

Fill in this information to identify the case:

Debtor name: JOHN Q HAMMONS HOTEL MANAGEMENT, LLC

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

Case number (if known): 16-21153

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

ID: 779
PATE DAWSON
PO BOX 538338
ATLANTA, GA 30353-8338

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

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?

PATE DAWSON

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)

PATE DAWSON
Name

Name

3500 OLD BATTLEGROUND RD
Number Street

Number Street

GREENSBORO NC 27410
City State ZIP Code

City State ZIP Code

Contact phone 336-545-3887

Contact phone _____

Contact email sthrockmorton@PDCO.com

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? _____

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: 5312

7. How much is the claim? \$ 4,706.38 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:

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

	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).	\$ _____
<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).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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 10/14/2016
MM/DD/YYYY

Steven H. Gray
Signature

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

Name STEVEN GRAY THACKMORTON
First name Middle name Last name

Title CREDIT & COLLECTIONS MANAGER

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3500 OLD BATTLEGROUND ROAD
Number Street
GREENSBORO NC 27410
City State ZIP Code

Contact phone 336-545-3887 Email sthackmorton@pdco.com



39363467000779

PATE DAWSON
PO BOX 538338
ATLANTA, GA 30353-8338

ar cuar sthrock.1. PDNC, LLC - PDC GOLDSBORO ar3 10/12/16 3:41 PM
 Cust #: 215312 EMBASSY SUITES RES HOTEL Phone: (704)455-8200 Added: 03/01/14
 Terms: 20 NET 30 Limit: 99999 Last Pay: 03/22/16
 Slsrep: p40 Jon McLendon Bd Dbt: N Hold: N
 Chain: Hi Bal: 67,765.29 Hi Dt: 11/03/14
 Comment:

EMBASSY SUITES RES HOTEL & SPA									
#	Check#/PO	Invoice	DUE Date	Type	Days	Discount	Amount	Balance	
1	ADJ #MASSTRA	MASSTR-AN		CP	855		1,059.29-		
2	ADJ# AD	MASSTR-AN		CP	855		888.89		
3	ADJ# AD	MASSTR-AN		CP	855		7.70		
4	ADJ# AD	MASSTR-AN		CP	855		34.51	128.19-	*
5		J56934-00	09/10/14	DI	763		2,113.38		
6		J56934-0A	09/10/14	CM	763		195.65-		
7	CHK #625564	J56934-00		CP	763		2,042.43-	124.70-	X
8		J96650-00	11/30/14	DI	682		33,631.76		
9	082471-PU	J96650-0A	11/30/14	CM	682		248.70-		
10	CHK #634953	J96650-00		CP	682		33,631.76-	248.70-	✓
11		K40459-00	03/07/15	DI	585		481.07		
12		K40459-0A	03/07/15	CM	585		86.70-		
13	CHK #645279	K40459-00		CP	585		481.07-	86.70-	✓
14		K41723-00	03/11/15	DI	581		6,945.96		
15		K41723-0A	03/11/15	CM	581		54.98-		
16	CHK #645279	K41723-00		CP	581		6,945.96-	54.98-	✓
17		K51455-00	04/04/15	DI	557		342.73		
18		K51455-0A	04/05/15	CM	557		232.77-		
19	CHK #648164	K51455-00		CP	557		342.73-	232.77-	✓
20		364751-00	05/01/16	DI	164		5,078.99		
21		364751-0A	05/01/16	CM	164		633.72-		
22		364751-0B	05/01/16	CM	164		209.89-		
23	CHK #693749	364751-00		CP	164		4,445.27-	209.89-	✓
24		372660-00	06/10/16	DI	124		2,018.93	2,018.93	✓
25	200052	372726-00	06/10/16	DI	124		856.68	856.68	✓
26	7400021	372732-00	06/10/16	DI	124		457.28	457.28	✓
27	200055	373511-00	06/13/16	DI	121		1,015.29	1,015.29	✓
28		373675-00	06/16/16	DI	118		650.50	650.50	✓
29		373822-00	06/17/16	DI	117		793.63	793.63	✓
30	200085D	395256-00	09/30/16	DI	12		259.72		
31	CHK #8909	395256-00		CP	12		259.72-		
32	200080D	395257-00	09/30/16	DI	12		823.14		
33	CHK #8908	395257-00		CP	12		823.14-		
34	200083	397358-00	10/08/16	DI	4		365.82	365.82	NO
35		398246-00	10/14/16	DI	2-		1,337.66		
36	8916	398246-00		CP	2-		1,337.66-		

CURRENT
INVOICE

<36 Lines>
 Cur .00 1 365.82 7 0.00 31 0.00 61 4,706.38 All 5,072.20
 Find Detail List History Statement Payment AgeBy Next Prev Cancel

Display Customer A/R

*(128.19) CREDIT FROM
 PREVIOUS ACCOUNT - NO
 COPY AVAILABLE AS IT
 WAS A CREDIT TRANSFER
 FROM OLD ACCOUNT TO
 NEW ACCOUNT

\$ 5,072.20
 - 365.82
 \$ 4,706.38

REMAINING CREDIT AVAILABLE (124.70)

Goldsboro, NC
919-778-3000

PATE DAWSON

P.O. BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 • (1 800) 899-3921
FAX (919) 778-0604

INVOICE

INVOICE NO.

