

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

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

ID: 2947  
FITNESS SERVICE OF NORTH TEXAS  
11126 SHADY TRL STE 108  
DALLAS, TX 75229-7699

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?  
Fitness Service of North Texas  
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?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
Where should notices to the creditor be sent?  
Fitness Service of North Texas  
Name  
11126 Shady Trail #108  
Number Street  
Dallas TX 75229  
City State ZIP Code  
Where should payments to the creditor be sent? (if different)  
Name  
Number Street  
City State ZIP Code  
Contact phone 972-241-6198  
Contact email service@fsntx.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: \_\_\_\_\_

7. How much is the claim? \$ 270.64 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 provided

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:

|   |                                      |
|---|--------------------------------------|
| <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. \$ \_\_\_\_\_

**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.

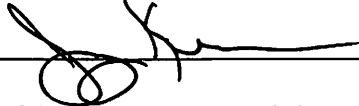
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 357a.

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  
 MN / DD / YYYY

Signature 

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

Name Jay Edmund Kern  
 First name Middle name Last name

Title President

Company Fitness Service of North Texas  
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1126 Shady Trail #108  
 Number Street

Dallas TX 75229  
 City State ZIP Code

Contact phone 972-241-6198 Email Service@fsntx.com



39363467002947

FITNESS SERVICE OF NORTH TEXAS  
11126 SHADY TRL STE 108  
DALLAS, TX 75229-7699

# INVOICE

## FITNESS SERVICE OF NORTH TEXAS

11126 SHADY TRAIL, SUITE 108  
DALLAS, TX 75229

Invoice Number: 161942

Invoice Date: Jun 7, 2016

Voice: (972) 241-6198  
Fax: (972) 241-6199  
Email [service@fsntx.com](mailto:service@fsntx.com)

|  |
|--|
| <b>Bill To:</b>  |
| Embassy Suites (Frsc)<br>7600 John Q. Hammond<br>Attn: Brett Masters<br>Frisco, TX 75034 |

|                 |
|-----------------|
| <b>Ship to:</b> |
|                 |

|                     |                        |                      |                 |
|---------------------|------------------------|----------------------|-----------------|
| <b>Customer ID</b>  | <b>Customer PO</b>     | <b>Payment Terms</b> |                 |
| EMBASSY6            | ++E-MAIL INV++         | Net 30 Days          |                 |
| <b>Sales Rep ID</b> | <b>Shipping Method</b> | <b>Ship Date</b>     | <b>Due Date</b> |
| MS                  | N/A                    |                      | 7/7/16          |

| Quantity                      | Item | Description   | Unit Price | Amount        |
|-------------------------------|------|---|------------|---------------|
| 0.50                          | L    | Labor   | 60.00      | 30.00         |
| 1.00                          |      | Foot Rail for a Precor TRM885 SN:<br>AGNBF17150066. | 127.80     | 127.80        |
| 1.00                          | SH   | Shipping & Handling                                 | 20.00      | 20.00         |
| 1.00                          | 10   | 10% Discount on Parts                               | 12.78      | -12.78        |
| <b>Subtotal</b>               |      |   |            | <b>165.02</b> |
| <b>Sales Tax</b>              |      |   |            | <b>13.61</b>  |
| <b>Total Invoice Amount</b>   |      |   |            | <b>178.63</b> |
| <b>Payment/Credit Applied</b> |      |   |            |               |
| <b>TOTAL</b>                  |      |   |            | <b>178.63</b> |

Check/Credit Memo No:

A FINANCE CHARGE OF 1.5% PER MONTH WILL BE CHARGED TO ALL UNPAID BALANCES.

