

Fill in this information to identify the case:

Debtor name: John Q Hammonds Fall 2006 LLC
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (if known): 16-21142 Doc #104

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

ID: 2443
MYERS SUPPLY & CHEMICAL
DEPT 1835
PO BOX 2153
BIRMINGHAM, AL 35287-1835

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

Official Form 410

Proof of Claim

04/16

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?

MYERS Supply INC
Name of the current creditor (the person or entity to paid for this claim)
Other name 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?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

MYERS Supply, INC
Name
831 Third Street
Number Street
Hot Springs AR 71913
City State ZIP Code

MYERS Supply, INC
Name
831 Third Street
Number Street
Hot Springs, AR 71913
City State ZIP Code

Contact phone 501-623-7742

Contact phone 501-623-7742

Contact email AR@myerssupply.com

Contact email AR@myerssupply.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? _____

Correspondence Item:

130

Process Date:

10/13/2016

Image

15 of 18

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:

Embassy - 2470

7. How much is the claim? \$

1896.46

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.

INVOICES 2019549, 2019777, 2019826
2019847

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: _____

Correspondence Item: 130

Process Date: 10/13/2016

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

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 \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. §507(a)(7).

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).

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 4/01/19 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.

\$ 1896.46

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 10-14-2016 MM/DD/YYYY

Signature Judy Myers

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

Name Judy Jo MYERS First name Middle name Last name

Title PRES.

Company MYERS Supply, INC Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 831 Third Street Number Street

Hot Springs, AR 71913 City State ZIP Code

Contact phone 501-623-7742 Email Judy@myerssupply.com



INVOICE

Make Checks Payable to Myers Supply, Inc.
 Remit Payment To: Dept. 1835 P.O. Box 2153
 Birmingham, AL 35287-1835
 H.S. 501-623-7742 Emergency Response #800-255-3924


Sold To
 EMBASSY SUITES HOT SPRINGS
 ATT: ACCOUNTS PAYABLE
 400 CONVENTION BLVD
 HOT SPRINGS AR 71901

Ship To
 EMBASSY SUITES
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 HOT SPRINGS AR 71901

John Q Hammonds Fall 2006 LLC
 Case 16-21142 Doc #104

Customer # 0002470	Order Date 06/02/2016	Sales Order # 2019549	Buyer	Customer P/O #	Ship Via Pick Up	Salesman 85
Invoice # 2019549	Invoice Date 06/02/2016	Ship Date 06/02/16	Freight Terms PREPAID	Job Number	Terms Net 30 Days	

LN	QNTY ORD	QNTY SHIP	QNTY B/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
***** Invoice Message ***** Quote Number Q200154 delivery hours 8 to 5 *****								
1	4	4		WI-86229050	BEARING BLOCK	Ea	40.8113	\$163.25
2	4	4		BEARING	86000900	Ea	33.1489	\$132.60
3	2	2		WI-86305040	GASKET, FLAPPER	Ea	4.5209	\$9.04

Signature Proof of Delivery:

 Gerald Harman 06/02/16 14:46

Pay By 07/02/2016
 Writer: PM

Merchandise	304.89
Freight	0.00
Misc Charges	0.00
Sub Total	304.89
Taxable	304.89
Tax (GA)	28.96
TOTAL	\$333.85

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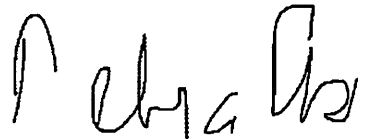
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 400 CONVENTION BLVD
 HOT SPRINGS AR 71901

Customer # 0002470	Order Date 06/09/2016	Sales Order # 2019777	Buyer	Customer P/O #	Ship Via Tr HS2/010	Salesman 85
Invoice # 2019777	Invoice Date 06/10/2016	Ship Date 06/10/16	Freight Terms PREPAID	Job Number	Terms Net 30 Days	

LN	QTY ORD	QTY SHIP	QTY B/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
1	1	1		CUDA2600	CUDA WIDE AREA DUAL MOTOR UPRIGHT VACUUM VIPER Serial # CUDA26-02060	Ea	1194.075	\$1194.08

Signature Proof of Delivery:

 Debra 06/10/16 09:28

Pay By 07/10/2016
 Writer: AJB

Merchandise	1,194.08
Freight	0.00
Shipping & Handling	3.00
Sub Total	1,197.08
Taxable	1,197.08
Tax (GA)	113.72
TOTAL	\$1,310.80

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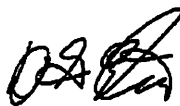
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 400 CONVENTION BLVD
 HOT SPRINGS AR 71901

Customer #	Order Date	Sales Order #	Buyer	Customer P/O #	Ship Via	Salesman
0002470	06/13/2016	2019826			Pick Up	85
Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms	
2019826	06/13/2016	06/13/16	PREPAID		Net 30 Days	

LN	QTY ORD	QTY SHIP	QTY E/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
1	3	3		TP-3302	BLUE FEATHER SO TP96/CS. SMART SOFT	Cs	33.86	\$101.58

Signature Proof of Delivery:

 DAVID CHITTUM 06/13/16 09:49

Pay By 07/13/2016
 Writer: LB

Merchandise	101.58
Freight	0.00
Misc Charges	0.00
Sub Total	101.58
Taxable	101.58
Tax (GA)	9.65
TOTAL	\$111.23

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 400 CONVENTION BLVD
 HOT SPRINGS AR 71901

Customer # 0002470	Order Date 06/13/2016	Sales Order # 2019847	Buyer	Customer P/O # JQH-856530	Ship Via Pick Up	Salesman 85
Invoice # 2019847	Invoice Date 06/20/2016	Ship Date 06/20/16	Freight Terms PREPAID	Job Number	Terms Net 30 Days	

LN	QTY ORD	QTY SHIP	QTY E/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
1	2	2		WI-86008210	SPACER	Ea	16.38	\$32.76
2	1	1		WI-86000740	AXLE	Ea	78.48	\$78.48
3	2	2		WI-86004080	GUARD, THREAD	Ea	8.57	\$17.14

Signature Proof of Delivery:

 Gerald Harman 06/20/16 09:36

Writer: RM

Merchandise	128.38
Freight	0.00
Misc Charges	0.00
Sub Total	128.38
Taxable	128.38
Tax (GA)	12.20
TOTAL	\$140.58

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Pay By 07/20/2016

Writer: RM

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> (8532553) Myers Supply, Inc. 831 Third Street Hot Springs, AR 71913	Claim No: 142 <i>Original Filed</i> Date: 10/20/2016 <i>Original Entered</i> Date: 10/20/2016	<i>Status:</i> Filed by: CR Entered by: Terri Marshall Modified:
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Amount claimed: \$1896.46				
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History:

Details	142-1	10/20/2016	Claim #142 filed by Myers Supply, Inc., Amount claimed: \$1896.46 (Marshall, Terri)
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Description: (142-1) Goods sold
Remarks: (142-1) 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*	\$1896.46
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		