J56934-0A



BILL TO: PATE DAWSON COMPANY

SHIP TO: PATE DAWSON COMPANY

EMBASSY SUITES RES HOTEL & SPA
400 JOHN Q HAMMONDS DRIV

CONCORD NC 280270000

SPECIAL INSTRUCTIONS

REMIT TO: PATE DAWSON COMPANY

ID NOT ORDER 70

PATE DAWSON COMPANY
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
08/11/14	15312	p40
TELEPHONE	COPY	PAGE
704/455-8200	1	1

TERMS/PURCHASE NUMBER

NET 30
P/O:

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG. CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO.	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
02011	1-	AW*	ILCHES	*****	REFRIGERATED	*****								
	3012				CHEESE CHEDDAR APPLEWOOD	2/6.5 LB	B		8042	10.00	134.70-			
					Weights: TOTAL = -13.47									

25831	1-	CSE	MAILLE	*****	DRY GROCERIES	*****								
					MUSTARD WHOLE GRAIN DIJON	1/9.1 LB	G		8308	60.95	60.95-			

					CATEGORY SUMMARY TOTALS				SALES TAX					
	1-				REFRIGERATED		B		0.00		134.70-		134.70-	
	1-				DRY GROCERIES		G		0.00		60.95-		195.65-	

CATEGORY	DRY	REF	FRE	OTH	TOT	WHT	INVOICE TOTAL	TAX	PAY THIS AMOUNT	TOTAL ADJ.
PIECES	1-	1-	0	0	2-	CUBE	195.65-	0.00	195.65-	

REASON CODES								CORRECTED INVOICE TOTAL	
50 Product unloaded at wrong customer	53 Customer closed	60 Label on wrong item	63 Delivery damage	70 Did not order	74 Non payment				
51 Failed to unload, give reason	56 Truck Ref Breakdown	61 Short on truck	64 Case for package	71 Did not want sub	75 Customer refused				
52 Produce/dmg./spoiled	59 Ice Cream Thawed	62 Package for case	65 Product loaded on wrong truck	73 Pricing error	80 Out of date				

NO CREDITS ISSUED FOR SHORTS, DAMAGED OR MISPICKS AFTER DELIVERY

RECEIVED BY

Case 16-21142 Claim 147-1 Filed 10/21/16 Desc Main Document

ORIGINAL INVOICE

Page 6 of 24

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FAX (919) 778-0604

INVOICE

INVOICE NO.
J96650-0A



BILL TO: **EMBASSY SUITES RES HOTEL A SPA**

100 JOHN Q HAMMONDS DRIV

CONCORD NC 280270000

SPECIAL INSTRUCTIONS:

ICKUP 082471-PU

SHIP TO: **EMBASSY SUITES RES HOTEL**

5400 JOHN Q HAMMONS DRIVE

CONCORD NC 280270000

REMIT TO:

PATE DAWSON COMPANY
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
10/31/14	15312	p40
TELEPHONE	COPY	PAGE
704/455-8200	1	1

TERMS/PURCHASE NUMBER
NET 30
P/O: 082471-PU

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO.	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
B4533	6	CSE	ALOUET	*****	REFRIGERATED	*****								
					CHEESE BRIE SPREAD	2/3 LB	B		2802	41.45	248.70-			
					wanted garlic spread (082471-PU)									
	6			*****	CATEGORY SUMMARY TOTALS	*****								
					REFRIGERATED		B		SALES TAX	0.00	248.70-		248.70-	

CATEGORY	DRY	REF	FRZ	OTH	TOT	WHT	INVOICE TOTAL	TAX	PAY THIS AMOUNT	TOTAL ADJ.
PIECES	0	6	0	0	6	CUBE	248.70-	0.00	248.70-	

REASON CODES										CORRECTED INVOICE TOTAL
50 Product unloaded at wrong customer	53 Customer closed	60 Label on wrong item	63 Delivery damage	70 Did not order	74 Non payment					
51 Failed to unload, give reason	56 Truck Ref Breakdown	61 Short on truck	64 Case for package	71 Did not want sub	75 Customer refused					
52 Produce/dmg./spoiled	59 Ice Cream Thawed	62 Package for case	65 Product loaded on wrong truck	73 Pricing error	80 Out of date					

NO CREDITS ISSUED FOR SHORTS, DAMAGED, OR MISPICKS AFTER DELIVERY

RECEIVED BY

Goldsboro, NC
919-778-3000

PATE DAWSON

P.O. BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 • (1 800) 899-3921
FAX (919) 778-0604

INVOICE

INVOICE NO.
K40459-0A



BILL TO: PATE DAWSON

SHIP TO: PATE DAWSON

MEASSY SUITES RES HOTEL & SPA
400 JOHN Q HAMMONDS DRIV

CONCORD NC 280270000

SPECIAL INSTRUCTIONS:

MAILED TO UNLOAD 51

PATE DAWSON COMPANY
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
02/05/15	15312	p40
TELEPHONE	COPY	PAGE
704/455-8200	1	1

TERMS/PURCHASE NUMBER

NET 30
P/O:

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
A27H4	1	CSE	GALAXY	*****	FROZEN GENERAL	*****								
				*****	CHOCOLATE RIBBON ROUND 2.	2/12 CNT	F		4753	86.70	86.70-			
	1				CATEGORY SUMMARY TOTALS	*****			SALES TAX					
					FROZEN GENERAL		F		0.00		86.70-		86.70-	

CATEGORY	DRY	REF	FRZ	OTH	TOT	WHT	CUBE	INVOICE TOTAL	TAX	PAY THIS AMOUNT	TOTAL ADJ.
PIECES	0	0	1	0	1	0	0	86.70-	.00	86.70-	

REASON CODES												CORRECTED INVOICE TOTAL	
50 Product unloaded at wrong customer	53 Customer closed	60 Label on wrong item	63 Delivery damage	70 Did not order	74 Non payment								
51 Failed to unload, give reason	56 Truck Ref Breakdown	61 Short on truck	64 Case for package	71 Did not want sub	75 Customer refused								
52 Produce/dmg./spoiled	59 Ice Cream Thawed	62 Package for case	65 Product loaded on wrong truck	73 Pricing error	80 Out of date								

NO CREDITS ISSUED FOR SHORTS DAMAGED OR MISPICKS AFTER DELIVERY

RECEIVED BY

Greensboro, NC
919-778-3000

PATE DAWSON

P.O. BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 (800) 899-3921
FAX (919) 778-0604

INVOICE

INVOICE NO.
K41723-0A



TO: PDC, LLC

SHIP TO:

EMBASSY SUITES RES HOTEL & SPA
100 JOHN Q HAMMONDS DRIV

CONCORD NC 280270000

SPECIAL INSTRUCTIONS:

REMIT TO:

MAILED TO UNLOAD 51

PATE DAWSON COMPANY
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
02/09/15	15312	p40
TELEPHONE	COPY	PAGE
704/455-8200	1	1

TERMS/PURCHASE NUMBER

NET 30
P/O:

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO.	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
152M2	1	CSE	CARRIA	004020	***** DRY GROCERIES PRESERVES APRICOT GLASS *****	6/4 LB	G		5067	54.98	54.98-			
	1				***** CATEGORY SUMMARY TOTALS *****		G		SALES TAX		54.98-		54.98-	
					***** DRY GROCERIES *****		G		0.00					

CATEGORY	DRY	REF	FRZ	OTH	TOT	WHT	24	0	0	0	24	INVOICE TOTAL	TAX	PAY THIS AMOUNT	TOTAL ADJ.
IECES	1	0	0	0	1	CUBE	1	0	0	0	1	54.98-	.00	54.98-	

REASON CODES												CORRECTED INVOICE TOTAL	
50 Product unloaded at wrong customer	53 Customer closed	60 Label on wrong item	63 Delivery damage	70 Did not order	74 Non payment								
51 Failed to unload, give reason	56 Truck Ref Breakdown	61 Short on truck	64 Case for package	71 Did not want sub	75 Customer refused								
52 Produce/dmg./spoiled	59 Ice Cream Thawed	62 Package for case	65 Product loaded on wrong truck	73 Pricing error	80 Out of date								

NO CREDITS ISSUED FOR SHORTS, DAMAGED OR MISPLICKS AFTER DELIVERY

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Goldsboro, NC
919-778-3000

PATE DAWSON

P.O. BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 • 1 (800) 899-3921
FAX (919) 778-0604

INVOICE

INVOICE NO.
K51455-0A



TO: PDC, LLC

SHIP TO:

EMBASSY SUITES RES HOTEL & SPA
100 JOHN Q HAMMONS DRIVE

EMBASSY SUITES RES HOTEL
5400 JOHN Q HAMMONS DRIVE

CONCORD NC 280270000

CONCORD NC 280270000

SPECIAL INSTRUCTIONS:

REMIT TO:

PATE DAWSON COMPANY
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
03/06/15	15312	P40
TELEPHONE	COPY	PAGE
704/455-8200	1	1

TERMS/PURCHASE NUMBER

NET 30
P/O:

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
B4533	6-PC		ALOUET	*****	REFRIGERATED	*****								
				*****	CHEESE BRIE SPREAD	1/3 LB	B		2802	27.86	167.16-			
E5831	1-USE		MAILLE	*****	DRY GROCERIES	*****								
				*****	MUSTARD WHOLE GRAIN DIJON	1/9.1 LB	G		8308	65.61	65.61-			
				*****	CATEGORY SUMMARY TOTALS	*****			SALES TAX					
	6-				REFRIGERATED		B		0.00		167.16-		167.16-	
	1-				DRY GROCERIES		G		0.00		65.61-		232.77-	

CATEGORY	DRY	REF	FRZ	OTH	TOT	WHT	INVOICE TOTAL	TAX	PAY THIS AMOUNT	TOTAL ADJ.
PIECES	1-	6-	0	0	7-	CUBE	37- 18- 0 0 55-	BEVERAGE SALES	232.77-	
							1- 0 0 0 1-	.00 .00	232.77-	

REASON CODES										CORRECTED	INVOICE TOTAL
50 Product unloaded at wrong customer	53 Customer closed	60 Label on wrong item	63 Delivery damage	70 Did not order	74 Non payment						
51 Failed to unload, give reason	56 Truck Ref Breakdown	61 Short on truck	64 Case for package	71 Did not want sub	75 Customer refused						
52 Produce/dmg./spoiled	59 Ice Cream Thawed	62 Package for case	65 Product loaded on wrong truck	73 Pricing error	80 Out of date						

NO CREDITS ISSUED FOR SHORTS, DAMAGED, OR MISPICKS AFTER DELIVERY

RECEIVED BY

Goldsboro, NC
919-778-3000

PATE DAWSON

P.O. BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 • (800) 899-3921
FAX (919) 778-0604

INVOICE

INVOICE NO.
364751-0B



BILL TO: PATE DAWSON

SHIP TO: PATE DAWSON

EMBASSY SUITES RES HOTEL & SPA
400 JOHN Q HAMMONDS DRIV

EMBASSY SUITES RES HOTEL
5400 JOHN Q HAMMONS DRIVE

CONCORD NC 280270000

CONCORD NC 280270000

SPECIAL INSTRUCTIONS

REMIT TO

HAF 11 NOTICE 07/16
ickup = 074196PU

PATE DAWSON STATESVILLE D
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
04/28/16	15312	p40
TELEPHONE	COPY	PAGE
704/455-8200	1	1

TERMS/PURCHASE NUMBER

COD CHECK
P/O:

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
A5324	5	CSE	ALOUET	*****	REFRIGERATED	*****								
				*****	CHEESE BRIE SPREAD	1/3 LB	B		2802	41.98	209.89-			
	5				CATEGORY SUMMARY TOTALS	*****	B		SALES TAX		209.89-		209.89-	
					REFRIGERATED				0.00					

CATEGORY	DRY	REF	FRE	OTH	TOT	WHT								INVOICE TOTAL	TAX		PAY THIS AMOUNT		TOTAL ADJ.
															BEVERAGE	SALES			
PIECES	0	5	0	0	5	CUBE	0	30	0	0	30	-	-	209.89-	.00	.00	209.89-		
REASON CODES																			

REASON CODES										CORRECTED INVOICE TOTAL	
50 Product unloaded at wrong customer	53 Customer closed	60 Label on wrong item	63 Delivery damage	70 Did not order	74 Non payment						
51 Failed to unload, give reason	56 Truck Ref Breakdown	61 Short on truck	64 Case for package	71 Did not want sub	75 Customer refused						
52 Produce/dmg./spoiled	59 Ice Cream Thawed	62 Package for case	65 Product loaded on wrong truck	73 Pricing error	80 Out of date						

NO CREDITS ISSUED FOR SHORTS, DAMAGED OR MISPICKS AFTER DELIVERY

RECEIVED BY

Case 16-21142

Claim 147-1

Filed 10/21/16

Desc Main Document

Page 11 of 24

ORIGINAL INVOICE

Goldsboro, NC
919-778-3000

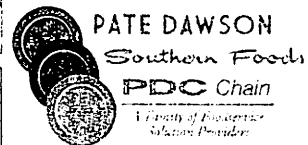
PATE DAWSON

P.O. BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 • 1 (800) 899-3921
FAX (919) 778-0604

INVOICE

INVOICE NO.