**FITNESS SERVICE OF NORTH TEXAS**  
**11126 SHADY TRAIL, SUITE 108**  
**DALLAS, TX 75229**

Phone (972) 241-6198 EMAIL: service@fsntx.com  
 Fax (972) 241-6199

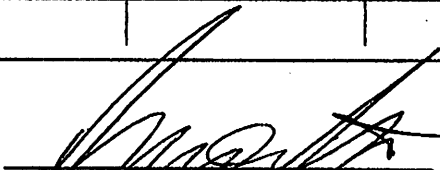
Bill to:  
 Embassy Suites (Frsc)  
 7600 John Q. Hammond  
 Attn: Brett Masters  
 Frisco, TX 75034

Ship To:

**Work Order**

Work Order Number:  
 7117397  
 Date:  
 Jun 7, 2016

| Customer ID  | P.O.# / Auth#                 | Payment Terms               | Mapsco Address    | Technician  |                        |
|--|-------------------------------|-----------------------------|-------------------|---|------------------------|
| EMBASSY6   | ++E-MAIL                      | Net 30 Days                 | 555-H             | MIKE S.   |                        |
| Customer E-Mail                                      |                               |                             |                   |   |                        |
| Phone<br>972-963-9145                                |                               | Phone<br>972-330-0268-Brett |                   | Contact<br>Brett Masters  |                        |
| Manufacturer<br><i>PRSCN</i>                         |                               | Model #<br><i>TRM885</i>    |                   | Serial Number<br><i>AGNBF17150066</i>   |                        |
| Problem<br>Parts...List...                           |                               |                             | Parts Needed      |   |                        |
| Repair Done <i>REPLACED BROKEN<br/>'RT' FOOTRAIL</i> |                               |                             | Comments          |   |                        |
| Scheduled Time                                       | Actual Time In<br><i>4:45</i> | Time Out<br><i>5:15</i>     | Miles<br><i>1</i> | Job Complete<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Cust. Tested<br>Yes No |
| Quantity   | Item                          | Description                 | Unit Price        | Extension   |                        |
| 1.00   | L                             | Labor                       |                   |   |                        |
| 1  |                               | <i>FOOTRAIL</i>             | <i>127.00</i>     |   |                        |
| 1  |                               | <i>SHIPPING.</i>            | <i>20.00</i>      |   |                        |
|  |                               |                             |                   |   |                        |
|  |                               |                             |                   |   |                        |
|  |                               |                             |                   |   |                        |
|  |                               |                             |                   |   |                        |
|  |                               |                             |                   |   |                        |
|  |                               |                             |                   |   |                        |

  
 Customer Signature

Check  # \_\_\_\_\_  
 Credit   
 Cash

|              |
|--------------|
| Subtotal     |
| Sales Tax    |
| <b>Total</b> |

# INVOICE

Invoice Number: 161608

Invoice Date: May 11, 2016

## FITNESS SERVICE OF NORTH TEXAS

11126 SHADY TRAIL, SUITE 108  
DALLAS, TX 75229

Voice: (972) 241-6198  
Fax: (972) 241-6199  
Email [service@fsntx.com](mailto:service@fsntx.com)

|  |
|--|
| <b>Bill To:</b>  |
| Embassy Suites (Frsc)<br>7600 John Q. Hammond<br>Attn: Brett Masters<br>Frisco, TX 75034 |

|                 |
|-----------------|
| <b>Ship to:</b> |
|                 |

|                     |                        |                      |                 |
|---------------------|------------------------|----------------------|-----------------|
| <b>Customer ID</b>  | <b>Customer PO</b>     | <b>Payment Terms</b> |                 |
| EMBASSY6            | e-m                    | Net 30 Days          |                 |
| <b>Sales Rep ID</b> | <b>Shipping Method</b> | <b>Ship Date</b>     | <b>Due Date</b> |
| MS                  | N/A                    |                      | 6/10/16         |

| Quantity                      | Item | Description  | Unit Price | Amount       |
|-------------------------------|------|--|------------|--------------|
| 1.00                          | SC   | Service Call for a Precor TRM885 SN: AJXJF11150006 AGNBF17150066 Rea roller out of unit. Re-installed rear roller and adjusted belt. | 85.00      | 85.00        |
| <b>Subtotal</b>               |      |  |            | <b>85.00</b> |
| <b>Sales Tax</b>              |      |  |            | <b>7.01</b>  |
| <b>Total Invoice Amount</b>   |      |  |            | <b>92.01</b> |
| <b>Payment/Credit Applied</b> |      |  |            |              |
| <b>TOTAL</b>                  |      |  |            | <b>92.01</b> |

Check/Credit Memo No:

A FINANCE CHARGE OF 1.5% PER MONTH WILL BE CHARGED TO ALL UNPAID BALANCES.

