Fill in this information to identify the case:					
Debtor 1	East Peoria Catering Co, Inc.				
Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the: District of Kansas					
Case number	16-21181				



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.

Who is the current creditor?	Name of the curre	asualty & Surety Co ent creditor (the person or el creditor used with the debto	ntity to be paid for this cla	aim)			
Has this claim been acquired from someone else?	No Yes. From	whom?					
Where should notices	Where should	notices to the creditor	be sent?	Where should payments to the creditor be sent? (if different)			
and payments to the creditor be sent?	Laura Muro	hy-Sr. Claim Couns	el	amorony			
Federal Rule of	Name	.,		Name			
Bankruptcy Procedure (FRBP) 2002(g)	One Tower Square   S102A						
	Number S	treet		Number	Street		
	Hartford	CT	06183	-		710.0-4	
	City	State	ZIP Code	City	State	ZIP Code	
	Contact phone	860.277.0328		Contact phone			
	Contact email	Immurphy@travele	ers.c	Contact email			
	Uniform claim ide	entifier for electronic paymer	nts in chapter 13 (if you u	use one): 	<del>-</del>		
Does this claim amend one already filed?	☑ No ☐ Yes. Clair	n number on court claim	s registry (if known) _		Filed on	O / YYYY	
Do you know if anyone else has filed a proof of claim for this claim?		made the earlier filing?			IOH	Ctl ID	

Official Form 410 Proof of Claim

page 1

<b>i</b> .	Do you have any number you use to identify the debtor?	er No 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?	\$1,000.00. 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).					
	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.					
	Is all or part of the claim secured?	□ No □ Yes. The claim is secured by a lien on property.					
	0000.001	Nature of property:					
		Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i>					
		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					
		Amount necessary to cure any default as of the date of the petition: \$					
		According to the American American State (when some state)					
		Annual Interest Rate (when case was filed)%  ☐ Fixed					
		☐ Variable					
11	). Is this claim based on a	☑ No					
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.					
	1. Is this claim subject to a right of setoff?	☑ No					

12	. Is all or part of the claim	☑ No							
	entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check a	all that apply:				Amount entitled to priority		
	A claim may be partly priority and partly	Domestic 11 U.S.C	\$						
	nonpriority. For example, in some categories, the law limits the 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).							
	,	bankrupt	salaries, or commissions (up to s cy petition is filed or the debtor's . § 507(a)(4).	\$12,475*) earned withing business ends, which	in 180 days never is earl	before the ier.	\$		
		☐ Taxes or	penalties owed to governmenta	l units. 11 U.S.C. § 50	7(a)(8).		\$		
		☐ Contribut	tions to an employee benefit pla	n. 11 U.S.C. § 507(a)(	5).		\$		
		Other. Sp	pecify subsection of 11 U.S.C. §	507(a)() that applie	es.		\$		
		* Amounts ar	e subject to adjustment on 4/01/16 a	and every 3 years after the	at for cases b	egun on or afte	r the date of adjustment.		
_	Sim Polou								
	Part 3: Sign Below	-							
	The person completing his proof of claim must	Check the approp							
5	sign and date it.	I am the cred							
	FRBP 9011(b).		ditor's attorney or authorized ago		Dula 200	·A			
	f you file this claim electronically, FRBP		tee, or the debtor, or their author			14.			
	5005(a)(2) authorizes courts	☐ I am a guara	antor, surety, endorser, or other	codebior. Bankrupicy	Rule 3003.				
to establish local rules specifying what a signature I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the						that when calculating the			
	S.	amount of the cla	im, the creditor gave the debtor	credit for any paymer	nts received	toward the d	ebt.		
. 1	A person who files a raudulent claim could be ined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
1	mprisoned for up to 5 ears, or both.	I declare under n	enalty of perjury that the forego	ing is true and correct.					
	18 U.S.C. §§ 152, 157, and 3571.	r deciare ander p	128 120 IL	<b>g</b>					
	337 1.	Executed on date	09/28/2016 MM/DD/ YYYY						
		Jou	re M. Murph	<b>1</b>					
		Signature		J					
		Print the name	of the person who is completi	ng and signing this (	claim:				
		Name	Laura M. Murphy First name	Middle name		Last name			
		Title	Senior Counsel						
!		Company	Travelers Casualty & S Identify the corporate servicer as	urety Company of the company if the autho	America	a servicer.			
		Address	One Tower Square   S1	02A					
			Number Street						
			Hartford		CT	06183			
			City		State	ZIP Code			
		Contact phone	860-277-0328	_	Email	Immurph	ny@travelers.com		
		•				_			

Insured Name	Bond #	Limit	t	Obligee Name	
EAST PEORIA CATERING CO, INC.		104976169	\$500.00	City of Peoria	
EAST PEORIA CATERING COMPANY DBA RIVERFRONT					
CONF. CTR.		104976170	\$500.00	City of Peoria	

## 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: (8581255)Claim No: 111 Status: TRAVELERS CASUALTY Original Filed Filed by: CR & SURETY COMPANY OF Date: 10/10/2016 Entered by: Terri Marshall Modified: **AMERICA** Original Entered LAURA MURPHY - SR. Date: 10/10/2016 COUNSEL ONE TOWER SQUARE / S102A HARTFORD, CT 06183 Amount claimed: \$1000.00

History:

Details
10/10/2016 Claim #111 filed by TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA, Amount claimed: \$1000.00 (Marshall, Terri )

Description: (111-1) Issuance of Surety Bond (16-21181)

Remarks: (111-1) 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

Total Amount Claimed*	\$1000.00
<b>Total Amount Allowed*</b>	

<sup>\*</sup>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		