Debtor name: Enb	Assy Suites	
	ourt for the District of Kansas at Kansa	s City

ID: 500 SAM RUST SEAFOOD INC PO BOX 9760 HAMPTON, VA 23670-0760

*OCT 2 0 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?	Sam Rust Seafoob Name of the current creditor (the person or entity to paid for this of the current creditor used with the debtor	claim)
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)	SAM Rust Seasoob Name 620 Regional Dr Number Street HAMPTON VA 23641 City State ZIP Code	Number Street City State ZIP Code
	Contact phone 757-251-2519 Contact email Elexis esamrust.com	Contact phone
	Uniform claim identifier for electronic payments in chapte	er 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
5. Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	00112
Official Form 410	21142 Claim 153-1 Filed 10/21/16	Desc Main Document Page 1 of 14

Part 2: Give inform	ation 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: 9 3 0 0
	7739 90
7. How much is the claim?	\$ 0 101. Does this amount include interest or other charges?
	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:
	<u> </u>
	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	PINO
lease?	H
	Yes. Amount necessary to cure any default as of the date of the petition.
11. Is this claim subject to	No No
a right of setoff?	Yes. Identify the property:
	;

12. Is all or part of the claim entitled to priority under	☑No	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
priority and partly nonpriority. For example, in some categories, the	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).	\$
law limits the amount entitled to priority.	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 aft	er 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)?	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.	
If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	 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. 	
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgmen	
A person who files a fraudulent claim could be fined up to \$500,000,	amount of the claim, the creditor gave the debtor credit for any payments received toward the of the examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the in	
vears, or both.	I declare under penalty of perjury that the foregoing is true and correct.	
18 U.S.C. §§ 152, 157, and 3571.	Executed on date MM / DD / YYYY	
	Signature B. Secret	
	Print the name of the person who is completing and signing this claim:	
	Name Down B G First name Middle name	LOUGE Last name
	Title OFFice MANAger	
	Company Sam Rust Seafoot Identify the corporate servicer as the company if the authorized agent is a ser	vicer.
	Address LaD Regional Dr Number Street	
	HAMPTON U/	23661
	City	C 54m rust.com

39363467000500

SAM RUST SEAFOOD INC PO BOX 9760 HAMPTON, VA 23670-0760

SAM RUST SEAFCOD, INC.

www.samrust.com FRESH SEAFOOD DAILY

SOLD TO

239300

Embassy Suites Hotel 1700 Coliseum Dr Hampton VA

VA 23666

P.O. BOX 9760

HAMPTON, VIRGINIA 23670

PHONE (757) 838-7200 FAX (757) 838-8712

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CHARGE

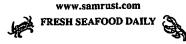
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CONTROL NO. 329978

THANK YOU!

Embassy Suites Hotel 1700 Coliseum Dr Hampton VA

SAM RUST SEAFCOD, INC.



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VA 23666

P.O. BOX 9760

HAMPTON, VIRGINIA 23670

PHONE (757) 838-7200 FAX (757) 838-8712

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CHARGE

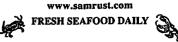
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CONTROL NO. 330002

THANK YOU!

VA 23666

SAM RUST SEAFCOD, INC.



INVOICE NO. INVOICE DATE

239300 SOLD Embassy Suites Hotel 1700 Coliseum Dr

Hampton

TO

P.O. BOX 9760 HAMPTON, VIRGINIA 23670

PHONE (757) 838-7200 FAX (757) 838-8712

6/09/16 750442 TERMS CHARGE

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CONTROL NO. 330099

THANK YOU!

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VA 23666

P.O. BOX 9760 HAMPTON, VIRGINIA 23670 PHONE (757) 838-7200 FAX (757) 838-8712 751066 | INVOICE CATE

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CONTROL NO. 351735

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THANK YOU!

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Embassy Suites Hotel 1700 Coliseum Dr

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TO

Hampton VA 23666 P.O. BOX 9760 HAMPTON, VIRGINIA 23670 PHONE (757) 838-7200 FAX (757) 838-8712

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CONTROL NO. 330175

THANK YOU!

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VA 23666

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CONTROL NO. 352192

THANK YOU!

