

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: 756
ROTO-ROOTER PLUMBING SERV
731 RANKIN RD NE
ALBUQUERQUE, NM 87107-2109

RECEIVED
OCT 21 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?
HUDCORP, INC DBA ROTO ROOTER SERVICES
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?
HUDCORP INC Name
731 RANKIN RD. NE Number Street
ALBUQUERQUE, NM 87107 City State ZIP Code
Where should payments to the creditor be sent? (if different)
Name _____
Number Street _____
City State ZIP Code _____
Contact phone 505-299-6464 Contact phone _____
Contact email smiths@rotarooter-nm.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? _____

JQH Ct ID
00115

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: 0022R

7. How much is the claim? \$ 291.56 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 performed

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

Motor vehicle

Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____%

Fixed

Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Amount entitled to priority

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

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

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

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

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

Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. \$ _____

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

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

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

No

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

Part 3: Sign Below

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

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

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

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 10/17/2016
MM/DD/YYYY

Audrey Klabunde
Signature

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

Name AUDREY A. KLABUNDE
First name Middle name Last name

Title ACCOUNTS RECEIVABLE MANAGER

Company HUDCORP INC, DBA ROTO ROTO SERVICES
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 731 BANKIN ROAD NE
Number Street

ALBUQUERQUE NM 87107
City State ZIP Code

Contact phone 505-299-6464 Email Smithserototooter-nm.com



39363467000756

ROTO-ROOTER PLUMBING SERV
731 RANKIN RD NE
ALBUQUERQUE, NM 87107-2109



SAVE THIS INVOICE FOR YOUR GUARANTEE
 SEE BINDING TERMS ON REVERSE
 Roto-Rooter Services
 GENERAL OFFICE
 731 Rankin Rd, N.E. ...
 Albuquerque, NM 87107
 Phone: (505) 299-8464
 Fax: (505) 292-9247
 www.rotorooter.com

DATE OF SERVICE
 M 6/21/16
 SERVICE TECHNICIAN'S NAME
 Seemey
 1998
 LICENSE NO.
 AM 95188

CUSTOMER NAME: Embassy Suites
 JOB ADDRESS: 1000 Woodland Dr NE
 CITY: DUB STATE: NM ZIP: 87102
 BILLING ADDRESS (IF DIFFERENT THAN JOB ADDRESS):
 MODEL: SER # MAKE:
 APT. NUMBER: FEDERAL I.D. # 20-1974105
 CUSTOMER PHONE NO.: P.O. NUMBER:
 CITY: STATE: ZIP:

ESTIMATE: \$ + TAX
 WORK ORDER AUTHORIZATION
 I am authorized to allow Roto-Rooter to perform the described services and I agree to pay the amounts indicated. I understand that Roto-Rooter is not responsible for broken, settled, rusted, deteriorated, or lead pipes, fixtures, or clean outs and any damage resulting from cleaning or repairing such lines.
 (PRINT NAME) (SIGNATURE)

Plumbing Guarantee: Reason for none
 DRAIN GUARANTEES: WHOLE HOME PREMIUM ADVANCED STANDARD NONE
 WHOLE HOME PREMIUM ADVANCED STANDARD NONE

TYPE OF WORK DONE
 RESIDENTIAL COMMERCIAL

| DEPARTMENT / DESCRIPTION | AMOUNT |
|--|--------|
| PLUMBING WORK <input type="checkbox"/> Can low line on seweratt 518 to clear | \$156 |
| MAIN SEWER LINE <input type="checkbox"/> | |
| WASHER LINE <input type="checkbox"/> Lots of build up | |
| KITCHEN SINK LINE <input type="checkbox"/> | |
| LAVATORY LINE <input checked="" type="checkbox"/> | |
| TUB LINE <input type="checkbox"/> Tested: Clear | |
| STOOL AUGER <input type="checkbox"/> | |
| SEPTIC TANK <input type="checkbox"/> 30 day warranty | |
| FLOOR DRAIN <input type="checkbox"/> | |
| PRODUCTS <input type="checkbox"/> | |
| SHOWER <input type="checkbox"/> | |
| OTHER <input type="checkbox"/> | |

ROOTS MUD GREASE LOADED PAPER TOWELS
 GARBAGE CAUSTICS GENERAL FEM. HYGIENE PRODUCTS HANDY WIPES

CASH \$ CHECK NO. CREDIT CARD AUTH. # NET 30 DAYS (WAC)
 NET 30 DAYS FOR WAC COMMERCIAL CUSTOMERS ONLY
 OVER 30 DAYS - LATE CHARGE OF 1.12% PER MONTH in the event check is returned, the COMPANY will charge the CUSTOMER A \$30.00 processing fee.

