

Fill in this information to identify the case:

Debtor name: John Q. Hammons Fall 2006, LLC, et al.

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: 2336
ARKANSAS OKLAHOMA GAS
PO BOX 2415
FORT SMITH, AR 72902-2415

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?

Arkansas Oklahoma Gas Corporation

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)

Arkansas Oklahoma Gas Corp.

Name

Name

PO Box 2414

Number Street

Number Street

Fort Smith, AR 72902

City State ZIP Code

City State ZIP Code

Contact phone 479/783-3181

Contact phone _____

Contact email acreekiller@aogc.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 Ctl ID
00117

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: 3 5 4 3

7. How much is the claim? \$ 305.41 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.
Utility Service - natural gas

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.

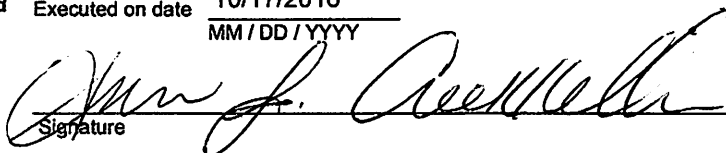
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 10/17/2016
MM / DD / YYYY


Signature

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

Name Ann J. Creekkiller

First name

Middle name

Last name

Title

Paralegal

Company

Arkansas Oklahoma Gas Corp.

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

Address

PO Box 2414

Number

Street

Fort Smith, AR 72902

City

State

ZIP Code

Contact phone

479/783-3181

Email acreekkiller@aogc.com

USER: TBRACKEN
ARKANSAS

UtilicIS
AOG

10/14/16 14:31

Customer Information

CSR Dash

Find Balnce Unpost Arhist Bilhis Custcal Remrks Credit Scrn2 Quit
Ordr New/React Modcus Agmnts Service Asgsrv Address Pubast Pymnts Print

Cust#: 213543		AOG Acct# :		CustStatus: F0 09/13/2016	
Name Format : 1				SSN : 203-88-6136	
Last/co.name: JQH COURTYARD FORT SMITH				OtherId/St: 203886136 /AR	
First Name :		Mi:		Primary # : (479)783-2100 L	
Cus Cat: G		CusType: B		Other Ph# :	
Reg: AR		Div: FSM		AMER2300 NAICS: 72111	
Serv/Ext: 170942 1		Status: A		Mtr: 00121745 Agrmnts?: N	
900 ROGERS AVE				PubAsst?: N	
FORT SMITH		AR 72901 2604		Med Pri?: N	
Rate Class: S		Dep. Reqd: 0.00		AltAddr?: N	
Rate Sched: WA-3		Dep Paid: 0.00		Remarks : Y	
Tax Juris : AA		County: SEB Id:		12M Avg Bill: 2,096.00	
Deflt Ex :				Tot Unposted: 0.00	
Tax Exmpt :				Tot Due : 0.00	

3mo Current Year 3

Cons: 3,271 C
HDDs: 0 H
Days: 59

AMI Id:49976038 Pressur

Orders / Agreements:
Requested:09/09/16 Comple
OTHER 7000 R-79385, 8-1

CSR Extended Dashboard

Welcome User: TBRACKEN	To Utilicis CSR Dashboard	Gas Bal	Misc Bal	Srvs Bal	Bad Debt
Last Bill Date: 09/12/2016	Last Pymt Date: 08/16/2016	0.00	0.00	0.00	305.41

Date:	SEP-2016	AUG-2016	JUL-2016	JUN-2016	MAY-2016	APR-2016	MAR-2016	FEB-2016	JAN-2016	DEC-201
Cons:	0 C	1384 C	1887 C	2639 C	2880 C	3078 C	2825 C	2904 C	3341 C	2809 C
Notices:	L	N	A	A	A	A	A	A	A	A
HDDs:	0	0	0	5	25	230	246	558	711	477
# Days:	0	28	31	32	30	32	29	28	31	32

Date:	SEP-2015	AUG-2015	JUL-2015	JUN-2015	MAY-2015	APR-2015	MAR-2015	FEB-2015	JAN-2015	DEC-201
Cons:	2197 C	2231 C	2518 C	2282 C	2259 C	2804 C	2759 C	2937 C	3753 C	3086 C
Notices:	A	A	A	A	A	A	A	A	A	A
HDDs:	0	0	0	8	46	135	640	651	883	495
# Days:	32	30	33	29	29	32	29	30	33	28

A= Paid Ointime. L= Paid Late But No Notice Generated. N= Received A Notice. _=Not Yet Due.

Use this function to FIND a particular customer

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> (8592333) Arkansas Oklahoma Gas Corporation PO Box 2414 Fort Smith, AR 72902	Claim No: 158 <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: \$305.41		

History:

<u>Details</u>	<u>158-1</u>	10/26/2016	Claim #158 filed by Arkansas Oklahoma Gas Corporation, Amount claimed: \$305.41 (Marshall, Terri)
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Description: (158-1) 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*	\$305.41
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		