372660-00



TO: EMBASSY SUITES RES HOTEL & SPA

SHIP TO: EMBASSY SUITES RES HOTEL

400 JOHN Q HAMMONDS DRIV
GREENSBORO, NC 27402-7000

400 JOHN Q HAMMONDS DRIVE
GREENSBORO, NC 27410

ONTORD NC 27402-7000

ONTORD NC 27402-7000

SPECIAL INSTRUCTIONS:

REMIT TO: PATE DAWSON

MAP 11 NOTED 11/16

PATE DAWSON STATEVILLE E
1500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
06/07/16	15312	P40
TELEPHONE	COPY	PAGE
701/435-8200	1	1

TERMS/PURCHASE NUMBER

ODD CHECK
P/O:

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
D1011	1	EA	ALCHES	*****	REFRIGERATED	*****								
3042	Weight				CHEESE CHEDDAR APPLEWOOD	2/0.5 LB	B		3042	9.23	118.88			
A3021	2	CSE	ALOUET		CHEESE SPREAD GARLIC & HE	2/4.5 LB	B		3050	85.03	172.10			
	0	***			CATEGORY TOTAL:					*****	290.98		290.98	
D10A4	1	CSE	VAN-LA	*****	FROZEN GENERAL	*****								
D10D3	1	CSE	VAN-LA		BEEF WELLINGTON	1/200 LB			1656	198.68	198.68			
D10G3	1	CSE	MINI		ANTIIPASTO SKEWER	1/200 CN	F		1668	229.99	229.99			
D10D4	1	CSE	HABORS		DATE SHRIMP/ANTIQUEL FOR	100/1.90	F		3129	178.30	178.30			
D09E1	1	CSE	HABORS		CHEESEBURGERS MINI B.A.	96/1.20	F		3147	190.22	190.22			
D09E1	1	CSE	HABORS		HABOR MARGHERITA FLATBREA	120/1.44	F		14512	120.45	240.90			
	0	***			CATEGORY TOTAL:					*****	1038.32		1829.30	
NEWDR	1	CSE	KIND	*****	DRY GROCERIES	*****								
NEWDR	1	CSE	KIND		BAR BLUEBERRY VANILLA/CAS	6/12 PK	G		14767	131.63	131.63			
NEWDR	1	CSE	KIND		BAR ALMOND & COCONUT 737	12/1.403	G		14765	138.84	138.84			
NEWDR	1	CSE	KIND		BAR NUT DE CHOC & SEA SAL	6/12 PK	G		14771	138.84	138.84			
B3611	0	CSE	CRACKE	14860	POPCORN CARAMEL	36/2.875	G		70720	40.72	122.16			
iginal	0	***			70720 short 2 CSE					*****	531.47		1860.77	
					CATEGORY TOTAL:									

CATEGORY	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
BEVERAGES														
BEVERAGES														

REASON CODES	REASON CODES	REASON CODES	REASON CODES	REASON CODES	REASON CODES
50 Product unloaded at wrong customer	53 Customer closed	60 Label on wrong item	63 Delivery damage	70 Did not order	74 Non payment
51 Failed to unload, give reason	56 Truck Ref Breakdown	61 Short on truck	64 Case for package	71 Did not want sub	75 Customer refused
52 Produce/dmg./spoiled	59 Ice Cream Thawed	62 Package for case	65 Product loaded on wrong truck	73 Pricing error	80 Out of date

CORRECTED
INVOICE TOTAL

NO CREDITS ISSUED FOR SHORTS/DAMAGED
OR MISPICKS AFTER DELIVERY

RECEIVED BY

Goldsboro, NC
919-778-3000

PATE DAWSON

P.O. BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 FAX (919) 778-0604

INVOICE

INVOICE NO.
372660-00



BILL TO: EDNC, LLC

SHIP TO:

EMBASSY SUITES RES HOTEL & SPA
400 JOHN Q HAMMONDS DRIV

EMBASSY SUITES RES HOTEL
5400 JOHN Q HAMMONS DRIVE

CONCORD NC 280270000

CONCORD NC 280270000

SPECIAL INSTRUCTIONS

REMIT TO:

HAP 11 NOTICE 07/16

PATE DAWSON STATESVILLE D
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
06/07/16	15312	p40
TELEPHONE	COPY	PAGE
704/455-8200	1	2

TERMS/PURCHASE NUMBER
COD CHECK
P/O:

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO.	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
G4204	1	CSE	REGENC	*****	PAPER, FOAM, PLASTIC	*****								
	1	***			WRAPS LEMON GREEN TIE/YEL	1/1000 C	H	*	7679	147.81	147.81			
					CATEGORY TOTAL:					*****	147.81		2008.58	
	3			*****	CATEGORY SUMMARY TOTALS	*****			SALES TAX					
	6				REFRIGERATED		B		0.00		290.98		290.98	
	6				FROZEN GENERAL		F		0.00		1038.32		1329.30	
	1				DRY GROCERIES		G		0.00		531.47		1860.77	
					PAPER, FOAM, PLASTIC		H		10.35		147.81		2008.58	

