Fill in this information to identify the case:
Debtor 1 John Q. Hammons Fall 2006, LLC
Debtor 2
(Spouse, if filing)
United States Bankruptcy Court
Case number: 16-21142

**FILED** 

U.S. Bankruptcy Court District of Kansas

5/9/2018

David D. Zimmerman, Clerk

Official Form 410
Proof of Claim

04/16

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. Make such a request according to 11 U.S.C. § 503.

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.

Part 1: Identify the Clair	m				
1.Who is the current creditor?	FACILITY RESPONSE GROUP				
Ground:	Name of the current creditor (the person or entity to be paid for this claim)				
	Other names the creditor used with the debtor	Hidalgo Facility Solutions			
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?				
3.Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)			
and payments to the creditor be sent?	FACILITY RESPONSE GROUP	100 Crescent Court #700			
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 2100 GREENWOOD DRIVE 200 SOUTHLAKE TX 76092	Name			
		Dallas, TX 75201–2112			
	Contact phone <u>817–632–8093</u>	Contact phone 817–632–8093			
	Contact email <u>tstanford@facilityresponse.com</u>	Contact email tstanford@facilityresponse.com			
	Uniform claim identifier for electronic payments in ch	apter 13 (if you use one):			
4.Does this claim amend one already filed?	No ✓ Yes. Claim number on court claims registry (if	known) 161 Filed on 10/26/2016			
		MM / DD / YYYY			
5.Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?				

Official Form 410 Proof of Claim page 1

6.Do you have any number you use to identify the debtor?	□	No Yes. Last 4 digits of the debtor's a	ccount or any number you use to identify t	he debtor:	1023
7.How much is the claim?	\$		Does this amount include interes  ☑ No		•
		L	Yes. Attach statement itemizing other charges required by Bankr	interest, fees uptcy Rule 30	, expenses, or 001(c)(2)(A).
3.What is the basis of the claim?	dea Bar	ith, or credit card. Attach reda ikruptcy Rule 3001(c).	paned, lease, services performed, paned, lease, services performed, paneted copies of any documents suppose sentitled to privacy, such as health	porting the cla	aim required by
9. Is all or part of the claim secured?		Yes. The claim is secured by  Nature of property:  ☐ Real estate. If the clain  Proof of C ☐ Motor vehicle ☐ Other. Describe:	a lien on property. m is secured by the debtor's princip Claim Attachment (Official Form 410	al residence, )–A) with this	file a Mortgage Proof of Claim.
		Basis for perfection:			
		interest (for example, a mor	locuments, if any, that show eviden rtgage, lien, certificate of title, financen has been filed or recorded.)	ce of perfection	on of a security nt, or other
		Value of property:	\$		
		Amount of the claim that secured:	is \$		
		Amount of the claim that unsecured:	is <u>\$</u>	—ùnsecured	of the secured and amounts should amount in line 7.)
		Amount necessary to curdate of the petition:	e any default as of the \$		
		Annual Interest Rate (whe	en case was filed)	%	
		☐ Fixed ☐ Variable			
10.ls this claim based on a lease?		No Yes. <b>Amount necessary to</b>	o cure any default as of the date	of the petitio	on.\$
11.Is this claim subject to a right of setoff?		No Yes. Identify the property:			

