

Fill in this information to identify the case:

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.

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

RECEIVED

OCT 20 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?

SAM RUST SEAFOOD

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)

SAM RUST SEAFOOD
Name

Name

620 Regional Dr
Number Street

Number Street

Hampton VA 23661
City State ZIP Code

City State ZIP Code

Contact phone 757-251-2519

Contact phone

Contact email Ellexis@SAMRUST.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?

JOH CH ID
00112

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: 9300

7. How much is the claim? \$ 2739.90 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

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

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

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 10-13-16
MM / DD / YYYY

Donna B. George
Signature

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

Name Donna B George
First name Middle name Last name

Title OFFICE MANAGER

Company SAM RUST SEAFOOD
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 620 Regional Dr
Number Street
Hampton VA 23661
City State ZIP Code

Contact phone 757-251-2519 Email Flexis@samrust.com



39363467000500

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

INVOICE

www.samrust.com

FRESH SEAFOOD DAILY

SOLD
TO


239300

Embassy Suites Hotel
1700 Coliseum Dr
Hampton

VA 23666

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

INVOICE NO.	INVOICE DATE
749383	6/02/16
TERMS	
CHARGE	

ROUTE NO.	ORDER NO.		CUSTOMER PURCHASE ORDER		SALESMAN	CUSTOMER PHONE NO.		CHECK NO.	AMOUNT REC.
	545881				Leonard	757-827-8200			D
QTY	ITEM NO.	UPC/SKU/BIN NO.	UNIT	DESCRIPTION	COO	MOP	LOT NO.	PRICE	AMOUNT
2.00	1415	PACK	PT	Pint Select Oyster	USA	WILD	147169	12.95	25.90
1.00	1589D	RUFF	GAL	"DRY PACK" U-10 Scallops	USA	WILD	147184	168.00	168.00
37.42	8875	CUTT	LB	FR 3/4 PBO Sal Fil	CHL	FR	147243	7.75	290.01
								Sub-Tot	483.91
A FINANCE CHARGE OF 1 1/4% per month, which is an 18% ANNUAL PERCENTAGE RATE, will be applied to all past due accounts.					PLEASE CHECK YOUR ORDER BEFORE SIGNING			TOTAL	483.91
					TIME REC'D.		RECEIVED BY: 		

THANK YOU!

ORIGINAL

CONTROL NO. 329978

INVOICE

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239300


Embassy Suites Hotel
1700 Coliseum Dr
Hampton

VA 23666



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

INVOICE NO.	INVOICE DATE
749646	6/03/16
TERMS	
CHARGE	

ROUTE NO.	ORDER NO.	CUSTOMER PURCHASE ORDER			SALESMAN	CUSTOMER PHONE NO.		CHECK NO.	AMOUNT REC.
	546141				Leonard	757-827-8200			
QTY	ITEM NO.	UPC/SKU/BIN NO.	UNIT	DESCRIPTION	COO	MCP	LOT NO.	PRICE	AMOUNT
37.73	8875	CUTT	LB	FR 3/4 PBO Sal Fil - 1 case	CHL	FR	147383	7.75	292.41
								Sub-Tot	292.41
A FINANCE CHARGE OF 1½% per month, which is an 18% ANNUAL PERCENTAGE RATE, will be applied to all past due accounts.					PLEASE CHECK YOUR ORDER BEFORE SIGNING			TOTAL	292.41

"Consuming raw or undercooked seafood, including shellfish, may increase your risk of foodborne illness, especially if you have certain medical conditions."

TIME REC'D.

RECEIVED BY: 

CONTROL NO. 330002

THANK YOU!

ORIGINAL

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TO

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Embassy Suites Hotel
1700 Coliseum Dr
Hampton VA 23666


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

INVOICE NO.	INVOICE DATE
750442	6/09/16
TERMS	
CHARGE	

ROUTE NO.	ORDER NO.		CUSTOMER PURCHASE ORDER		SALESMAN		CUSTOMER PHONE NO.		CHECK NO.	AMOUNT REC.
	547079				Leonard		757-827-8200			
QTY	ITEM NO.	UPC-SKU/BIN NO.	UNIT	DESCRIPTION	COO	MOP	LOT NO.	PRICE	AMOUNT	
16.00	2133	416	LB	Fro VP Lobster CKL Meat	CAN	WILD	136147	27.95	447.20	
1.00	1589D	RUFF	GAL	"DRY PACK" U-10 Scallops	USA	WILD	147673	168.00	168.00	
14.90	8875	CUTT	LB	FR 3/4 PBO Sal Fil	CHL	FR	147639	7.20	107.28	
								Sub-Tot	722.48	
A FINANCE CHARGE OF 1¼% per month, which is an 18% ANNUAL PERCENTAGE RATE, will be applied to all past due accounts.				*Consuming raw or undercooked seafood, including shellfish, may increase your risk of foodborne illness, especially if you have certain medical conditions.*			PLEASE CHECK YOUR ORDER BEFORE SIGNING		TOTAL	722.48

TIME RECD.

