Fill in	this	information	to	identify	the	case:
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Debtor 1 John Q. Hammons Fall 2006, LLC, et al

Debtor 2 (Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-21142

1 Kansas City Ks SEP 30 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?		or (the person or e	, Inc. entity to be paid for this clai or			
2.	Has this claim been acquired from someone else?	Mo					
3.	Where should notices and payments to the creditor be sent?	Where should notice			Where should pay different)	ments to the creditor	be sent? (if
	Federal Rule of	Rebecca N. Casill	as/inational L	Jistributing	Name		
	Bankruptcy Procedure	5920 Office Blvd.			Ranc		
	(FRBP) 2002(g)	Number Street			Number Street		
		Albuquerque	NM	87109			
		City	State	ZIP Code	City	State	ZIP Code
		Contact phone 505-34	5-4492		Contact phone		
				NATDISTCO.com	·		_
			electronic payme	nts in chapter 13 (if you use	e one): 		
4.	Does this claim amend one already filed?	☑ No☑ Yes. Claim numbe	r on court claim	s registry (if known)		Filed on) / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ❑ Yes. Who made th	e earlier filing?	<u>.</u>		JQH	Cti ID
						Lainia) 004	間加盟期 078



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: 102514
7. How much is the claim?	\$787.59. 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).
3. 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.
	Sale of alcoholic beverages
). Is all or part of the claim secured?	
Jeculeur	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: New Mexico Liquor License No. 2514
	Basis for perfection:1978 NMSA 60-6B-3 Statutory Lien
	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: \$300,000.00
	Amount of the claim that is secured: \$787.59
	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: \$ 787.59
	Annual Interest Rate (when case was filed) 0.00 %
	Fixed
0. Is this claim based on a	No 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?	Yes. Identify the property:

12. Is all or part of the claim	No No	
entitled to priority under 11 U.S.C. § 507(a)?	Ses. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
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).	\$
	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	er 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 ZI 20110 ממ Signature

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

Name	Rebecca	N.		Casillas	
	First name	Middle name		Last name	
Title	Accounts Receivable	Manager			
Company	National Distributing (Company, Inc.			
	Identify the corporate servicer a	as the company if the authorize	ed ageni	is a servicer.	
Address	5920 Office Blvd. N	IE			
Address	5920 Office Blvd. N Number Street	IE		······································	
Address			NM	87109	
Address	Number Street	Ν	NM State	87109 ZIP Code	

Case 16-21 Official Form 410

Case 16-21142 Claim 115-1

Filed 10/10/16 De Proof of Claim

Desc Main Document



NATIONAL DISTRIBUTING CO, INC. 41



D 1000 WOODWARD PL NE

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Т ALDUQUERQUE NES .97102 (505)-245-7100 SPECIAL INSTRUCTIONS:

DELIVERY NOTES: 8AN-10AN/2PM-5PH DEL 5920 OFFICE BLVD. ALBUQUERQUE, MM. 97109 CUST. SERVICE 1-800-954-3526

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	VENDOR	ID NUMB		invok avo 1	JE TYPE CO	DUE DATE 07/22/16

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X535	CANYON ROAD MERLOT		7501	12	1		66.00	18.00	48.00	4.00	48.00
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NATIONAL DISTRIBUTING CO, INC. 35



D 1990 WODDWARD PL NE

T O ALBUQUERQUE NN 87102 (505)-245-7100 SPECIAL INSTRUCTIONS:

DELIVERY NOTES:

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8AN-10AN/2PN-SPN DEL

5920 OFFICE BLVD. ALBUQUERQUE, NN. 87109 CUBT. SERVICE 1-800-354-3526

35	CUSTOMER NO.			stomer P.	INVOICE NUMBER	
INVOICE	10251	4				1944084
	ORDER NO) PER	MIT / LIC	ENSE NO.	TYPE	INVOICE DATE
		2514	ł		ALL	06/24/16
	ROUTE	STOP	DOPERA	TION DATE		TERMS
	585	007	\$6/3	0/16	NET 3	DAYS
SHIPMENT NO.	DIV. NO. SALE	B NO DIV.	NO. SALE	B NO DIV.	NO. SALES N	DIV. NO. SALES NO.
37761	1110	2	1110	2	11102	11102
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				Invoi	C#	07/24/16

	1						** PRIN	TED 2016 0		2:51:01		
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DA	IVER ON REC	EIPT OF GOODS								ET.		•
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60-6B-3. Wholesaler's lien.

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The transfer, assignment, sale or lease of any license shall not be approved until the director is satisfied that all wholesalers who are creditors of the licensee have been paid or that satisfactory arrangements have been made between the licensee and the wholesaler for the payment of such debts. Such debts shall constitute a lien on the license, and the lien shall be deemed to have arisen on the date when the debt was originally incurred.

Case 16-21142 Claim 115-1 Filed 10/10/16 Desc Main Document Page 6 of 6

District of Kansas Claims Register

16-21142 John Q. Hammons Fall 2006, LLC

	Judg	ge: Robert	D. Berger	Cha	apter: 11	
	Offi	ce: Kansas	City	Las	st Date to file claims: 12/2	23/2016
	Trus	stee:		Las	st Date to file (Govt):	
Creditor: NATIONA CO INC 5920 OFF ALBUQUI 87109	L DIST	VD NE	Claim No: 11 Original Filed Date: 10/10/20 Original Enter Date: 10/10/20)16 ed	<i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall	
Amount	claime	d: \$787.59				
Secured	claime	d: \$787.59				
History:						
<u>Details</u>	<u>115-</u> <u>1</u>				 NATIONAL DISTRIBUTING Marshall, Terri) 	CO INC, Amount
Descriptic	<i>n:</i> (115	-1) goods s	old			
Remarks:	(115-1) KSB Filed	9/30/16; ECF	by C	laims 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*	\$787.59
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	\$787.59	
Priority		
Administrative		