVICE BILL**
RETAIN FOR YOUR RECORDS

CUSTOMER NAME				SERVICE ADDRESS			
EMBASSY SUITES				2501 CONFERENCE CENTER DR #HOTEL			
*BILLING PERIOD		METER READING		METER CONSTANT	KILOWATT HOURS	ACCOUNT NUMBER	
FROM	TO	PREVIOUS	PRESENT				
06/02/2016	06/26/2016	83821	85015	300	358200 F	128366322-5	

LAST PAYMENT CREDITED \$29,092.70 ON 08/08/2016.
POWER AND LIGHT TIME OF USE SECONDARY RATE

CUSTOMER CHARGE	63.50
ENERGY CHARGE	10,209.98
DEMAND CHARGE - SEE BELOW **	3,996.96
COGENERATION CREDIT	176.11CR
TOU FUEL ON PEAK AMT @ \$0.042644/KWH	2,328.36
TOU FUEL OFF PEAK AMT @ \$0.021146/KWH	6,419.93

CHARGE FOR ELECTRIC SERVICE	22,842.62
FRANCHISE FEE	685.28
SALES TAX	2,058.69
FINAL BILL	25,586.59

TOTAL AMOUNT DUE **25,586.59**

TIME-OF-USE SAVINGS \$193.58.

**ACTUAL DEMAND 837 POWER FACTOR 90% BILLING DEMAND 837

KWH CONSUMPTION	
MON-FRI	OTHER
2PM-7PM	HOURS
54,600	303,600

FOR MAXIMUM SAVINGS, SHIFT YOUR ELECTRIC USAGE TO TIMES OTHER THAN
2PM TO 7PM MON-FRI THROUGH SEPTEMBER 30TH.

***** FINAL BILLING FOR THIS ADDRESS - DUE UPON RECEIPT. *****

THE CURRENT BILLING PERIOD COVERS 25 DAYS OF SERVICE. YOUR AVERAGE DAILY COST WAS \$1,023.46 PER DAY.
REPORT POWER OUTAGE 405-272-9595 BUSINESS CUSTOMER SERVICE 888-988-9747 WWW.OGE.COM

PORTION 01

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT **F**

	ACCOUNT NUMBER	AMOUNT DUE IF PAYMENT IS NOT RECEIVED BY DUE DATE	CURRENT BILL DUE DATE	TOTAL AMOUNT DUE
	128366322-5	25,586.59	SEE ABOVE	25,586.59

Lend-A-Hand
Amount

Total
Amount Paid

MAKE CHECKS PAYABLE TO OG&E

EMBASSY SUITES
BANKRUPTCY CLERK M223
P.O. BOX 321
OKLAHOMA CITY OK 73101-0321

PO BOX 24990
OKLAHOMA CITY OK
73124-0990

OG&E ELECTRIC SERVICES

A MESSAGE OF INTEREST TO CUSTOMERS

The last thing OG&E wants to do is cut off a customer's electric service . . . especially if that customer has a good payment record. If a payment problem occurs, and you receive a Cut Off or Shut Off Notice, there are certain options listed on the notice that are available to you.

Should you receive an OG&E Cut Off or Shut Off notice, feel free to call the Customer Service phone number on the front of your electric bill. By calling that number you can quickly receive account information, including records of payments and electric use. You can also find out about OG&E's deferred payment plan and other programs designed to help keep service on, as well as the names of government or social agencies with programs that might be able to help you. OG&E's customer service representatives are available each business day, and our automated information system is available to you 24 hours a day, seven days a week.

If you ever feel there may have been a mistake in calculating your bill, call OG&E. Your service will remain on until the company can complete a thorough check.

EMPLOYEE IDENTIFICATION

Our authorized representatives carry Company identification with a photograph. Please do not hesitate to ask for identification before admitting an employee to your premises. Even then, if you have any doubts, call OG&E.

