

Fill in this information to identify the case:

Debtor name: RESIDENCE INN OF JOPLIN
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (If known):

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

ID: 2411
JOPLIN GLOBE
PO BOX 7
JOPLIN, MO 64802-0007

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? THE JOPLIN GLOBE
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?
[X] 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? DIANA CROUCH
117 E. 4TH ST
JOPLIN MO 64801
Where should payments to the creditor be sent? (if different)
Contact phone 417-627-7311
Contact email dcrouch@joplinglobe.com
Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
[X] 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?
[X] No
[] Yes. Who made the earlier filing?

JQH CH ID
00116

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: 78189

7. How much is the claim? \$ 512.98 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.
SERVICE PERFORMED-HELP WANTED ADS RAN IN PAPER

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).

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 10/14/2016
MM/DD/YYYY

Carrie B. Ball
Signature

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

Name Carrie B. Ball
First name Middle name Last name

Title Controller

Company The Joplin Globe
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 117 E 4th St
Number Street

Joplin MO 64801
City State ZIP Code

Contact phone 417-627-7300 Email cball@joplinglobe.com



39363467002411

JOPLIN GLOBE
PO BOX 7
JOPLIN, MO 64802-0007

THE JOPLIN GLOBE
 PO BOX 7
 JOPLIN MO 64802-0007

(417) 623-3480

Fax(417) 623-1188

Advertising Invoice

1] Billing Period 05/2016		2] Advertiser/Client Name RESIDENCE INN OF JOPLIN	
23] Total Amount Due 491.20		*Unapplied Amount	3] Terms of Payment ON RECEIPT
21] Current Net Amount Due 491.20	22] 30 Days .00	60 Days .00	Over 90 Days .00
4] Page Number 1	5] Billing Date 05/31/16	6] Billed Account Number 78189 BRAD	7] Advertiser/Client Number 78189

8] Billed Account Name and Address RESIDENCE INN OF JOPLIN 3128 E HAMMONDS BLVD JOPLIN MO 64804	Amount Paid: Comments:
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GO PAPERLESS WITH E-MAIL FOR YOUR INVOICE/STATEMENTS.....CALL 417-627-7311 OR EMAIL DCROUCH@JOPLINGLOBE.COM

Please Return Upper Portion With Payment

10] Date	11] Newspaper Reference	12] [13] [14] Description-Other Comments/Charges	15] SAU Size 16] Billed Units	17] Times Run 18] Rate	19] Gross Amount	20] Net Amount
05/04/16	1213758 HW	RESIDENCE INN	1X 3.50	1 0.00	245.65	245.65
05/11/16	1214537 HW	RESIDENCE INN	1X 3.50	1 0.00	245.55	245.55

Statement of Account - Aging of Past Due Amounts

Due date: 06/15/16

21] Current Net Amount Due 491.20	22] 30 Days 0.00	60 Days 0.00	Over 90 Days 0.00	*Unapplied Amount	23] Total Amount Due 491.20
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THE JOPLIN GLOBE
 (417) 623-3480

* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24] Invoice Number 051678189	25] Advertiser Information
1] Billing Period 05/2016	6] Billed Account Number 78189
7] Advertiser/Client Number 78189	2] Advertiser/Client Name RESIDENCE INN OF JOPLIN

THE JOPLIN GLOBE
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 JOPLIN MO 64802-0007

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Advertising Invoice

1] Billing Period 06/2016		2] Advertiser/Client Name RESIDENCE INN OF JOPLIN	
23] Total Amount Due 744.12		3] Terms of Payment ON RECEIPT	
21] Current Net Amount Due 252.92		22] 30 Days 491.20	
		60 Days .00	
		Over 90 Days .00	
4] Page Number 1	5] Billing Date 06/30/16	6] Billed Account Number 78189 BRAD .	7] Advertiser/Client Number 78189

8] Billed Account Name and Address RESIDENCE INN OF JOPLIN 3128 E HAMMONDS BLVD JOPLIN MO 64804		Amount Paid: Comments:
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Please Return Upper Portion With Payment

10] Date	11] Newspaper Reference	12] [13] [14] Description-Other Comments/Charges	15] SAU Size 16] Billed Units	17] Times Run 18] Rate	19] Gross Amount	20] Net Amount
06/22/16	1219549 HW	BALANCE FORWARD RESIDENCE INN	1X 3.50	1		491.20
06/30/16	SRV	Service Charge Amnt Subject (491.20)	3.50	0.00	245.55	245.55
				1 0.00	7.37	7.37

Statement of Account - Aging of Past Due Amounts

Due date: 07/15/16

21] Current Net Amount Due 252.92	22] 30 Days 491.20	60 Days 0.00	Over 90 Days 0.00	*Unapplied Amount	23] Total Amount Due 744.12
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THE JOPLIN GLOBE
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* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24] Invoice Number 061678189	25] Advertiser Information
1] Billing Period 06/2016	6] Billed Account Number 78189
7] Advertiser/Client Number 78189	2] Advertiser/Client Name RESIDENCE INN OF JOPLIN

