

Fill in this information to identify the case:

Debtor name: John Q. Hammons Fall 2006, LLC, et al. (Jointly Administered)

United States Bankruptcy Court for the District of Kansas at Kansas City

Case number (If known): 16-21142-11

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

RECEIVED

OCT 18 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?

Central Air Conditioning Co LLC

Name of the current creditor (the person or entity to paid for this claim)

Other name the creditor used with the debtor Central Air Conditioning and Plumbing Co LLC

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?

Central Air Conditioning Co LLC

Name

2632 S 83rd Ave, Ste 100-300

Number Street

Phoenix

AZ

85043

City

State

ZIP Code

Contact phone 602-337-2110

Contact email mkersztyn@centralacp.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? \_\_\_\_\_

JQH Ctl ID

10/20/16

**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: \_\_\_\_\_

7. How much is the claim? \$ 12,152.97 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.  
Services performed and water heater installed

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:

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 \$2,850\* 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.

\$ \_\_\_\_\_

\* 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.

\$ \_\_\_\_\_

### 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.

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 10/11/2016  
MM/DD/YYYY

Signature

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

Name Michael J Kersztyn  
First name Middle name Last name

Title President

Company Central Air Conditioning Co LLC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2632 S 83rd Ave, Ste 100-300  
Number Street

Phoenix AZ 85043  
City State ZIP Code

Contact phone 602-377-2110 Email mkersztyn@centralacp.com



**Central**

**Air Conditioning & Plumbing Co. LLC**

2632 S 83rd Ave.  
Ste. 100-300  
Phoenix, AZ 85043  
(602)377-2110  
Service@centralacp.com

# Invoice

**BILL TO**  
Rolando Galindo  
9495 W. Coyotes Blvd  
Glendale, AZ 85305

**SHIP TO**  
Rolando Galindo  
Renaissance Hotel & Spa  
9495 W. Coyotes Blvd  
Glendale, AZ 85305

<b>INVOICE #</b>	<b>DATE</b>	<b>TOTAL DUE</b>	<b>TERMS</b>	<b>ENCLOSED</b>
22159	04/27/2016	\$11,800.00	Due on receipt	

**S.O. NUMBER**  
5047

SERVICE DESCRIPTION	QTY	RATE	AMOUNT
Labor-Replace water heater 100gal gas- Installed a new A O Smith Cyclone mxi modulating to R O s#- 1546M000259	1	11,800.00	11,800.00
<b>BALANCE DUE</b>			<b>\$11,800.00</b>



**ROC 287005 & ROC 297353**

FORMS BY JULY 2015



**Central**

**Air Conditioning & Plumbing Co. LLC**

2632 S 83rd Ave.  
Ste. 100-300  
Phoenix, AZ 85043  
(602)377-2110  
Service@centralacp.com

# Invoice

**BILL TO**  
Rolando Galindo  
9495 W. Coyotes Blvd  
Glendale, AZ 85305

**SHIP TO**  
Rolando Galindo  
Renaissance Hotel & Spa  
9495 W. Coyotes Blvd  
Glendale, AZ 85305

INVOICE #	DATE	TOTAL DUE	TERMS	ENCLOSED
22209	05/17/2016	\$352.97	Due on receipt	

**S.O. NUMBER**  
5134

SERVICE DESCRIPTION	QTY	RATE	AMOUNT
Labor- pool line needs repair. repaired pool line on boiler on left side on 2 1/2 pic line as needed to stop leak.	1	260.00	260.00
Materials-	1	92.97	92.97
<b>BALANCE DUE</b>			<b>\$352.97</b>



# Central

Air Conditioning & Plumbing Co. LLC

602-377-2110  
2632 SOUTH 83RD AVE. SUITE 100-300 PHOENIX, AZ 85043  
[www.centralacp.com](http://www.centralacp.com)  
ROC 287005 & ROC 297353