HOW TO READ YOUR ELECTRIC METER

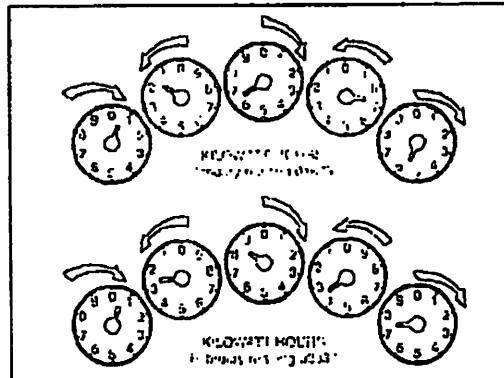
You can learn to read your electric meter and it's really not hard once you know how. By being able to read your own meter, you can keep track of how much electricity you are using during a given period of time, such as the "from" and "to" service dates on your bill.

Some meters have four dials, but most have five so our illustration will show the more common five dial meter. (A small number of customers now have meters with numbers that turn like those on digital clocks.)

First, look at the meter illustration. The dials are read in order from left to right. Notice that on the five dial meter, the first, third and fifth hands turn clockwise and the second and fourth turn counter-clockwise. To read your meter, read the number on each dial the hand is pointing to. If the hand is between numbers, read the lowest number the hand has just passed.

We see from the position of the hands in the illustration that the January reading was 01675 kilowatt-hours (KWH) and the February reading was 02837. By subtracting the January reading from the February reading we find that the difference is 1162 . . . which means that 1162 KWH were used during that month.

Some meter readers can read a meter as quickly as they can tell time by looking at a clock with hands. You may never get that fast, but with a little effort, your results can be as accurate.



WHEN YOU PROVIDE A CHECK AS PAYMENT, YOU AUTHORIZE US EITHER TO USE INFORMATION FROM YOUR CHECK TO MAKE A ONE-TIME ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT OR TO PROCESS THE PAYMENT AS A CHECK TRANSACTION.

SAVE TIME

USE E-Z PAY THE EASY AUTOMATIC WAY TO PAY YOUR ELECTRIC BILL. (CALL OG&E FOR DETAILS)

OR

PAY BY MAIL SIMPLY RETURN THIS PORTION OF YOUR BILL WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.

**ELECTRIC SERVICE BILL**

RETAIN FOR YOUR RECORDS

CUSTOMER NAME				SERVICE ADDRESS		
EMBASSY SUITES				2401 CONFERENCE CENTER DR		
* BILLING PERIOD		METER READING		METER CONSTANT	KILOWATT HOURS	ACCOUNT NUMBER
FROM	TO	PREVIOUS	PRESENT			
06/02/2016	06/26/2016	36705	41201	80	359680 F	128366336-5

LAST PAYMENT CREDITED \$30,243.67 ON 08/08/2016.

POWER AND LIGHT TIME OF USE SECONDARY RATE

CUSTOMER CHARGE	63.50
ENERGY CHARGE	10,449.24
DEMAND CHARGE - SEE BELOW **	4,063.82
COGENERATION CREDIT	178.00CR
TOU FUEL ON PEAK AMT @ \$0.042644/KWH	2,439.24
TOU FUEL OFF PEAK AMT @ \$0.021146/KWH	6,396.24

CHARGE FOR ELECTRIC SERVICE	23,234.04
FRANCHISE FEE	697.02
SALES TAX	2,093.97
FINAL BILL	26,025.03

TOTAL AMOUNT DUE **26,025.03**

TIME-OF-USE SAVINGS \$3.97.

**ACTUAL DEMAND 842 POWER FACTOR 89% BILLING DEMAND 851

KWH CONSUMPTION	
MON-FRI	OTHER
2PM-7PM	HOURS
57,200	302,480

FOR MAXIMUM SAVINGS, SHIFT YOUR ELECTRIC USAGE TO TIMES OTHER THAN 2PM TO 7PM MON-FRI THROUGH SEPTEMBER 30TH.