COMPLETION: I acknowledge completion of the above described work which has been done to my complete satisfaction.
 (PRINT NAME) (SIGNATURE)

| | | | |
|---|-----------------------|-----------------|---------------------------|
| DISPATCHED TIME | ARRIVAL TIME 12:10 | COMPLETION TIME | SUBTOTAL |
| TESTING <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL | METHOD: SPO | | DISCOUNTS/COUPONS |
| SERVICE TECHNICIAN'S RECOMMENDATIONS | | | TOTAL \$136 |
| | | | TAX \$9.78 |
| | | | INVOICE TOTAL \$145.78 |



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 Albuquerque, NM 87107
 Phone: (505)-299-6464
 Fax: (505)-292-9247
 www.rotorooter.com

DATE OF SERVICE
 M 6/13/16
 SERVICE TECHNICIAN'S NAME
 [Signature]
 LICENSE NO.
 AM 85794

CUSTOMER NAME: Embassy Suites
 JOB ADDRESS: 1000 Woodward
 CITY: ALBQ STATE: NM ZIP: 87102
 APT. NUMBER: #2214 FEDERAL ID #: 20-1974105
 CUSTOMER PHONE NO. P.O. NUMBER
 BILLING ADDRESS (IF DIFFERENT THAN JOB ADDRESS) CITY STATE ZIP
 MODEL# SER# MAKE

ESTIMATE \$ _____ + TAX (PRINT NAME) _____
 WORK ORDER AUTHORIZATION
 I am authorized to allow Roto-Rooter to perform the described services and I agree to pay the amounts indicated. I understand that Roto-Rooter is not responsible for broken, settled, rusted, deteriorated, or lead pipes, fixtures, or clean outs and any damage resulting from cleaning or repairing such lines.
 (SIGNATURE) _____

Plumbing Guarantee: _____ Reason for none _____
 DRAIN GUARANTEES: WHOLE HOME PREMIUM ADVANCED STANDARD NONE

| TYPE OF WORK DONE | | DEPARTMENT / DESCRIPTION | AMOUNT |
|--------------------------------------|--|----------------------------|--------|
| <input type="checkbox"/> RESIDENTIAL | <input checked="" type="checkbox"/> COMMERCIAL | | |
| PLUMBING WORK | <input type="checkbox"/> | Renovate sink for room 214 | |
| MAIN SEWER LINE | <input type="checkbox"/> | | |
| WASHER LINE | <input type="checkbox"/> | General debris | 136.00 |
| KITCHEN SINK LINE | <input type="checkbox"/> | | |
| LAVATORY LINE | <input type="checkbox"/> | | |
| TUB LINE | <input type="checkbox"/> | Cleared & tested | |
| STOOL AUGER | <input type="checkbox"/> | | |
| SEPTIC TANK | <input type="checkbox"/> | | |
| FLOOR DRAIN | <input type="checkbox"/> | | |
| PRODUCTS | <input type="checkbox"/> | | |
| SHOWER | <input type="checkbox"/> | | |
| OTHER | <input type="checkbox"/> | | |

ROOTS MUD GREASE LOADED PAPER TOWELS
 GARBAGE CAUSTICS GENERAL FEM. HYGIENE PRODUCTS HANDY WIPES

CASH \$ _____ CHECK NO. _____ CREDIT CARD AUTH. # _____ NET 30 DAYS (WAC)
 NET 30 DAYS FOR WAC COMMERCIAL CUSTOMERS ONLY
 OVER 30 DAYS - LATE CHARGE OF 1 1/2% PER MONTH in the event check is returned, the COMPANY will charge the CUSTOMER A \$30.00 processing fee.

COMPLETION I acknowledge completion of the above described work which has been done to my complete satisfaction.
 (PRINT NAME) _____ (SIGNATURE) _____

| | | | |
|--|--------------------|-----------------|-----------------------|
| DISPATCHED TIME | ARRIVAL TIME: 7:00 | COMPLETION TIME | SUBTOTAL: 136.00 |
| TESTING <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | METHOD: _____ | | DISCOUNTS/COUPONS |
| SERVICE TECHNICIAN'S RECOMMENDATIONS | | | TOTAL |
| | | | TAX: 9.08 |
| | | | INVOICE TOTAL: 145.08 |

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> (8592304) Hudcorp Inc. 731 Rankin Road, NE Albuquerque, NM 87107 | Claim No: 156 <i>Original Filed</i> Date: 10/26/2016 <i>Original Entered</i> Date: 10/26/2016 | <i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i> |
|---|--|--|

| | | | | |
|--------------------------|--|--|--|--|
| Amount claimed: \$291.56 | | | | |
|--------------------------|--|--|--|--|

History:

| | | | |
|-------------------------|-----------------------|------------|--|
| Details | 156-1 | 10/26/2016 | Claim #156 filed by Hudcorp Inc., Amount claimed: \$291.56 (Marshall, Terri) |
|-------------------------|-----------------------|------------|--|

Description: (156-1) Services Performed
Remarks:

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* | \$291.56 |
| 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 | | |