239300

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Fresh seafood daily 🥻

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Embassy Suites Hotel 1700 Coliseum Dr Hampton

VA 23666

P.O. BOX 9760 HAMPTON, VIRGINIA 23670 PHONE (757) 838-7200 FAX (757) 838-8712

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CONTROL NO. 352524

THANK YOU!

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Hampton

TO

SAM RUST SEAFCOD, INC.

www.samrust.com FRESH SEAFOOD DAILY

(NVOICE DATE UNIVOTICES (CIO). 752738 6/24/16

Embassy Suites Hotel P.O. BOX 9760 1700 Coliseum Dr

VA 23666

PHONE (757) 838-7200 FAX (757) 838-8712

CHARGE

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HAMPTON, VIRGINIA 23670

CONTROL NO. 353370

THANK YOU!

Debtor name: Embassy Suites			
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 to be used for that purpose.

NOTE: This form SHOULD NOT be used to make a claim against Debtor for money owed. . A separate Proof of Claim form should be used for that purpose. This form should only be used to assert an Interest in a Debtor. An Interest, as used herein, refers specifically to an equity security within the meaning of 11 U.S.C. §101(16). Parties not asserting an interest SHOULD NOT file a proof of interest at this time.

RECEIVED

OCT 20 2016

BMC GROUP
If you have already filed a proof of interest with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY

4/16

Proof of Interest Form

Read the instructions before filling out this form. This form is for asserting an interest in a bankruptcy case. Do not use this form to make a request for payment of a claim or 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 interest, 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 form 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 interest 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 Interest					
1. Who is the current interest holder? Sam Rust Sea Food Name of the current interest holder (person or entity holding the interest)					
Other name the interest holder used with the debtor					
2. Has this interest been acquired from someone else?	No Yes. From whom?				
3. Where should notices and payments to the interest holder be sent?	Where should notices to the interest holder be sent? SAM Rust Seafoob	Where should payments to the interest holder be sent? (if different)			
Jene:	SAM Rust Seasood Name LOD Regional Dr Number Street	Name			
	Number Street HAM PTON VA 23661 City State ZIF Code	Number Street City State ZIP Code			
	Contact phone 757-251-2519 Contact email Elexis & Sam rust.com	Contact phone			
Uniform claim identifier for electronic payments in chapter 13 (if you use one):					
4. Does this form amend one already filed?	No Yes. Claim number on court claims registry (if known) _	Filed on			
5. Do you know if anyone else has filed a proof of interest for this interest?	No Yes. Who made the earlier filing?				

Part 2: Give information about the Interest 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: 9300					
7. Type of interest	dicate if your Interest is based on actual shares of stock held in the Debtor or a membership interest held in the debtor or mething else: Imber of shares held or percentage of membership interest:					
Indicate if your Interest is based on anything else and describe that interest: <u>Over Sue</u> invoices						
Part 3: Sign Below						
The person completing this proof of interest must sign and date it FRBP 9011(b). If you file this form electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. A person who files a	I am the interest holder. I am the interest holder'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 have examined the information in this <i>Proof of Interest</i> 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.					
A person who files a fraudulent form could be fined up to \$500,00 imprisoned for up to syears, or both. 18 U.S.C. §§ 152, 157, and 3571.	MM/DD/YYYY					
	Address Address Regional Dv Number Street Namp Tor City Contact phone 757-251-2519 Identify the corporate servicer as the company if the authorized agent is a servicer. Namp Tor VA 2344/ State ZIP Code Email Elexis c SAm rust. com					

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):

Creditor: (8589780)SAM RUST SEAFOOD 620 REGIONAL DR

HAMPTON, VA

23661

Claim No: 153 Status: Original Filed Date: 10/21/2016 Entered by: Terri Marshall

Original Entered Date: 10/21/2016

Filed by: CR

Modified:

Amount claimed: \$2739.90

History:

Details

153- 10/21/2016 Claim #153 filed by SAM RUST SEAFOOD, Amount claimed: 1

\$2739.90 (Marshall, Terri)

Description: (153-1) Goods sold

Remarks: (153-1) KSB Filed 10/20/16; 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*	\$2739.90
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		