***** FINAL BILLING FOR THIS ADDRESS - DUE UPON RECEIPT. *****

THE CURRENT BILLING PERIOD COVERS 26 DAYS OF SERVICE. YOUR AVERAGE DAILY COST WAS \$1,041.00 PER DAY.
REPORT POWER OUTAGE 405-272-9595 BUSINESS CUSTOMER SERVICE 888-988-9747 WWW.OGE.COM

PORTION 01

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT **F**

	ACCOUNT NUMBER	AMOUNT DUE IF PAYMENT IS NOT RECEIVED BY DUE DATE	CURRENT BILL DUE DATE	TOTAL AMOUNT DUE
	128366336-5	26,025.03	SEE ABOVE	26,025.03

Lend-A-Hand
AmountTotal
Amount Paid

MAKE CHECKS PAYABLE TO OG&E

EMBASSY SUITES
BANKRUPTCY CLERK M223
P.O. BOX 321
OKLAHOMA CITY OK 73101-0321

PO BOX 24990
OKLAHOMA CITY OK
73124-0990

OG&E ELECTRIC SERVICES

A MESSAGE OF INTEREST TO CUSTOMERS

The last thing OG&E wants to do is cut off a customer's electric service . . . especially if that customer has a good payment record. If a payment problem occurs, and you receive a Cut Off or Shut Off Notice, there are certain options listed on the notice that are available to you.

Should you receive an OG&E Cut Off or Shut Off notice, feel free to call the Customer Service phone number on the front of your electric bill. By calling that number you can quickly receive account information, including records of payments and electric use. You can also find out about OG&E's deferred payment plan and other programs designed to help keep service on, as well as the names of government or social agencies with programs that might be able to help you. OG&E's customer service representatives are available each business day and our automated information system is available to you 24 hours a day seven days a week.

If you ever feel there may have been a mistake in calculating your bill call OG&E. Your service will remain on until the company can complete a thorough check.

EMPLOYEE IDENTIFICATION

Our authorized representatives carry Company identification with a photograph. Please do not hesitate to ask for identification before admitting an employee to your premises. Even then, if you have any doubts, call OG&E.

HOW TO READ YOUR ELECTRIC METER

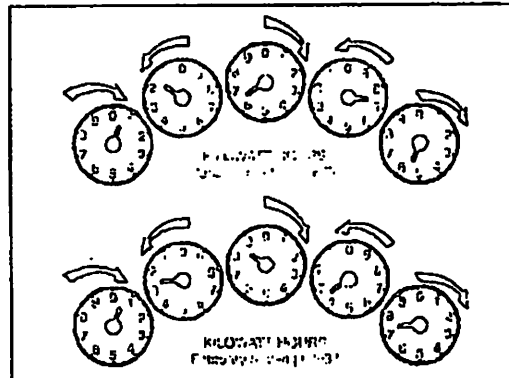
You can learn to read your electric meter and it's really not hard once you know how. By being able to read your own meter, you can keep track of how much electricity you are using during a given period of time such as the "from" and "to" service dates on your bill.

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SAVE TIME

USE E-Z PAY THE EASY AUTOMATIC WAY TO PAY YOUR ELECTRIC BILL. (CALL OG&E FOR DETAILS)

OR

PAY BY MAIL SIMPLY RETURN THIS PORTION OF YOUR BILL WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.

PAYMENT BOND

Date: 11/6/2008

Account

Number 128366322, 128366336

Bond Number 105181029

Know All Men By These Presents:

That JOH-NORMAN DEVELOPMENT, LLC of NORMAN, OKLAHOMA hereinafter called the Principal, and Travelers Casualty and Surety Company of America of Hartford, Connecticut, Hereinafter called the Surety, are firmly bound unto Oklahoma Gas and Electric Company, 321 N. Harvey Avenue Attn: Active Credit M223, Oklahoma City, Oklahoma, hereinafter called the Oblige, in the sum of \$237,268.00 TWO HUNDRED THIRTY SEVEN THOUSAND TWO HUNDRED SIXTY EIGHT DOLLARS for which payment well and truly to be made we do hereby bind ourselves, as Principal and Surety, jointly and severally, our heirs, executors, administrators, assigns, successors, and trustees, firmly by these presents.