Official Form 410 Proof of Claim page 2

12.Is all or part of the claim entitled to priority under	<b>Y</b>	No Yes. Check all that apply:		Amount entitled to priority	
11 U.S.C. § 507(a)?  A claim may be partly		☐ Domestic support obligation	ons (including alimony and child support)	· · · · ·	
priority and partly nonpriority. For example in some categories, the law limits the amount entitled to priority.		under 11 U.S.C. § 507(a)(		<del></del>	
		property or services for pe U.S.C. § 507(a)(7).	toward purchase, lease, or rental of rsonal, family, or household use. 11	\$	
		180 days before the bankr	issions (up to \$12,850*) earned within uptcy petition is filed or the debtor's is earlier. 11 U.S.C. § 507(a)(4).	\$	
			o governmental units. 11 U.S.C. §	\$	
		☐ Contributions to an employ	ee 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 adjustmen of adjustment.	t on 4/01/19 and every 3 years after that for case	es begun on or after the date	
Part 3: Sign Below					
The person completing this proof of claim must	Che	ck the appropriate box:			
sign and date it. FRBP 9011(b).	V	I am the creditor.			
If you file this claim		I am the creditor's attorney or	authorized agent.		
electronically, FRBP			r, or their authorized agent. Bankruptcy I		
to establish local rules specifying what a signature	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.				
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			roof of Claim and have a reasonable belief that th	ne information is true	
fined up to \$500,000, imprisoned for up to 5	and correct.  I declare under penalty of perjury that the foregoing is true and correct.				
years, or both. 18 U.S.C. §§ 152, 157 and	1 400	are and penalty of penjary that the	rorogonig to trad and corroot.		
3571.	Exe	cuted on date 5/9/2018			
		MM / DD /	YYYY		
	/e/ <sup>-</sup>	Trisha Stanford			
	Ū	ature t the name of the nerson who i	is completing and signing this claim:		
	Nan	·	Trisha Stanford		
	Title	<b>;</b>	First name Middle name Last name Accounts Receivable		
	Con	npany	Facility Response Group		
			Identify the corporate servicer as the company servicer	if the authorized agent is a	
	Add	Iress	100 Crescent Court #700		
			Number Street		
			Dallas, TX 75201–2112		
	_		City State ZIP Code		
	Con	entact phone 817–632–8093	Email tstanford@facili	tyresponse.com	

Official Form 410 Proof of Claim page 3

## HIDALGO

#### FACILITY SOLUTIONS, INC.

2550 114th Street, Suite 180 Grand Prairie, TX 75050 817-632-8090 Main Office Number

#### SOLD TO:

Marriott Courtyard / Allen Courtyard

210 E. Stacy Road Allen TX 75002

email: dick.dabagian@jgh.com

## SERVICE NAVOLGE

#### REMIT TO:

Company: Address: Hidalgo Facility Solutions, Inc. 2535 Brennan Avenue

be directed to Lankie Moeller

Ft. Worth, TX-76106

#### SERVICED AT:

210 E. Stacy Road Allen TX 75002

Gity/County Allen/Collin County

PO# 10 PORDERED BY	SEAL TO THE UPPER		INVOIGEDATE	THINYOIGE#
	M1073	Joseph Ford	1/14/2016	471211693-1

#### JOBDESCRIPTION

#### WALK IN COOLER HAS A FREON LEAK

Found system low on 404a. Leaked checked cooler 2, leak was discovered at the evaporator coil but was unable to locate with an electronic leak detector. Injected dye into the unit and charged with 12 lb 404a. We used a black light to find the leak on the top of the stem on the liquid line solenoid valve. Rebuilt valve with a new stem assembly and gasket. Pressure checked for leaks and pulled a vacuum and charged the unit.

OTY DESCRIPTION Parts and materials \$1,474.19 12 Freon - r404a \$29.00 Vacuum Jetter (Includes first 2 hours of labor) Camera Torch Sewer Machine (small) Sewer Machine (large) Trip/Fuel/Consumables/Clean Up Kits \$100.00 \$100.00 SERVICE PERSON DATE L'HOURS PATE PARTS \$1,922.19 Tom Cavanagh 12/30/15 \$1,190.00 \$85.00 0.8 LABOR \$680.00 David Esparza 12/30/15 6.0 \$85.00 P&L Subtotal \$3,112.19 \$510.00 TAX @ 8.25% \$256.76 TOTAL \$3,368.95 Thank you for allowing us to service your heating, air conditioning electrical and plumbing needs Any Questions regarding this billing should

#### **CUSTOMERS ORIGINAL**

\$1,190.00

Thomas Tucker M-39672 Regulated by the Texas State Board of Plumbing Examiners PO Box 4200 Austin, TX: 78765 1-800-845-6584, 512-936-5200

