

Fill in this information to identify the case:

Debtor 1 John Q. Hammons Fall 2006, LLC, et al
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: District of Kansas
Case number 16-21142

FILED
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? National Distributing Company, Inc.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Where should notices to the creditor be sent?
Rebecca N. Casillas/National Distributing
Name
5920 Office Blvd. NE
Number Street
Albuquerque NM 87109
City State ZIP Code
Contact phone 505-345-4492
Contact email Rebecca.Casillas@NATDISTCO.COM
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? _____

JOH Ctl ID
1621142-115-1
00078

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: 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).

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.
Sale of alcoholic beverages

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: 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: \$ 0.00 (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
 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 09 21 2016
MM / DD / YYYY


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 as the company if the authorized agent is a servicer.

Address 5920 Office Blvd. NE
Number Street

Albuquerque NM 87109
City State ZIP Code

Contact phone 505-345-4492 Email Rebecca.Casillas@NATDISTCO.co

S O EMBASSY SUITES-RESTAURANT
L
D

1000 WOODWARD PL NE

T ALBUQUERQUE NM 87102
O (505)-245-7100

SPECIAL INSTRUCTIONS:

DELIVERY NOTES:
8AM-10AM/2PM-5PM DEL



NATIONAL DISTRIBUTING CO., INC.

5920 OFFICE BLVD.
ALBUQUERQUE, NM. 87109
CUST. SERVICE 1-800-354-3526

41
INVOICE



CUSTOMER NO. 102514		CUSTOMER P.O. NUMBER		INVOICE NUMBER 1942842
ORDER NO. 2514	PERMIT / LICENSE NO. ALL	TYPE	INVOICE DATE 06/22/16	
ROUTE 364	STOP 002	EXPIRATION DATE 06/30/16	TERMS NET 30 DAYS	
SHIPMENT NO. 37718	DIV. NO. SALES NO. 11102	DIV. NO. SALES NO. 11102	DIV. NO. SALES NO. 11102	DIV. NO. SALES NO. 11102
VENDOR ID NUMBER		INVOICE TYPE Invoice	DUE DATE 07/22/16	

PRINTED 2016 06 21 ## 19:52:31

ITEM NUMBER	LINE LOC. BULK LOC.	DESCRIPTION UPC	SIZE VINTAGE	PACK	CASES	BOTTLES	LIST PRICE	DISCOUNT DEAL #	UNIT COST	NET BOTTLE COST	NET PRICE
251274	FC011	CANYON ROAD CAB 085000016381	750M	12	1		66.00	18.00 111219	48.00	4.00	48.00
251284	R0535	CANYON ROAD MERLOT 085000016367	750M	12	1		66.00	18.00 111219	48.00	4.00	48.00
251269	R0475	CANYON ROAD WHT ZIN 085000016343	750M	12	1		66.00	18.00 111219	48.00	4.00	48.00
476372	D9533A	E&J GALLO COPPERIDGE CAB 085484050000	1.5L	6	1		50.00	12.50 111219	37.50	6.25	37.50
476382	04241B	E&J GALLO COPPERIDGE CHARD 085000004784	1.5L	6	1		50.00	12.50 111219	37.50	6.25	37.50
476992	11163A	E&J GALLO COPPERIDGE MERLOT 085000004475	1.5L	6	1		50.00	12.50 111219	37.50	6.25	37.50
476402	12454B	E&J GALLO COPPERIDGE WHT ZIN 085000004542	1.5L	6	1		50.00	12.50 111219	37.50	6.25	37.50
6520	02233B	WOODFORD RSV BBN 90.4 681128022280	1L	6		1	40.99	.40 111124	40.59	40.59	40.59

To help NDC be more environmentally friendly, please help by consolidating your deliveries.

LITERS / GALLONAGE		
LIQUOR LITERS / GALS.	WINE LITERS / GALS.	BEER LITERS / GALS.
1.00	63.00	
HIGH WINE LITERS / GALS.	LOW WINE LITERS / GALS.	HYBRIDS LITERS / GALS.
	63.00	

RETURN CODES:
A-Out of Stock
B-Picking Error
C-Too Early/Too Late
D-Changed on Truck
E-No Money
F-Office Cancel
G-Defective
H-Not on Truck
I-Old not order
J-Picking Error
K-Out of Business
L-Duplicate
M-Work order not submitted

7 1 61 / 61
CHECK # _____
CHECK AMOUNT _____
DATE: TIME:

ACCEPTED
RECEIVED BY *X Audra [Signature]*
I, on the license, agent of this license, or employee thereof of the business accept the merchandise shown on the invoice and certify that to the best of my knowledge there has been no change in ownership of this business without notification to the State Alcohol Board and is the holder of an effective permit/licenses. There will be a service charge for any disbursed check. We are not responsible for handling, loss, or damage to merchandise after delivery or acceptance by the customer.

