

Fill in this information to identify the case:

Debtor name: JQH-Rogers Convention Center Development LLC
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (if known): 16-21199

See Appendix A to bar date notice for list of debtors and case numbers.

ID: 1201
FOODSERVICE EQUIP BROKERS
345 S 40TH ST
SPRINGDALE, AR 72762-4839

RECEIVED

OCT 17 2016

BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
THIS SPACE IS FOR COURT USE ONLY

04/16

Official Form 410

Proof of Claim

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, except for administrative expenses under 11 U.S.C. § 503(b)(9).

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.

The original of this completed form (faxes not accepted), together with accompanying documentation, must be either (a) delivered to the Claims and Noticing Agent at the address set forth on the Bar Date Notice, or (b) filed using the online Document Filing System (CM/ECF) of the United States Bankruptcy Court for the District of Kansas, in either event so as to be received no later than 5:00 p.m. CST on the December 23, 2016.

Part 1: Identify the Claim

1. Who is the current creditor?
Foodservice Equipment Brokers, Inc.
Name of the current creditor (the person or entity to paid for this claim)
Other name the creditor used with the debtor: N/A

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)
Foodservice Equipment Brokers Inc. Foodservice Equipment Brokers, Inc.
Name Name
345 S. 40th Street 345 S. 40th Street
Number Street Number Street
Springdale, AR 72762 Springdale, AR 72762
City State ZIP Code City State ZIP Code
Contact phone 479-751-1217 Contact phone 479-751-1217
Contact email a.hemmer@febcorp.com Contact email a.hemmer@febcorp.com
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? _____

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: _____

00-EMB100

7. How much is the claim? \$ 111.54. 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.

Equipment / Smallwares

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:

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

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. §507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? No Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ 111,54
Invoice #0193878 attached

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 10-12-2016
MM / DD / YYYY

Karen L. Robbins
Signature

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

Name Karen L. Robbins
First name Middle name Last name

Title President

Company Foodservice Equipment Brokers, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 375 S. 40th Street
Number Street

Springdale Arkansas 72702
City State ZIP Code

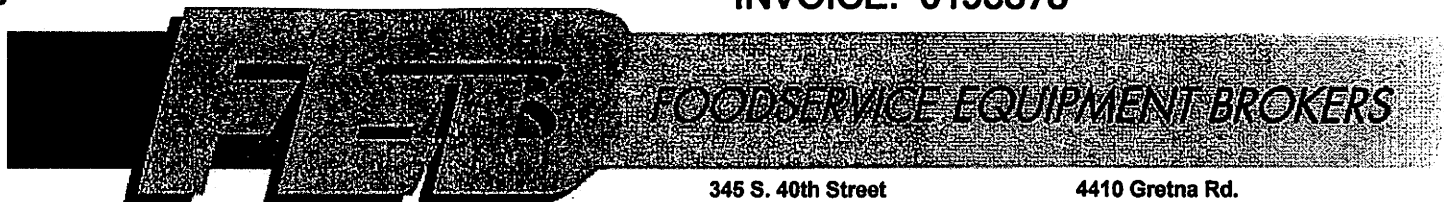
Contact phone 479-751-1217 Email _____



39363467001201

FOODSERVICE EQUIP BROKERS
345 S 40TH ST
SPRINGDALE, AR 72762-4839

INVOICE: 0193878



Salesperson: COUNTER - SPRINGDALE
 Customer No: 00-EMB100

345 S. 40th Street
 Springdale, AR 72762
 Ph. 479-751-1217
 Fax 479-751-4274

4410 Gretna Rd.
 Branson, MO 65616
 Ph. 417-334-2552
 Fax 417-334-2858

Invoiced By: EC
 Order Number:
 Order Date

Visit our website at www.febscorp.com

FILE

Sold To:
 JOHN Q. HAMMONS
 dba/EMBASSY SUITES NW. AR
 3303 PINNACLE HILLS PKWY
 ROGERS, AR 72758

Ship To:
 JOHN Q. HAMMONS
 dba/EMBASSY SUITES NW. AR
 3303 PINNACLE HILLS PKWY
 ROGERS, AR 72758

Invoice Date	Customer P.O.	Ship VIA	F.O.B.	Terms	Payment Type		
6/14/2016	856515			NET 10 DAYS	CHG		
Item Code	Unit	Ordered	Shipped	Back Ordered	Price	Disc	Amount
CO-201	EACH	40.00	40.00	0.00	0.27	0.00%	10.80
Can Tapper/Bottle Opener, 4"							
E5605	EACH	1.00	1.00	0.00	7.25	0.00%	7.25
FIRM GRIP MELON BALLER, BLACK							
VM5280BK	EACH	2.00	2.00	0.00	6.70	0.00%	13.40
VERSA MAT INTERLOCKING BAR MAT							
M888	EACH	2.00	2.00	0.00	4.70	0.00%	9.40
MUDDLER,LIGNUM-VITAE,8"LONG,WO							
103-30	EACH	6.00	6.00	0.00	8.95	0.00%	53.70
Cocktail Shaker, 28 oz., red v							
280-1234	EACH	12.00	12.00	0.00	0.59	0.00%	7.08
Wobble Wedges®							

No Returns After 30 Days. Pay from this invoice. PRODUCT(S) RECEIVED IN GOOD CONDITION.

Authorized Signature

Net Invoice: 101.63
 Less Discount: 0.00
 Freight: 0.00
 Sales Tax: 9.91
 Invoice Total: 111.54

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: (8509540) FOODSERVICE EQUIP BROKERS 345 S 40TH STREET SPRINGDALE AR 72762	Claim No: 134 <i>Original Filed</i> Date: 10/20/2016 <i>Original Entered</i> Date: 10/20/2016	Status: <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
---	--	--

Amount claimed: \$111.54				
--------------------------	--	--	--	--

History:

Details	134-	10/20/2016	Claim #134 filed by FOODSERVICE EQUIP BROKERS, Amount claimed: \$111.54 (Marshall, Terri)
	1		

Description: (134-1) Goods sold
Remarks: (134-1) KSB Filed 10/17/16; ECF by Claims Agent 10/20/2016

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*	\$111.54
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		