TAGLA14148C & TECL 31249 Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin Texas 78711

1-800-803-9202, 512-463-6599, www.license.state.tx.us

TOTAL



# Refrigeration Air Conditioning Plumbing Services

2550 114th St. Suite 180 Grand Prairie, TX 75050 Phone:(817) 632.8090 Fax: (972) 522.0596

Job Name:	MARRIOTT COL		ALLEN	Status: De		Job Number: <u>47</u>	
	210 E. STACY R	OAD		Customer		Order Date:	
Job City:	ALLEN			Completic	on Date: 12/30/	15 Service Type:	
Job State:	TX			Billing Ty	pe:	ICR. NO	
Job Zip:	75002			Conserva	tion Report:		
· · · · · · · · · · · · · · · · · · ·				Material			
QTY:	Break Do	wn Descrip		Vendor		Invoice #	TS/SS
1	hpc- 164-s - s	sporlan liquid li		Johnson supp		33031346	
12	17	2 lb R404a		Johnson supp	oly		
	Manufacturer:			quipment: del Number:		Coriol N	lumber:
	Heatcraft			0H030X63CF			04644
-				Labor			
D	ate:		Tech:		Reg:		OT:
1/4	/2016	Т	om Cavanagh	· .	3.5		0
	. /	Labor Sub T	Total of Hours:		3.50		0.00
	X	Labor Total				3.50	
				efrigerant			
	Recovered 12		R	e-Installed			ew  2
Comments:	12	<u>-</u> 1	*				
nsure the system	is clean. I purged linged the cooler with 12	e with nitroger	n as I replaced the hig poler running properly	b acid removal liou	uid line drier. I pres	enigerant charge and pu	replaced the drier.To fled a 500 micron
CCOmment		ranty			Misc	ellaneous Charge	36
ARE WA	RRANTY; ALL MATE ARRANTED BY THE TY ONLY. ALL LABO COMPANY IS WARE OTHERWISE INDIG	RIALS, PART MANUFACTU PERFORMI VANTED FOR	ED BY THE ABOVE 30 DAYS, OR AS	Services Sewer N Torch De	terials/Outsid :Torch lachine:Size: etalls:	e Yes	
Date of Sign	atures: 1/4/20	016		Trip Cha Hazardo Eceight C	us Waste Cha	rge;	Yes
Customer Sig	gnature:	1		Technici	an Signature:		
	M DJ				Jal	$\sim$	
		d	ote of	Slwi	'Cl		•



1/7/2016

# Refrigeration Air Conditioning Plumbing Services

2550 114th St. Suite 180 Grand Prairie, TX 75050 Phone:(817) 632.8090 Fax: (972) 522.0596

	COURT TARD ALLEN	Status: DONE	_ Job Number: <u>4/1</u>		
Job Address: 210 E. STAC	Y RUAU	Customer PO: Order Date: 12/29/15 Completion Date: 12/30/15 Service Type: T&M			
Job City: ALLEN					
Job State: TX		Billing Type: ICR. NO			
lob Zip: <u>75002</u>	ob Zip: 75002		Conservation Report: Ref. Leak Check		
	M:	aterial			
QTY: Brea	k Down Description:	Vendor	Invoice#	TS/SS	
. 1	solenoid rebuild kit dye tube	tech plan			
12	404a refrigerant		·		
2	soap bubbles				
K#		ipment:			
Manufacturer:	THOUSE THE PARTY OF THE PARTY O	Number:	Serial Nu		
Boran cooler 2)	1.21	208AEK	T09B10	1514	
Date:	Tech:	abor Reg:	•	OT:	
// 12/29/2015	Greg McKoy	<b>Neg.</b>		0	
12/30/2015	Greg McKoy			0	
12/30/2015	David Esparza	6		0	
12/30/2015	/ Tom Cavanagh	8		0	
	Labor Sub Total of Hours:	19.00		0.00	
	Labor Total of Hours:		19.00		
		4 •			
		igerant			
ound system low on 404a. Leake etector. David came out to help a	Re-Indeed checked cooler 2 and was picking up a leading we injected due into the unit and charge	nstalled  eak at the evaporator coil but was	if for a counte of hours. I	ı electronic leak	
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dates of Service