CATEGORY	DRY	REF	FRZ	OTH	TOT	WHT	INVOICE TOTAL	TAX	PAY THIS AMOUNT	TOTAL ADJ.
PIECES	7	3	6	0	16	CUBE	2008.58	BEVERAGE SALES	2018.93	

50 Product unloaded at wrong customer	53 Customer closed	60 Label on wrong item	63 Delivery damage	70 Did not order	74 Non payment
51 Failed to unload, give reason	56 Truck Ref Breakdown	61 Short on truck	64 Case for package	71 Did not want sub	75 Customer refused
52 Produce/dmg./spoiled	59 Ice Cream Thawed	62 Package for case	65 Product loaded on wrong truck	73 Pricing error	80 Out of date

CORRECTED
INVOICE TOTAL

NO CREDITS ISSUED FOR SHORTS, DAMAGED
OR MISPICKS AFTER DELIVERY

RECEIVED BY

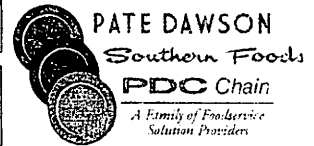
Goldsboro, NC
919-778-3000

PATE DAWSON

P.O. BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 FAX (919) 778-0604

INVOICE

INVOICE NO.
372726-00



TO: BDMC LLC

SHIP TO:

EMBASSY SUITES RES HOTEL & SPA
100 JOHN Q HAMMONDS DRIV

EMBASSY SUITES RES HOTEL
5400 JOHN Q HAMMONS DRIVE

CONCORD NC 280270000

CONCORD NC 280270000

SPECIAL INSTRUCTIONS:

REMIT TO:

HAP 11 NOTICE 07/16
IRECT SHIPMENT 5/25/16

PATE DAWSON STATESVILLE D
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
06/07/16	15312	p40
TELEPHONE	COPY	PAGE
704/455-8200	1	1

TERMS/PURCHASE NUMBER
COD CHECK
P/O: 200052

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
C2921	2	CSE	KABOBS	*****	FROZEN GENERAL	*****								
D19H2	2	CSE	KABOBS		BBQ SHRIMP & GRITS CRISP	135/.77	F		3875	172.79	345.58			
D30B3	2	CSE	KABOBS		ANTIPASTO KABOB *S/O	100/.75	F		25738	153.60	307.20			
	6	***			SATAY BEEF *S/O	100/.80	F		25725	101.95	203.90			
					CATEGORY TOTAL:					*****	856.68		856.68	
	6			*****	CATEGORY SUMMARY TOTALS	*****			SALES TAX					
					FROZEN GENERAL		F		0.00		856.68		856.68	

CATEGORY	DRY	REF	FRT	OTH	TOT	WHT	0	0	31	0	31	INVOICE TOTAL	TAX	PAY THIS AMOUNT	TOTAL ADJ.
PIECES	0	0	6	0	6	CUBE	0	0	5	0	5	856.68	.00	.00	856.68

REASON CODES										CORRECTED INVOICE TOTAL
50 Product unloaded at wrong customer	53 Customer closed	60 Label on wrong item	63 Delivery damage	70 Did not order	74 Non payment					
51 Failed to unload, give reason	56 Truck Ref Breakdown	61 Short on truck	64 Case for package	71 Did not want sub	75 Customer refused					
52 Produce/dmg./spoiled	59 Ice Cream Thawed	62 Package for case	65 Product loaded on wrong truck	73 Pricing error	80 Out of date					

NO CREDITS ISSUED FOR SHORTS, DAMAGED OR MISPICKS AFTER DELIVERY

RECEIVED BY

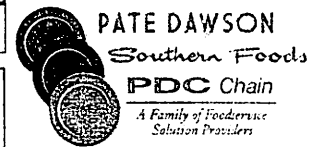
Goldsboro, NC
919-778-3000

PATE DAWSON

PO BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 • (800) 899-3921
FAX (919) 778-0604

INVOICE

INVOICE NO.
372732-00



TO: **EMBASSY SUITES RES HOTEL & SPA**

SHIP TO: **EMBASSY SUITES RES HOTEL**

100 JOHN Q HAMMONDS DRIV

5400 JOHN Q HAMMONS DRIVE

CONCORD NC 280270000

CONCORD NC 280270000

SPECIAL INSTRUCTIONS:

REMIT TO:

HAF 11 NOTICE 07/16
INJECT SHIPMENT ON 5/26/16

PATE DAWSON STATESVILLE D
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
06/07/16	15312	p40
TELEPHONE	COPY	PAGE
704/455-8200	1	1

TERMS/PURCHASE NUMBER
COD CHECK P/O: 7400021

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO.	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
P5223	8	CS	ALBA	*****	FROZEN GENERAL	*****								
	8	***			BOUCHEE SHELL 3.26"	1/2 SV	F		24885	57.16	457.28			
					CATEGORY TOTAL:					*****	457.28		457.28	
				*****	CATEGORY SUMMARY TOTALS	*****			SALES TAX					
	8				FROZEN GENERAL		F		0.00		457.28		457.28	

CATEGORY	DRY	REF	FRE	OTH	TOT	WHT	52	0	0	0	52	INVOICE TOTAL	TAX	PAY THIS AMOUNT	TOTAL ADJ.
PIECES	8	0	0	0	8	CUBE	11	0	0	0	11	457.28	.00	457.28	

50 Product unloaded at wrong customer	53 Customer closed	60 Label on wrong item	63 Delivery damage	70 Did not order	74 Non payment
51 Failed to unload, give reason	56 Truck Ref Breakdown	61 Short on truck	64 Case for package	71 Did not want sub	75 Customer refused
52 Produce/dmg./spoiled	59 Ice Cream Thawed	62 Package for case	65 Product loaded on wrong truck	73 Pricing error	80 Out of date

CORRECTED

INVOICE TOTAL

**CORRECTED
INVOICE TOTAL**

NO CREDITS ISSUED FOR SHORTS, DAMAGED
OR MISPICKS AFTER DELIVERY

RECEIVED BY

Goldsboro, NC
919-778-3000

PATE DAWSON

P.O. BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 • (770) 899-3921
FAX (919) 778-0604