**FITNESS SERVICE OF NORTH TEXAS**  
**11126 SHADY TRAIL, SUITE 108**  
**DALLAS, TX 75229**

Phone (972) 241-6198 EMAIL: service@fsntx.com  
 Fax (972) 241-6199

**Bill to:**  
 Embassy Suites (Frsc)  
 7600 John Q. Hammond  
 Attn: Brett Masters  
 Frisco, TX 75034

**Work Order**

Work Order Number:  
 7117131  
 Date:  
 May 11, 2016

**Ship To:**

|   |                             |   |                |   |
|---|-----------------------------|---|----------------|---|
| Customer ID                                       | P.O.# / Auth#               | Payment Terms   | Mapsco Address | Technician  |
| EMBASSY 6   | e-m                         | Net 30 Days   | 555-H          | MIKE S.   |
| Customer E-Mail                                   |                             |   |                |   |
| Phone<br>972-963-9145                             | Phone<br>972-330-0268-Brett | Contact<br>Brett Masters                                    |                |   |
| Manufacturer<br>PRECOR                            | Model #<br>TRM 885          | Serial Number<br>(AJXJ F1115 0006)<br>(AGUBF 17150066) 2414 |                |   |
| Problem<br>REAR ROLLER OUT OF UNIT                | Parts Needed                |   |                |   |
| Repair Done RE-INSTALLED REAR ROLLER & ADJ. BOLT. | Comments                    |   |                |   |
| Scheduled Time                                    | Actual Time In<br>1:00      | Time Out<br>1:30  | Miles<br>19    | Job Complete<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|   |                             |   |                | Cust. Tested<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Quantity  | Item                        | Description   | Unit Price     | Extension   |
| 1.00  | SC                          | Service Call  |                |   |
|   |                             |   |                |   |
|   |                             |   |                |   |
|   |                             |   |                |   |
|   |                             |   |                |   |
|   |                             |   |                |   |
|   |                             |   |                |   |
|   |                             |   |                |   |

  
 Customer Signature

Check  # \_\_\_\_\_  
 Credit   
 Cash

|              |
|--------------|
| Subtotal     |
| Sales Tax    |
| <b>Total</b> |



# 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> (8509518)<br>FITNESS SERVICE OF<br>NORTH TEXAS<br>11126 SHADY TRAIL 108<br>DALLAS TX 75229 | <b>Claim No: 145</b><br><i>Original Filed</i><br>Date: 10/21/2016<br><i>Original Entered</i><br>Date: 10/21/2016 | <i>Status:</i><br><i>Filed by:</i> CR<br><i>Entered by:</i> Terri Marshall<br><i>Modified:</i> |
|---|--|--|

|                          |  |  |  |  |
|--------------------------|--|--|--|--|
| Amount claimed: \$270.64 |  |  |  |  |
|--------------------------|--|--|--|--|

*History:*

|                         |                       |            |   |
|-------------------------|-----------------------|------------|---|
| <a href="#">Details</a> | <a href="#">145-1</a> | 10/21/2016 | Claim #145 filed by FITNESS SERVICE OF NORTH TEXAS, Amount claimed: \$270.64 (Marshall, Terri ) |
|-------------------------|-----------------------|------------|---|

*Description:* (145-1) services performed

*Remarks:* (145-1) 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> | \$270.64 |
| <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> |         |         |