Page 1 of 4

TACLA14148E Regulated by the Texas Department of Licensing and Regulation, Austin, TX, 78711, 1-800-803-9202, 512-463-6599 M-39672 Regulated by the Texas State Board of Plumbing Examiners, PO Box 4200, Austin, TX, 78765,1-800-845-6584

#### **Trisha Stanford**

From:

Jessica Garza [jgarza@facilityresponse.com]

Sent:

Tuesday, February 21, 2017 9:58 AM

To:

'Trisha Stanford'

Cc:

'Joseph Ford'

Subject:

FW: Allen Courtyard Invoice #471211693-1

Attachments:

201702201536.pdf

Importance:

High

Flag Status:

Flagged

Filed Chp. 11

47121169-3 12/29/2015 JF Greg 12/30/2015 1/14/2016 Marriott Courtyard Allen 210 E. Stacy Rd., Allen 75002 DISPAT

**From:** Brad Trader [<u>mailto:brad.trader@jqh.com</u>]

Sent: Tuesday, February 21, 2017 9:41 AM

To: jgarza@facilityresponse.com

Cc: Pablo Zuniga; Danielle Wernimont

**Subject:** Allen Courtyard Invoice #471211693-1

Good afternoon Jessica,

Unfortunately, this invoice cannot be paid at this time. Our company is currently court-ordered not to pay any invoice for goods or services provided prior to June 26, 2016 when we filed for reorganization under Chapter 11. We anticipate that all past due invoices will be paid, however the timing is based on upcoming bankruptcy court judgements. All invoices for goods and services provided on or after June 26, 2016 will be paid as normal. Please feet free to contact me with any questions.

In addition, please file a claim with the court. The claim form can be found on the BMC restructuring website.

http://www.bmcgroup.com/restructuring/geninfo.spx?ClientID=393

There is a link in the upper left hand info bar



**Brad Trader** 

Corporate Accounts Payable

John Q. Hammons Hotels Management, LLC

300 John Q Hammons Pkwy, Ste 900 - Springfield, Mo 65806
417.873.3537 Direct | 417.873.3509 Fex

notified in 2017 that this case 16-21/2018 Sclaim Lot - State of A Base 16-21/2018 Sclaim Lot - State of A Base 16-21/2018 Schaim Lot - State of A Base 16-21/2018 Sch

## 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:

Last Date to file (Govt):

Creditor: (8509455) Claim No: 161 Status: FACILITY RESPONSE GROUP Original Filed Filed by: CR 2100 GREENWOOD DRIVE Date: 10/26/2016 Entered by:

200 Original Entered Modified: 05/09/2018

Last Amendment Filed: 05/09/2018 Last Amendment Entered: 05/09/2018

Amount claimed: \$3368.95

History:

<u>Details</u> <u>161-</u> 10/26/2016 Claim #161 filed by FACILITY RESPONSE GROUP, Amount claimed: \$6802.47

(Marshall, Terri)

<u>Details</u> <u>161-</u> 05/09/2018 Amended Claim #161 filed by FACILITY RESPONSE GROUP, Amount claimed:

2 \$3368.95 (admin)

Description: (161-1) Services Performed

Remarks: (161-2) Account Number (last 4 digits):1023

#### **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

<b>Total Amount Claimed*</b>	\$3368.95
<b>Total Amount Allowed*</b>	

<sup>\*</sup>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		

Debtor name: John Q Hammons	
United States Bankruptcy Court for the District of Kansas at Kansas City	
Case number (If known):	