INVOICE

INVOICE NO.
373511-00



TO: **EMBASSY SUITES RES HOTEL & SPA**
400 JOHN Q HAMMONDS DRIV

SHIP TO: **EMBASSY SUITES RES HOTEL**
400 JOHN Q HAMMONS DRIVE

DATE	ACCOUNT	SLSM
06/10/16	15312	p40
TELEPHONE	COPY	PAGE
704/455-8200	1	1

CONCORD NC 280270000
SPECIAL INSTRUCTIONS

CONCORD NC 280270000
REMIT TO:

HAP 11 NOTICE 07/16
DIRECT SHIPMENT

PATE DAWSON STATESVILLE D
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

TERMS/PURCHASE NUMBER
COD CHECK P/O: 200055

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG. CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO.	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
02223	1	CS	KABOBS	*****	FROZEN GENERAL	*****								
02922	1	CS	KABOBS		CINNAMON SWEET POTATO PUF	200/1.02	F		3873	214.24	214.24			
019G1	3	CS	KABOBS		BBQ PORK BISCUIT *S/O	180/.64	F		25866	163.91	163.91			
	5	CS	KABOBS		SPRINGROLL CHICKEN CASHEW	200/1.05	F		25737	122.38	637.14			
					CATEGORY TOTAL:					*****	1015.29	10	15.29	
				*****	CATEGORY SUMMARY TOTALS	*****			SALES TAX					
					FROZEN GENERAL		F		0.00		1015.29	10	15.29	

CATEGORY	DRY	REF	FPZ	OTH	TOT	WHT	INVOICE TOTAL	TAX	PAY THIS AMOUNT	TOTAL ADJ.
PIECES	0	0	5	0	5	CUBE	1015.29	.00	1015.29	

REASON CODES											CORRECTED INVOICE TOTAL
50 Product unloaded at wrong customer	53 Customer closed	60 Label on wrong item	63 Delivery damage	70 Did not order	74 Non payment						
51 Failed to unload, give reason	56 Truck Ref Breakdown	61 Short on truck	64 Case for package	71 Did not want sub	75 Customer refused						
52 Produce/dmg./spoiled	59 Ice Cream Thawed	62 Package for case	65 Product loaded on wrong truck	73 Pricing error	80 Out of date						

NO CREDITS ISSUED FOR SHORTS, DAMAGED OR MISPICKS AFTER DELIVERY

RECEIVED BY

Goldsboro, NC
919-778-3000

PATE DAWSON

P.O. BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 / (800) 899-3921
FAX (919) 778-0604

INVOICE

INVOICE NO.
373675-00



BILL TO: PDNC LLC

SHIP TO:

EMBASSY SUITES RES HOTEL & SPA
100 JOHN Q HAMMONDS DRIV

EMBASSY SUITES RES HOTEL
5400 JOHN Q HAMMONS DRIVE

CONCORD NC 280270000

CONCORD NC 280270000

SPECIAL INSTRUCTIONS

REMIT TO:

HAF 11 NOTICE 07/16

PATE DAWSON STATESVILLE D
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
06/13/16	15312	p40
TELEPHONE	COPY	PAGE
704/455-8200	1	1

TERMS/PURCHASE NUMBER

COD CHECK
P/O:

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO.	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
A3014	2	CSE	ALOUET	*****	REFRIGERATED	*****								
	2	***			CHEESE SPREAD GARLIC & HE	1/4.5 LB	B		8350	86.05	172.10			
					CATEGORY TOTAL:					*****	172.10		172.10	
D25A4	1	CSE	VAN-LA	*****	FROZEN GENERAL	*****								
D28G3	1	CSE	KABOBS		BEEF WELLINGTON	1/200 CN	F		1656	198.68	198.68			
D30J4	1	CSE	BRILL	182486	KABOB SHRIMP/ANDOUILLE/POT	100/1.90	F		3129	178.53	178.53			
D36N4	1	CSE	BRILL	182486	CAKE LEMON TRUFFLE PETITE	45/1.2 C	F		16732	33.73	33.73			
	1	CSE	BRILL	182490	CAKE CARM SALT PCAN PETTE	45/1.2 C	F		16734	33.73	67.46			
	5	***			CATEGORY TOTAL:					*****	478.40		650.50	
	2			*****	CATEGORY SUMMARY TOTALS	*****		SALES TAX						
	5				REFRIGERATED		B		0.00		172.10		172.10	
					FROZEN GENERAL		F		0.00		478.40		650.50	

CATEGORY	DRY	REF	FRE	OTH	TOT	WHI	0	30	29	0	49	INVOICE TOTAL	TAX	PAY THIS AMOUNT	TOTAL ADJ.
PIECES	0	2	5	0	7	CUBE	0	1	0	0	1	650.50	.00	650.50	

- REASON CODES
- | | | | | | |
|---------------------------------------|------------------------|------------------------|----------------------------------|---------------------|---------------------|
| 50 Product unloaded at wrong customer | 53 Customer closed | 60 Label on wrong item | 63 Delivery damage | 70 Did not order | 74 Non payment |
| 51 Failed to unload, give reason | 56 Truck Ref Breakdown | 61 Short on truck | 64 Case for package | 71 Did not want sub | 75 Customer refused |
| 52 Produce/dmg./spoiled | 59 Ice Cream Thawed | 62 Package for case | 65 Product loaded on wrong truck | 73 Pricing error | 80 Out of date |

CORRECTED
INVOICE TOTAL

NO CREDITS ISSUED FOR SHORTS, DAMAGED
OR MISPICKS AFTER DELIVERY

RECEIVED BY



Goldsboro, NC
919-778-3000

PATE DAWSON

P.O. BOX 538338
ATLANTA, GA 30353-8338
(919) 778-3000 FAX (919) 778-0604

INVOICE

INVOICE NO.