SUB-TOTAL	334.59
TOTAL	334.59
PAGE 1	

ALL CLAIMS MUST BE MADE TO DRIVER ON RECEIPT OF GOODS

16-21142

115-1 Filed 10/10/16 Desc Mark [Signature]

Page 4 of 6
DRIVER SIGNATURE

S
O EMBASSY SUITES-RESTAURANT
L
D

1000 WOODWARD PL NE

T ALBUQUERQUE NM 87102

(505)-245-7100
SPECIAL INSTRUCTIONS:

DELIVERY NOTES:
SAT-10AM/2PM-5PM DEL



NATIONAL DISTRIBUTING CO., INC.

35
INVOICE

5920 OFFICE BLVD.
ALBUQUERQUE, NM 87109
CUST. SERVICE 1-800-354-3526



CUSTOMER NO. 102514		CUSTOMER P.O. NUMBER		INVOICE NUMBER 1944084
ORDER NO. 2514	PERMIT / LICENSE NO. ALL	TYPE	INVOICE DATE 06/24/16	
ROUTE 585	STOP 007	EXPIRATION DATE 06/30/16	TERMS NET 30 DAYS	
SHIPMENT NO. 37761	DIV. NO. SALES NO. 11102	DIV. NO. SALES NO. 11102	DIV. NO. SALES NO. 11102	DIV. NO. SALES NO. 11102
VENDOR ID NUMBER		INVOICE TYPE Invoice	DUE DATE 07/24/16	

** PRINTED 2016 06 23 ** 19:51:01

ITEM NUMBER	LINE LOC. BULK LOC.	DESCRIPTION UPC	SIZE VINTAGE	PACK	CASES	BOTTLES	LIST PRICE	DISCOUNT DEAL #	UNIT COST	NET BOTTLE COST	NET PRICE
251264	FC049	CANYON ROAD CHARD	750M	12	1		66.00	18.00	48.00	4.00	48.00
1		085000016374						111219			
251290	R0683	CANYON ROAD P BRIBIO	750M	12	1		66.00	18.00	48.00	4.00	48.00
2		085000016992						111219			
251263	R0475	CANYON ROAD WHT ZIN	750M	12	1		66.00	18.00	48.00	4.00	48.00
3		085000016343						111219			
62742	04261A	CORBETT CANYON CHARD	1.5L	6	2		56.00	17.00	39.00	6.50	78.00
4		041985312047						111219			
62700	10113B	CORBETT CANYON P BRIBIO	1.5L	6	2		56.00	17.00	39.00	6.50	78.00
5		041985310340						111219			
62782	04351B	CORBETT CANYON WHT ZIN	1.5L	6	2		56.00	17.00	39.00	6.50	78.00
6		041985313143						111219			
476372	09533A	E&J GALLO COPPERIDGE CAB	1.5L	6	1		50.00	12.50	37.50	6.25	37.50
7		085484050000						111219			
476392	11163A	E&J GALLO COPPERIDGE MERLOT	1.5L	6	1		50.00	12.50	37.50	6.25	37.50
8		085000009475						111219			

To help NDC be more environmentally friendly, please help by consolidating your deliveries.

LITERS - GALLONAGE		
LIQUOR LITERS / GALS.	WINE LITERS / GALS.	BEER LITERS / GALS.
	99.00	
HIGH WINE LITERS / GALS.	LOW WINE LITERS / GALS.	SPARKLING LITERS / GALS.
	99.00	

RETURN CODES:
 A-Out of Stock
 B-Picking Error
 C-The End/Too Late
 D-Damaged on Truck
 E-No Money
 F-Other Cancel
 H-Duplicate
 I-Not on Truck
 J-Not on Truck

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ACCEPTED
 RECEIVED BY *[Signature]*
 I, as the licensee, agent of the licensee, or employee thereof of the business accept the merchandise shown on the invoice and certify that to the best of my knowledge there has been no change in ownership of this business without notification to the State Alcohol Board and to the holder of an effective permit/license. There will be a service charge for any detached check. We are not responsible for breakage, loss, or damage to merchandise after delivery or acceptance by Common Carrier.

84 / 84
 CHECK #
 CHECK AMOUNT
 DATE: 6-24 TIME:
 PAGE 1

SUB-TOTAL	453.00
TOTAL	453.00

ALL CLAIMS MUST BE MADE TO
DRIVER ON RECEIPT OF GOODS

SIGNATURE COPY

60-6B-3. Wholesaler's lien.

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.

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> (8510426) NATIONAL DISTRIBUTING CO INC 5920 OFFICE BLVD NE ALBUQUERQUE NM 87109	Claim No: 115 <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: \$787.59			
Secured claimed: \$787.59			

History:

Details	115-1	10/10/2016 Claim #115 filed by NATIONAL DISTRIBUTING CO INC, Amount claimed: \$787.59 (Marshall, Terri)
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Description: (115-1) goods sold

Remarks: (115-1) KSB Filed 9/30/16; 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*	\$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		