

Fill in this information to identify the case:

Debtor name: JOHN Q HAMMONS FALL 2006, LLC

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

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

ID: 2366
 DATA SOURCE
 PO BOX 4397
 LINCOLN, NE 68504-0397

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

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

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?
DATA SOURCE MEDIA, INC
 Name of the current creditor (the person or entity to paid for this claim)
 Other name the creditor used with the debtor DATA SOURCE

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)

<p>Where should notices to the creditor be sent?</p> <p><u>DATA SOURCE</u> Name</p> <p><u>3505 N. 48th STREET</u> Number Street</p> <p><u>LINCOLN NE 68504</u> City State ZIP Code</p> <p>Contact phone <u>402-466-3342</u></p> <p>Contact email <u>SKORTAN@DSMEDIA.COM</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>DATA SOURCE</u> Name</p> <p><u>PO BOX 4397</u> Number Street</p> <p><u>LINCOLN NE 68504</u> City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email <u>MTALLMAN@DSMEDIA.COM</u></p>
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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: 5795

7. How much is the claim? \$ 1629.68 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.
GOODS SOLD

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

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.

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

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.

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 11 2016
MM / DD / YYYY

Mark H. Tallman
Signature

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

Name MARK H TALLMAN
First name Middle name Last name

Title PRESIDENT

Company DATA SOURCE MEDIA, IDC.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3505 N. 48th STREET
Number Street

LINCOLN NE 68504
City State ZIP Code

Contact phone 402-466-3342 Email MTALLMAN@DSMEDIA.COM



39363467002366

DATA SOURCE
PO BOX 4397
LINCOLN, NE 68504-0397

DATA SOURCE

Technology and Printing Solutions

Data Source
 P.O. Box 4397
 3505 N. 48th Street
 Lincoln, NE 68504

Invoice
 69420

Phone: 1-402-466-3342
 Fax: 1-402-466-0441

Date
 06-13-16

Bill To

EMBASSY SUITES-LAVISTA
 12520 WESTPORT PARKWAY
 ACCOUNTS PAYABLES
 LA VISTA, NE 68128
 Acct# 500937

Ship To

EMBASSY SUITES-LAVISTA
 12520 WESTPORT PARKWAY
 LA VISTA, NE 68128

Invoice #	69420	Ordered By	ALEC KUDRNA	Your PO#	JQH856020
Order Date	06-10-16	Ship Via	UPS Ground	Terms	NET 30; EM INV
Ship Date	06-13-16	Tracking #	1ZV983010323217946		

Part #	Description	Qty Ord	Qty Shp	BkOrd	Price	Ext Price
DSM-CC364A	DSM HP P4014 P4015 P4515 BLACK	1.00	1.00	0.00	69.00	69.00
DSM-CF280X	DSM HP #80X LJ PRO 400 M401 M425	7.00	7.00	0.00	119.00	833.00
DSM-CE390AJ	DSM HP M4555 M601 M602 M603 BLACK	1.00	1.00	0.00	149.00	149.00

Notes & Comments:

Notes & Comments:	Item Total	1,051.00
	Ship Chg	2.00
	Sales Tax	78.98
	Invoice Total	1,131.98

PAST DUE ACCOUNTS WILL BE CHARGED 1.5% PER MONTH FINANCE CHARGE (18% ANNUAL INTEREST)

Fed ID# 47-0652280

DATA SOURCE

Technology and Printing Solutions

Data Source
 P.O. Box 4397
 3505 N. 48th Street
 Lincoln, NE 68504

Invoice
 69190

Phone: 1-402-466-3342
 Fax: 1-402-466-0441

Date
 06-01-16

Bill To
 COURTYARD BY MARRIOTT-LAVISTA
 12560 WESTPORT PARKWAY
 ACCOUNTS PAYABLES
 LA VISTA, NE 68128
 Acct# 15795

Ship To
 COURTYARD BY MARRIOTT-LAVISTA
 12560 WESTPORT PARKWAY
 JENNIFER CLAUSEN
 LA VISTA, NE 68128

Invoice #	69190	Ordered By	Jennifer Clausen	Your PO#	JQH853056
Order Date	05-31-16	Ship Via	BEST WAY	Terms	Net 30 Days
Ship Date	06-01-16	Tracking #	176508400377803159		

Part #	Description	Qty Ord	Qty Shp	BkOrd	Price	Ext Price
DSM-CE390AJ	DSM HP M4555 M601 M602 M603 BLACK	2.00	2.00	0.00	149.00	298.00

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Notes & Comments: PS/E-MAIL/JENNIFER	Item Total	298.00
	Ship Chg	8.00
	Sales Tax	22.95
	Invoice Total	328.95

PAST DUE ACCOUNTS WILL BE CHARGED 1.5% PER MONTH FINANCE CHARGE (18% ANNUAL INTEREST)

Fed ID# 47-0652280

DATA SOURCE

Technology and Printing Solutions

Data Source
 P.O. Box 4397
 3505 N. 48th Street
 Lincoln, NE 68504

Invoice
 69174

Phone: 1-402-466-3342
 Fax: 1-402-466-0441

Date
 06-01-16

Bill To
 COURTYARD BY MARRIOTT-LAVISTA
 12560 WESTPORT PARKWAY
 ACCOUNTS PAYABLES
 LA VISTA, NE 68128
 Acct# 15795

Ship To
 COURTYARD BY MARRIOTT-LAVISTA
 12560 WESTPORT PARKWAY
 JENNIFER CLAUSEN
 LA VISTA, NE 68128

Invoice #	69174	Ordered By	Jennifer Clausen	Your PO#	JQH852228
Order Date	05-31-16	Ship Via	BEST WAY	Terms	Net 30 Days
Ship Date	06-01-16	Tracking #	176508400377798915		

Part #	Description	Qty Ord	Qty Shp	BkOrd	Price	Ext Price
DSM-CE390AJ	DSM HP M4555 M601 M602 M603 BLACK	1.00	1.00	0.00	149.00	149.00

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Notes & Comments: PS/E-MAIL/JENNIFER	Item Total	149.00
	Ship Chg	8.00
	Sales Tax	11.78
	Invoice Total	168.78

PAST DUE ACCOUNTS WILL BE CHARGED 1.5% PER MONTH FINANCE CHARGE (18% ANNUAL INTEREST) Fed ID# 47-0652280

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> (8589777) DATA SOURCE MEDIA, INC 3505 N 48TH STREET LINCOLN, NE 68504	Claim No: 144 <i>Original Filed</i> Date: 10/21/2016 <i>Original Entered</i> Date: 10/21/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
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Amount claimed: \$1629.68				
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History:

Details	144-1	10/21/2016	Claim #144 filed by DATA SOURCE MEDIA, INC, Amount claimed: \$1629.68 (Marshall, Terri)
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Description: (144-1) Goods sold
Remarks: (144-1) 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

Total Amount Claimed*	\$1629.68
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		