373822-00



BILL TO: PATE DAWSON

SHIP TO: PATE DAWSON

EMBASSY SUITES RES HOTEL & SPA
400 JOHN Q HAMMONDS DRIVE

EMBASSY SUITES RES HOTEL
5400 JOHN Q HAMMONDS DRIVE

ONCORD NC 280270000

ONCORD NC 280270000

SPECIAL INSTRUCTIONS

REMIT TO: PATE DAWSON

HAP 11 NOTICE 07/16

PATE DAWSON STATESVILLE D
3500 OLD BATTLEGROUND RD.
GREENSBORO, NC 27410

DATE	ACCOUNT	SLSM
06/14/16	15312	p40
TELEPHONE	COPY	PAGE
704/455-8200	1	1

TERMS/PURCHASE NUMBER

COD CHECK
P/O:

ADJUSTMENT

SLOT	QUANTITY	UNIT	BRAND	MFG CODE	DESCRIPTION	SIZE	STATUS	TAX	ITEM NO	PRICE	AMOUNT	QUANTITY	AMOUNT	REASON
C2921	1	CSE	KABOBS	*****	FROZEN GENERAL	*****								
D36J1	1	CSE	KABOBS		EBO SHRIMP & GRITS CRISP	135/.77	F		8875	176.21	176.21			
D38D4	1	CSE	KABOBS		KABOB MEXICANADA PICADILLO	100/.95	F		14508	106.94	106.94			
D38G1	2	CSE	KABOBS		CHEESEBURGERS MINI B.A.	96/1.20	F		8147	190.22	190.22			
	5	***			HOTDOG CHICAGO STYLE MINI	95/.75	F		25011	160.13	320.26			
					CATEGORY TOTAL:					*****	793.63		793.63	
					CATEGORY SUMMARY TOTALS	*****								
					FROZEN GENERAL		F	SALES TAX	0.00		793.63		793.63	

CATEGORY	DEY	PEP	PRZ	QTH	TOT	WHI	0	0	27	0	27	INVOICE TOTAL	TAX	PAY THIS AMOUNT	TOTAL ADJ.
PIECES	0	0	5	0	5	CUBE	0	0	4	0	4	793.63	.00	793.63	

REASON CODES

- | | | | | | |
|---------------------------------------|------------------------|------------------------|----------------------------------|---------------------|---------------------|
| 50 Product unloaded at wrong customer | 53 Customer closed | 60 Label on wrong item | 63 Delivery damage | 70 Did not order | 74 Non payment |
| 51 Failed to unload, give reason | 56 Truck Ref Breakdown | 61 Short on truck | 64 Case for package | 71 Did not want sub | 75 Customer refused |
| 52 Produce/dmg./spoiled | 59 Ice Cream Thawed | 62 Package for case | 65 Product loaded on wrong truck | 73 Pricing error | 80 Out of date |

CORRECTED
INVOICE TOTAL

NO CREDITS ISSUED FOR SHORTS DAMAGED
OR MISPICKS AFTER DELIVERY

RECEIVED BY

The following information is submitted
for consideration in opening an account
with Southern Foods, Inc.

* Southern Foods

C-215312
P.O. Box 26801
Greensboro NC 27429-6801
(335) 545-3785

Bill To: Name: Embassy Suites Resort Hotel and Spa Ship To: Name: _____
Address: 5400 John D. Hammors Drive NW Address: _____
City, State, Zip: Concord NC 28027 City, State, Zip: _____
Receiving Hours: _____ Business Telephone: (704) 455-8200

Legal Entity: Proprietorship _____ Partnership _____ Corporation _____ Other LLC (specify)

Owner John D. Hammors Hotels Management, LLC Guarantor _____

Soc. Sec. # 20-3859615 Soc. Sec. # _____ (if other than owner)

Home Address: 300 Hammors Parkway Suite 900 Home Address: _____

City, State, Zip: Springfield MO 65806 City, State, Zip: _____

Phone: (417) 864-4300 Phone: () _____

Officers of Corporation, Partners or Proprietors as follows:

a. Name & Title _____	b. Name & Title _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: () _____	Phone: () _____

Food Supplier References:

a. Name _____	b. Name _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: () _____	Phone: () _____

State of Incorporation Missouri County locale of business _____ No. of years in business _____

Bankruptcy ever filed no If yes, date and amount _____

Judgement ever filed against you? no If yes, date and amount _____

Name and address of nearest relative not living with you: Name: _____

Address: _____

City, State, Zip _____ Phone () _____

Have you ever done business with Southern Foods, Inc. before? yes

If yes, under what corporate and/or dba name? John D. Hammors Hotels Management, LLC

Bank name, telephone #, and account #: _____

Your accounts payable information:

Name of contact: Accounts Payable Phone # (704) 455-8200 Fax # (704) 455-8201

Email address: nichole.barnett@jgh.com

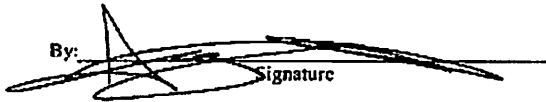
Mailing address: 5400 John D. Hammors Drive NW Concord NC 28027

Terms and Conditions:

The applicant and the undersigned individual warrant that all of the above information is true and correct and that I (we) will immediately notify you of any changes in the above business structure. I (we) hereby authorize you to make whatever inquiries deemed necessary in verifying the above information and granting credit terms. If credit is granted, the terms of this application will become the binding agreement between the parties, and I (we) agree that all invoices will be paid by the due date. If not, I (we) agree to pay a 1-1/2% per month finance charge on each invoice that is past due. If for any reason the account is not paid when due and collection is required, I (we) will pay Southern Foods' costs of collection, including reasonable attorney's fees. The failure of Southern Foods to insist upon the performance of this Agreement or to exercise any remedy available in the event of a default shall not constitute a waiver of any rights hereunder.