Whereas, the Principal has contracted for and shall receive from the Oblige Electric service at his business or establishment located at the following address (es):

JOH-NORMAN DEVELOPMENT, LLC

2401 & 2501 CONFERENCE CENTER DR NORMAN OKLAHOMA

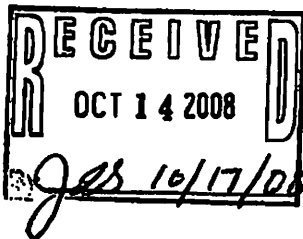
(which address shall include any adjacent or nearby premises used in connection therewith and any and all additional locations and/or premises that the Principal herein may receive electric service.)

Now, Therefore, the conditions of the foregoing obligation are such that if the Principal shall promptly pay for such service upon the respective dates when payment therefor becomes due then this obligation shall be void; otherwise to remain in full force and effect.

The following conditions are hereby made a part of this bond:

1. The aggregate liability of the Surety for all or any defaults of the Principal hereunder shall not exceed the penal sum of the bond.
2. No extension of time for payment and no waiver of any default of principal by Oblige nor any failure to give notice to Surety of nonpayment shall operate to relieve Surety of liability for services rendered to Principal while this bond is effective.
3. This bond may be canceled by the Surety at any time by giving sixty (60) days prior written notice to the Oblige but no such cancellation shall relieve Surety of liability for payment for services rendered prior to the effective date of such cancellation.

Signed, Sealed and Dated this 8TH day of October, 2008.



JOH-NORMAN DEVELOPMENT, LLC

Principal

By: Jacqueline A. Rowley

Travelers Casualty and Surety Company of America

Surety

By: Kellie Turner

Kellie Turner, Attorney-In-Fact

JOH-NORMAN DEVELOPMENT, LLC



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
St. Paul Fire and Marine Insurance Company

St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 218716

Certificate No. 002595738

KNOW ALL MEN BY THESE PRESENTS: That Seaboard Surety Company is a corporation duly organized under the laws of the State of New York, that St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

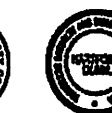
Barbara A. Thompson, Carolyn E. Wheeler, Novetta M. Anderson, Kellie Turner, Leslie M. Patterson, and Loretta M. Jones

of the City of Knoxville, State of Tennessee, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 31st day of May, 2007.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
St. Paul Fire and Marine Insurance Company

St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut
City of Hartford ss.

By:

George W. Thompson
George W. Thompson, Senior Vice President

On this the 31st day of May, 2007, before me personally appeared George W. Thompson, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2011.



Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such power of attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kori M. Johanson, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 8th day of October, 2008.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER


Kori M. Johanson, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

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: 109
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: \$51611.62

Secured claimed: \$51611.62

History:

[Details](#) [109-1](#) 10/10/2016 Claim #109 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$237878.00 (Marshall, Terri)

[Details](#) [109-2](#) 07/14/2017 Amended Claim #109 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$51611.62 (Marshall, Terri)

Description: (109-1) Issuance of Surety Bond (16-21180)
(109-2) Payment of claim on Surety Bond (16-21180)

Remarks: (109-1) KSB Filed 10/6/16; ECF by Claims Agent 10/10/2016
(109-2) 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

Total Amount Claimed*	\$51611.62
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	\$51611.62	
Priority		
Administrative		

Fill in this information to identify the case:

Debtor 1 JQH- Norman Development, LLC

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of Kansas

Case number 16-21180

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?

Laura Murphy-Sr. Claim 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 Ct ID
00072

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? \$ 237,878.00. 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ 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).

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 05/28/2016
MM / DD / YYYY

Laura 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

Insured Name	Bond #	Limit	Obligee Name
JQH NORMAN DEVELOPMENT LLC	105181041	\$610.00	OKLAHOMA NATURAL GAS
JQH NORMAN DEV LLC	105181029	\$237,268.00	OKLAHOMA GAS AND ELECTRIC COMPANY

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	Claim No: 109 <i>Original Filed</i> Date: 10/10/2016 <i>Original Entered</i> Date: 10/10/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
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Amount claimed: \$237878.00				
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History:

<u>Details</u>	<u>109-1</u>	10/10/2016	Claim #109 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$237878.00 (Marshall, Terri)
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Description: (109-1) Issuance of Surety Bond (16-21180)

Remarks: (109-1) 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*	\$237878.00
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		