RECEIVED BY: 

CONTROL NO. 330099

THANK YOU!

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Embassy Suites Hotel
1700 Coliseum Dr
Hampton

VA 23666



SAM RUST SEAFOOD, INC.

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

INVOICE NO.	INVOICE DATE
751066	6/14/16
TERMS	
CHARGE	

ROUTE NO.	ORDER NO.		CUSTOMER PURCHASE ORDER		SALESMAN	CUSTOMER PHONE NO.		CHECK NO.	AMOUNT REC.	
6	547683				Leonard	757-827-8200				
QTY	ITEM NO.	UPC/SKU/BIN NO.	UNIT	DESCRIPTION		COO	MOP	LOT NO.	PRICE	AMOUNT
19.60	8875	CUTT	LB	FR 3/4 PBD Sal Fil		CHL	FR	147721 147831	6.95	136.22
									Sub-Tot	136.22
A FINANCE CHARGE OF 1½% per month, which is an 18% ANNUAL PERCENTAGE RATE, will be applied to all past due accounts.										
"Consuming raw or undercooked seafood, including shellfish, may increase your risk of foodborne illness, especially if you have certain medical conditions."										
PLEASE CHECK YOUR ORDER BEFORE SIGNING									TOTAL	136.22

TIME REC'D.

RECEIVED BY:

CONTROL NO. 351735

THANK YOU!

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Embassy Suites Hotel
1700 Coliseum Dr
Hampton VA 23666


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

INVOICE NO.	INVOICE DATE
751150	6/14/16
TERMS	
CHARGE	

ROUTE NO.	ORDER NO.	CUSTOMER PURCHASE ORDER			SALESMAN	CUSTOMER PHONE NO.		CHECK NO.	AMOUNT REC.
	547873				Leonard	757-827-8200			<input checked="" type="checkbox"/>
QTY	ITEM NO.	UPC/SKU/BIN NO.	UNIT	DESCRIPTION	COO	MOP	LOT NO.	PRICE	AMOUNT
23.10	8875	CUTT	LB	FR 3/4 PBO Sal Fil	CHL	FR	147831	6.95	160.55
								Sub-Tot	160.55
A FINANCE CHARGE OF 1½% per month, which is an 18% ANNUAL PERCENTAGE RATE, will be applied to all past due accounts.					PLEASE CHECK YOUR ORDER BEFORE SIGNING			TOTAL	160.55
Consuming raw or undercooked seafood, including shellfish, may increase your risk of foodborne illness, especially if you have certain medical conditions.									

"Consuming raw or undercooked seafood, including shellfish, may increase your risk of foodborne illness, especially if you have certain medical conditions."

TIME REC'D.

RECEIVED BY:

THANK YOU!

ORIGINAL

CONTROL NO. 330175

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1700 Coliseum Dr
Hampton VA 23666P.O. BOX 9760
HAMPTON, VIRGINIA 23670PHONE (757) 838-7200
FAX (757) 838-8712

INVOICE NO.	INVOICE DATE
751479	6/16/16
TERMS	
CHARGE	

ROUTE NO.	ORDER NO.	CUSTOMER PURCHASE ORDER		SALESMAN	CUSTOMER PHONE NO.		CHECK NO.	AMOUNT REC.	
6	548146			Leonard	757-827-8200				
QTY	ITEM NO.	UPC-SKU / BIN NO.	UNIT	DESCRIPTION	COO	MOP	LOT NO.	PRICE	AMOUNT
1.00	2706	202	CS	30# Canadian 5-B Opelio	CAN	WILD	146852	214.50	214.50
								Sub-Tot	214.50

A FINANCE CHARGE OF 1½% per month, which is an 18% ANNUAL PERCENTAGE RATE, will be applied to all past due accounts.

"Consuming raw or undercooked seafood, including shellfish, may increase your risk of foodborne illness, especially if you have certain medical conditions."

PLEASE CHECK YOUR
ORDER BEFORE SIGNING

TOTAL

214.50

TIME REC'D.

RECEIVED BY:

CONTROL NO. 352192

THANK YOU!