JOB SITE		SOLD TO		Plumbing <input checked="" type="checkbox"/> HVAC <input type="checkbox"/>	
NAME: Renaissance	NAME:	ADDRESS: 9495 W Coyote Blvd	ADDRESS:	Service <input checked="" type="checkbox"/> Maint. <input type="checkbox"/> Quoted <input type="checkbox"/>	
CITY, STATE, ZIP: glendale	CITY, STATE, ZIP:	HOME PHONE:	HOME PHONE:	S.O. <input checked="" type="checkbox"/>	
WORK PHONE:	WORK PHONE:	EMAIL ADDRESS:	EMAIL ADDRESS:	TECHNICIAN: [Signature]	
AUTHORIZATION TO PROCEED WITH DIAGNOSTICS. I, the undersigned, am the owner/ authorized representative of the premises listed herein. I hereby authorize you to perform a diagnosis to determine a solution. I agree that I have read a legible copy of the contract and that I fully understand and agree to all terms and conditions herein and on the reverse side.		AUTHORIZATION TO PROCEED WITH WORK. I hereby authorize you to proceed and perform the below described work at the listed price. I understand that during the process of repair, additional conditions may be discovered that need attention, and may be required to complete repairs to an acceptable level. If I chose not to complete the additional recommended repairs, I agree to pay in full for all services to that point, and will not hold Central Air Conditioning Co. LLC responsible. I agree that the amount set forth on this contract in the space labeled "TOTAL" is the total and complete price. Failure to remit full payment within the terms allowed will be subject to a monthly service charge of 1.5%. In the event that collection efforts are initiated against me, I shall pay for all costs of collection, including all legal fees, court costs, interest charges and any other associated costs.		START DATE: 5-10-11	END DATE:
I agree upon completion to pay for said diagnosis at the listed rate of \$ _____		SIGNATURE: [Signature]		MAKE:	
SIGNATURE: [Signature]				MODEL:	
DIAGNOSIS AND RECOMMENDATIONS/DESCRIPTION OF WORK COMPLETED				S/N:	
Repaired pool line on boiler on left side on 2" PVC line as needed to stop leak				CASH / CHECK <input checked="" type="checkbox"/> D/L <input type="checkbox"/>	
				CREDIT CARD TYPE:	
				AUTHORIZATION #:	
				EMPLOYEE: [Signature]	DATE: 5/10/11
				REG HRS:	260.00
				O/T HRS:	
				RATE:	
				EXTENDED:	
				LABOR CHARGE: 260.00	
				MATERIAL CHARGE: 92.97	572.97
				EQUIPMENT CHARGES: 892.97	
				SERVICE CHARGE:	
				DISCOUNT:	
				SUBTOTAL:	
				TAX:	
				TOTAL: 236.56	809.52
TASKS TOTAL: 92.97					
ACCEPTANCE OF WORK PERFORMED I acknowledge satisfactory completion of the above described work, and that the premises have been left in a satisfactory condition. By the addition of my signature below, I agree that I have read a legible copy of this contract, and that I have read, and fully understand, and agree to the terms herein and on the reverse side.					
SIGNATURE: [Signature]					



# 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> (8508948) CENTRAL AIR CONDITIONING 2632 S 83RD AVENUE SUITES 100 300 PHOENIX AZ 85043	<b>Claim No: 143</b> <i>Original Filed</i> Date: 10/20/2016 <i>Original Entered</i> Date: 10/20/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
Amount claimed: \$12152.97		

**History:**

<a href="#"><u>Details</u></a>	<a href="#"><u>143-</u></a>	10/20/2016	Claim #143 filed by CENTRAL AIR CONDITIONING, Amount claimed: \$12152.97 (Marshall, Terri )
	<a href="#"><u>1</u></a>		

*Description:* (143-1) services performed

*Remarks:* (143-1) KSB Filed 10/18/16; 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

<b>Total Amount Claimed*</b>	\$12152.97
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		