The parties to this contract, including their successors and assigns, agree that the General Courts of Justice, the City of Greensboro, North Carolina, shall have exclusive jurisdiction and venue over any dispute arising between the parties, including, but not limited to, any legal action to effect the collection of this account. I (we) understand and agree that any executed facsimile printout of this agreement requested and received by Southern Foods is intended to be an original counterpart to this Agreement.

Company Name (If applicable, Type/Print)

By:  Signature

Date: 11/8/06

Berry Crawford GM
Type/Print Name & Title

Personal Guarantee

In consideration of benefits accruing to me, either directly or indirectly, through the extension of credit, I personally guarantee payment of all correct charges including attorneys' fees and interest as stated above incurred by the above applicant to Southern Foods. This guarantee shall: (1) be a continuing guarantee to enable the above applicant to have credit over an extended time and with respect to successive transactions, (2) be a guarantee of payment and not of collection; (3) not be impaired or limited by any settlement with applicant or any change in or modification of any obligations under the credit terms or this guarantee; and (4) terminate with respect to any individual guarantor only upon receipt by Southern Foods, Inc., via Certified Mail, Return Receipt Requested, from said individual guarantor, of written notice of said termination, but only as to obligations incurred or otherwise arising after receipt of such notice. Notice of acceptance of this guarantee, of extension of credit hereunder, of default in payment, or of any other matter with respect hereto is expressly waived. The parties agree that the General Courts of Justice, the City of Greensboro, North Carolina, shall have exclusive jurisdiction and venue over any dispute arising out of the terms of this guarantee.

Print/Type Guarantor's Name -- (Do not include title)

Guarantor's Signature -- (Do not include title) (Scal)

File Number: 200523053805
LC0679608
Date Filed: 08/18/2005
Robin Camahan
Secretary of State

**ARTICLES OF ORGANIZATION
OF
JOHN Q. HAMMONS HOTELS MANAGEMENT, LLC**

The undersigned organizer hereby forms and establishes a limited liability company under the Missouri Limited Liability Company Act, Section 347.010, RSMo., *et seq.*, as amended from time to time (the "Act").

ARTICLE I

The name of the limited liability company is John Q. Hammons Hotels Management, LLC (the "Company").

ARTICLE II

The Company is organized for profit and the nature of its business and purposes is to conduct any or all lawful business for which a limited liability company may be organized under the Act.

ARTICLE III

The location of the registered office of the Company in the State of Missouri is 221 Bolivar Street, Jefferson City, Missouri 65101. The name of the initial registered agent of the Company is CSC – Lawyers Incorporating Service Co.

ARTICLE IV

The management of the Company is reserved to the sole member of the Company. The name and address of the sole member of the Company is as follows:

John Q. Hammons Hotels Management II, L.P.
300 John Q. Hammons Parkway, Suite 900
Springfield, MO 65806

ARTICLE V

The Company shall continue in existence until such time as the last remaining member of the Company ceases to be a member in accordance with RSMo. Section 347.123, as amended from time to time, or until such time as the Company is earlier dissolved pursuant to the Act or the operating agreement of the Company.

State of Missouri
Creation - LLC/LP 2 Page(s)



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KC-1312604-1

ARTICLE VI

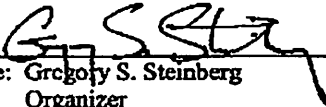
The name and address of the organizer are:

Gregory S. Steinberg, Esq.
c/o Blackwell Sanders Peper Martin LLP
4801 Main Street, Suite 1000
Kansas City, Missouri 64112

ARTICLE VII

Additional provisions relating to the formation and operations of the Company are set forth in the operating agreement of the Company.

IN TESTIMONY WHEREOF, the organizer has hereunto subscribed his name this 9th day of August, 2005.


Name: Gregory S. Steinberg
Title: Organizer

State of Missouri



Robin Carnahan
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

John Q. Hammons Hotels Management, LLC
LC0679508

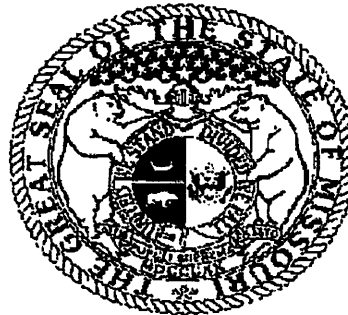
filed its Articles of Organization with this office on the 18th day of August, 2005, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 18th day of August, 2005, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

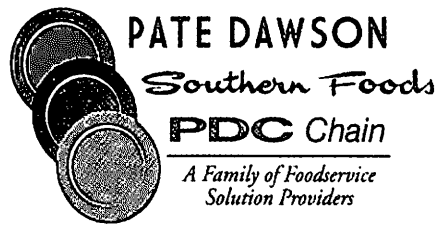
IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 18th day of August, 2005.

Robin Carnahan

Secretary of State



Pate Dawson
P.O Box 11179
Goldsboro NC 27532-1179
Phone: (800) 899-3921 x 223
Fax: (919) 778-0604



Southern Foods
P.O. Box 39088
Greensboro, NC 27438-9088
Phone: (800) 642-3767 x 3887
Fax: (336) 545-3677

10/14/16

BMC Group. Inc.
Attn: John Q Hammons Processing
PO Box 90100
Los Angeles CA 90009

Please find enclosed the Proof of Claim filed by:

Pate Dawson
3500 Old Battleground Road
Greensboro NC 27410

I have enclosed a copy of our Proof of Claim and a self-addressed stamped envelope for return to me as file-stamped.

Sincerely,

Steve Throckmorton
Credit & Collections Manager
Pate Dawson

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> (8589778) PATE DAWSON 3500 OLD BATTLEGROUND RD GREENSBORO, NC 27410	Claim No: 147 <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>
Amount claimed: \$4706.38		

History:

<u>Details</u>	<u>147-1</u>	10/21/2016	Claim #147 filed by PATE DAWSON, Amount claimed: \$4706.38 (Marshall, Terri)
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Description: (147-1) Goods sold

Remarks: (147-1) 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*	\$4706.38
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		