F _i III in this information to identify the case:	
Debtor name: JHQ-La Vista CY Development, LLC	
United States Bankruptcy Court for the District of Kansas at Kansas	
City Case number (If known):16-21201	
City Case number (If known):16-21201 See Appendix A to har date notice for list of debtors and case numbers	

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

Official Form 410

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.

ame of the current creditor (the person or entity to paid for this cleaner than the creditor used with the debtor <u>Digital Express Inc.</u>	laim)
X 10	
Yes. From whom?	
/here should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Digital Express Inc	Digital Express Inc
_10808 Olive Street LaVista, NE 68128lumber Street	_0808 Olive Street LaVista, NE 68128 Number Street
La Vista, NE 68128 State ZIP Code	City LaVista, NE 68128 State ZIP Code
Contact phone402-614-0047	Contact phone02-614-0047
Contact emailsean@digxprint.com	Contact emailsean@digxprint.com
Uniform claim identifier for electronic payments in chapter	r 13 (if you use one):
	
No Yes. Claim number on court claims registry (if known)	Filed onMM / DD / YYYY
No Yes. Who made the earlier filing?	Desc Main Document Page 100119
	Digital Express Inclame10808 Olive Street LaVista, NE 68128lumber StreetLa Vista, NE 68128lity State ZIP Code Contact phone402-614-0047 Contact emailsean@digxprint.com Jniform claim identifier for electronic payments in chapte No Yes. Claim number on court claims registry (if known)

Part 2: Give informa	ation about the Claim as of the Date th	e 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 a	ny number you use to identii	fy the debtor:
7. How much is the claim?	\$ 414.41 Dogs this	mount include interest or	other charges?
	15−7	amount molade interest of	oner charges:
See A		tach statement itemizing into s required by Bankruptcy Ru	erest, fees, expenses, or other le 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, serv	ices performed, personal inju	ury or wrongful death, or credit card.
J. J	Attach redacted copies of any documents supporti	ng the claim required by Bar	kruptcy Rule 3001(c).
	Limit disclosing information that is entitled to private	cy, such as health care inform	nation.
	Goods Sold	ss	
9. Is all or part of the claim secured?	No Yes. The claim is secured by a lien on prope	rhy	
oodalou.		ity.	
	Nature of property:	ov the debter's principal resi	damen file a Martrague Draef of Claim
		rm 410-A) with this <i>Proof of</i> (lence, file a Mortgage Proof of Claim Claim.
	Motor vehicle Other. Describe:		
	Basis for perfection:		
	Attach redacted copies of documents, i example, a mortgage, lien, certificate o been filed or recorded.)		perfection of a security interest (for rother document that shows the lien has
	Value of property:	\$	_
	Amount of the claim that is secured:	\$	_
	Amount of the claim that is unsecure	d: \$	_ (The sum of the secured and unsecured amounts should match the amount in line 7.)
	Amount necessary to cure any defau	It as of the date of the peti	ion: \$
	Annual Interest Rate (when case was Fixed Variable	filed)%	
10. Is this claim based on a lease?	No Yes. Amount necessary to cure any defa	ılt as of the date of the pet	ition. \$
11. Is this claim subject to a right of setoff?	Yes. Identify the property:		

12. Is all or part of the claim		
entitled to priority under 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.	
f you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	
5005(a)(2) authorizes courts o establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	
specifying what a signature s.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment	that when calculating the
	amount of the claim, the creditor gave the debtor credit for any payments received toward the	lebt.
fraudulent claim could be fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information I declare under penalty of perjury that the foregoing is true and correct.	ormation is true and correct.
ears, or both.	Executed on date 10/13/2016	
3571.	MM / DD / YYYY	
	Signature	
	Print the name of the person who is completing and signing this claim:	
ı	NameSeanPhillipGra	aveline
		t name
	TitlePresident	
,	CompanyDigital Express Inc Identify the corporate servicer as the company if the authorized agent is a service	er.
,	Address10808 Olive Street	
	LaVistaNE	68128
	City	ZIP Code
(Contact phone 402-614-0047 Email sean@digxprint	.com

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10808 Olive Street 10808 Olive Street LaVista, NE 68128

Invoice

Date	Invoice #
6/16/2016	194692

Bill To	
Courtyard by Marriott attn: Maria Sampugnaro 12560 Westport Pkwy LaVista, NE 68128	

		P.O. No.	Т	erms	Project	
		CWS Cut O	ut N	et 30		
Description		Qty	Rat	e	Amount	
CWS Baseball Player Cut Out Courtyard Oversize Color Mount Hand Trim w/ Custom Easel			1	165.00	165.00T	
Typesetting		- ·	1	32.50	32.50T	
	!		Subtotal	.	\$197.50	
			Sales Ta	x (7.5%)	\$14.81	
			Total		\$212.31	
			Payment	s/Credits	\$0.00	
			Baland	e Due	\$212.31	

Digital Express, Inc

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10808 Olive Street 10808 Olive Street LaVista, NE 68128

Invoice

Date	Invoice #		
6/16/2016	194695		

Bill To

Courtyard by Marriott
attn: Maria Sampugnaro
12560 Westport Pkwy
LaVista, NE 68128

	P.O. I	No.	Terms	Project
	Signa	ge	Net 30	
Description	Qty		Rate	Amount
Keep Calm Sign 18x14 Oversize Color Foam Core Mount Easel Back Notice Sign 18x18 Oversize Color Foam Core Mount Typesetting		1	16.00 10.00	162.00T 16.00T 10.00T
	- -	S	Subtotal	\$188.00
		s	Sales Tax (7.5%	\$14.10
		Т	otal	\$202.10
		Р	ayments/Credit	\$ \$0.00
		E	Balance Due	\$202.10

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: (8509299)
DIGITAL EXPRESS
10808 OLIVE STREET
LA VISTA NE 68128

Claim No: 160
Original Filed
Date: 10/26/2016
Original Entered

Date: 10/26/2016

Status: Filed by: CR

Date: 10/26/2016 Entered by: Terri Marshall

Modified:

Amount claimed: \$414.41

1

History:

<u>Details</u>

160- 10/26/2016 Claim #160 filed by DIGITAL EXPRESS, Amount claimed:

\$414.41 (Marshall, Terri)

Description: (160-1) Goods Sold

Remarks: (160-1) Claim filed in JQH - La Vista CY Development, LLC (16-

21201)

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*	\$414.41
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		