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 JOPLIN MO 64802-0007

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Advertising Invoice

1] Billing Period 07/2016		2] Advertiser/Client Name RESIDENCE INN OF JOPLIN	
23] Total Amount Due 498.46		*Unapplied Amount	3] Terms of Payment ON RECEIPT
21] Current Net Amount Due 7.26	22] 30 Days 252.92	60 Days 238.28	Over 90 Days .00
4] Page Number 1	5] Billing Date 07/31/16	6] Billed Account Number 78189 BRAD .	7] Advertiser/Client Number 78189

8] Billed Account Name and Address RESIDENCE INN OF JOPLIN 3128 E HAMMONDS BLVD JOPLIN MO 64804		Amount Paid: Comments:	
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Please Return Upper Portion With Payment

10] Date	11] Newspaper Reference	12] (13] 14] Description-Other Comments/Charges	15] SAU Size 16] Billed Units	17] Times Run 18] Rate	19] Gross Amount	20] Net Amount
07/29/16	252102	BALANCE FORWARD				744.12
07/31/16	SRV	ELECTRONIC PAYMENTS Service Charge Amnt Subject (483.83)		1 0.00	7.26	-252.92 7.26

Statement of Account - Aging of Past Due Amounts

Due date: 08/15/16

21] Current Net Amount Due 7.26	22] 30 Days 252.92	60 Days 238.28	Over 90 Days 0.00	*Unapplied Amount	23] Total Amount Due 498.46
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THE JOPLIN GLOBE
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* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24] Invoice Number 071678189		25] Advertiser Information			
1] Billing Period 07/2016	6] Billed Account Number 78189	7] Advertiser/Client Number 78189	2] Advertiser/Client Name RESIDENCE INN OF JOPLIN		

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Advertising Invoice

1 Billing Period 08/2016		2 Advertiser/Client Name RESIDENCE INN OF JOPLIN	
23 Total Amount Due 505.72		*Unapplied Amount	3 Terms of Payment ON RECEIPT
21 Current Net Amount Due 7.26	22 30 Days 7.26	60 Days 252.92	Over 90 Days 238.28
4 Page Number 1	5 Billing Date 08/31/16	6 Billed Account Number 78189 BRAD .	7 Advertiser/Client Number 78189

8 Billed Account Name and Address RESIDENCE INN OF JOPLIN 3128 E HAMMONDS BLVD JOPLIN MO 64804		Amount Paid: Comments:
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Please Return Upper Portion With Payment

10 Date	11 Newspaper Reference	12 13 14 Description-Other Comments/Charges	15 SAU Size 16 Billed Units	17 Times Run 18 Rate	19 Gross Amount	20 Net Amount
08/31/16	SRV	BALANCE FORWARD Service Charge Amnt Subject (483.83)		1 0.00	7.26	498.46 7.26

Statement of Account - Aging of Past Due Amounts

Due date: 09/15/16

21 Current Net Amount Due 7.26	22 30 Days 7.26	60 Days 252.92	Over 90 Days 238.28	*Unapplied Amount	23 Total Amount Due 505.72
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* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24 Invoice Number 081678189	25 Advertiser Information	
1 Billing Period 08/2016	6 Billed Account Number 78189	7 Advertiser/Client Number 78189
2 Advertiser/Client Name RESIDENCE INN OF JOPLIN		Page 8 of 9

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Advertising Invoice

1] Billing Period 09/2016		2] Advertiser/Client Name RESIDENCE INN OF JOPLIN	
23] Total Amount Due 512.98		*Unapplied Amount	3] Terms of Payment ON RECEIPT
21] Current Net Amount Due 7.26	22] 30 Days 7.26	60 Days 7.26	Over 90 Days 491.20
4] Page Number 1	5] Billing Date 09/30/16	6] Billed Account Number 78189 BRAD .	7] Advertiser/Client Number 78189

8] Billed Account Name and Address RESIDENCE INN OF JOPLIN 3128 E HAMMONDS BLVD JOPLIN MO 64804		Amount Paid: Comments:
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Please Return Upper Portion With Payment

10] Date	11] Newspaper Reference	12]13]14] Description-Other Comments/Charges	15] SAU Size 16] Billed Units	17] Times Run 18] Rate	19] Gross Amount	20] Net Amount
09/30/16	SRV	BALANCE FORWARD Service Charge Amnt Subject (483.83)		1 0.00	7.26	505.72 7.26

Statement of Account - Aging of Past Due Amounts

Due date: 10/15/16

21] Current Net Amount Due 7.26	22] 30 Days 7.26	60 Days 7.26	Over 90 Days 491.20	*Unapplied Amount	23] Total Amount Due 512.98
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* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24] Invoice Number 091678189	25] Advertiser Information
1] Billing Period 09/2016	6] Billed Account Number 78189
7] Advertiser/Client Number 78189	2] Advertiser/Client Name RESIDENCE INN OF JOPLIN

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> (8592322) The Joplin Globe 117 E. 4th Street Joplin, MO 64801	Claim No: 157 <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>
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Amount claimed: \$512.98				
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History:

Details	157-1	10/26/2016	Claim #157 filed by The Joplin Globe, Amount claimed: \$512.98 (Marshall, Terri)
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Description: (157-1) Services Performed
Remarks: (157-1) Filed in Joplin Residence Catering Co. Inc.(16-21206)

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*	\$512.98
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		