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TO


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Embassy Suites Hotel
1700 Coliseum Dr
Hampton VA 23666

SAM RUST SEAFOOD, INC.

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

INVOICE NO.	INVOICE DATE
751870	6/18/16
TERMS	
CHARGE	

ROUTE NO.		ORDER NO.		CUSTOMER PURCHASE ORDER		SALESMAN		CUSTOMER PHONE NO.		CHECK NO.	AMOUNT REC.	
7		548609				Leonard		757-827-8200				
QTY	ITEM NO.	UPC/SKU/BIN NO.	UNIT	DESCRIPTION				COO	MOP	LOT NO.	PRICE	AMOUNT
6.00	2133	416	LB	Fro VP Lobster CKL Meat				CAN	WILD	136147	27.95	167.70
1.00	1922TO	513	CS	Shmp 16/20 IQF P&D T-On 10#				IDN	WILD	146695	74.00	74.00
1.00	7931	202-	EA	Tobikko Red - 1.1# Unit							15.95	15.95
6.40	8875	CUTT	LB	FR 3/4 PBO Sal Fil				CHL	FR	147960	6.95	44.48
											Sub-Tot	302.13
A FINANCE CHARGE OF 1½% per month, which is an 18% ANNUAL PERCENTAGE RATE, will be applied to all past due accounts.				*Consuming raw or undercooked seafood, including shellfish, may increase your risk of foodborne illness, especially if you have certain medical conditions.*				PLEASE CHECK YOUR ORDER BEFORE SIGNING		TOTAL	302.13	
									TIME REC'D.	RECEIVED BY: 		

THANK YOU!

ORIGINAL

CONTROL NO. 352524

INVOICE

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FRESH SEAFOOD DAILY

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TO

239300

Embassy Suites Hotel
1700 Coliseum Dr
Hampton


VA 23666



SAM RUST SEAFOOD, INC.

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

INVOICE NO.	INVOICE DATE
752738	6/24/16
TERMS	
CHARGE	

ROUTE NO.	ORDER NO.		CUSTOMER PURCHASE ORDER		SALESMAN		CUSTOMER PHONE NO.		CHECK NO.	AMOUNT REC.	
7	549544				Leonard		757-827-8200				
QTY	ITEM NO.	UPC-SKU/BIN NO.	UNIT	DESCRIPTION			COO	MOP	LOT NO.	PRICE	AMOUNT
1.00	1589D		GAL	"DRY PACK" U-10 Scallops			USA	WILD	148381	166.00	166.00
38.77	8875		LB	FR 3/4 PBO Sal Fil			CHL	FR	148301	6.75	261.70
										Sub-Tot	427.70
A FINANCE CHARGE OF 1 1/4% per month, which is an 18% ANNUAL PERCENTAGE RATE, will be applied to all past due accounts.				*Consuming raw or undercooked seafood, including shellfish, may increase your risk of foodborne illness, especially if you have certain medical conditions.*				PLEASE CHECK YOUR ORDER BEFORE SIGNING		TOTAL	427.70
							TIME REC'D.		RECEIVED BY: 		

THANK YOU!

ORIGINAL

CONTROL NO. 353370

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.

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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 Seafood

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 Seafood
Name

620 Regional Dr
Number Street

Hampton VA 23661
City State ZIP Code

Contact phone 757-251-2519

Contact email Elexis@samrust.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

Where should payments to the interest holder be sent? (if different)

Name _____

Number Street _____

City State ZIP Code _____

Contact phone _____

Contact email _____

4. Does this form 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 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 Indicate if your Interest is based on actual shares of stock held in the Debtor or a membership interest held in the debtor or something else:
Number of shares held or percentage of membership interest: _____
Indicate if your Interest is based on anything else and describe that interest: Overdue 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 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.

Check the appropriate box:

- ☒ 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 *Proof of Interest* 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 10-13-2016
MM / DD / YYYY

Signature Donna B. George
Name DONNA B George
First name Middle name Last name

Title Office Manager

Company SAM Rust Seafood
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 620 Regional Dr
Number Street
Hampton VA 23661
City State ZIP Code

Contact phone 757-251-2519 Email Elexis@SAMrust.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):

<i>Creditor:</i> (8589780) SAM RUST SEAFOOD 620 REGIONAL DR HAMPTON, VA 23661	Claim No: 153 <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: \$2739.90		

History:

<u>Details</u>	<u>153-</u>	10/21/2016	Claim #153 filed by SAM RUST SEAFOOD, Amount claimed: \$2739.90 (Marshall, Terri)
	<u>1</u>		

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		