ID: 2619 FACILITY RESPONSE GROUP 2100 GREENWOOD DR STE 200 SOUTHLAKE, TX 76092-8358

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		ed no later than 5:00 p.m. CST on the December 23, 2016.
1. Who is the current creditor?  2. Has this claim been acquired from someone else?	Facility Response Gro Name of the current creditor (the person or entity to paid for this cl Other name the creditor used with the debtor  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?  Facility Response Group Name  2100 Greenwood Dr # 200 Number Street  Southlake TX 76092 City State ZIP Code  Contact phone  617-632-8093 Contact email + Stanford P Facility response  Uniform claim identifier for electronic payments in chapter	Number Street  City State ZIP Code  Contact phone  Contact email  \( \cdot \cd
4. Does this claim amend one already filed?	Yes. Claim number on court claims registry (if known)	Filed on
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

Official Form 410

Proof of Claim

200120 Cti 1D 200120 Cti 1D

Pair 2 Give inform	ation about the Claim as of the Date the Case Was Filed
6. Do you have any number you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 1023
7. How much is the claim?	s 6802.47 Does this amount include interest or other charges?
** 7 ** ** ** ** ** ** ** ** ** ** ** **	No
	Yes. Attach statement itemizing interest, fees, expenses, or other
7.0	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
O In all or good of the late	
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
	Altachment (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?	Yes. Identify the property:

12. Is all or part of the claim entitled to priority under	No	
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.	\$
	<ul> <li>Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after</li> </ul>	er the date of adjustment.
13. Is all or part of the claim entitled to	No	
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.	s
Part 3: Sign Below		
The person completing this proof of claim must	Check the appropriate box:	
sign and date it. FRBP 9011(b).	I am the creditor.	
	I am the creditor's attorney or authorized agent.	
If 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 to 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 Proof of Claim serves as an acknowledgment	that when calculating the
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the de	ebt.
ined up to \$500,000,	I have examined the information in this Proof of Claim and have a reasonable belief that the info	ormation is true and correct.
years, or both.	I declare under penalty of perjury that the foregoing is true and correct.	
18 U.S.C. §§ 152, 157, and 3571.	Executed on date MM/DD/YYYY	
(	Shora Stanford	
	Signature  Print the name of the person who is completing and signing this claim:	
	Name Trisha R. Stan	ford
	First name Middle name La First name Receivable	ast name
•	Company  Facility Response Group, Indentify the corporate servicer as the company if the authorized agent is a service.	C.
,	Address Aloo Greenwood Dr # 200	
	South lake Ty	76092
(	Contact phone 817-632 8093  Email + State	rd@ facility
		respon

Official Form 410 Proof of Claim page 3

Page 3 of 9

## STATEMENT

Statement Date 9/30/2016

Bill To: John Q Hammons

1001 E McCarty Ln San Marcos, TX 78666 Account Summary

**Balance Due** 

\$6,802.47

**Account Activity** 

<b>≜</b> DATE all	INVOICE &	DESCRIPTION LESS TO SERVICE DE LA CONTROL DE	CUR	RENT	DAY 🕸	60 DAY	#1290 DAY	120 DAY	BALANCE
7/29/16	580611053-1	Replace 10 HP Cooling Tower motor		-		\$ 5,401.00			\$5,401.00
7/29/16	580710393-1	Chiller #1 in convention center not working				\$ 292.28			\$29.28
7/29/19	580710483-1	MAU #1 needs troubleshooting				\$ 340.61			\$340.61
7/29/16	580721063-1	Test Back Flows				\$ 384.29			\$384.29
8/3/16	580810013-1	Outside unti for hotel not working			\$ 384.29				\$384.29
			\$	•	\$ 384.29	\$ 6,418.18	\$ -	\$ -	\$6,802.47

If you have any questions about this invoice, please contact Jamie Nolte 512-381-2355, Austin Branch or April Mansfield, amansfield@facilityresponse.com Corp Office: Trisha Stanford 817-632-8093, tstanford@facilityresponse.com

Thank You For Your Business!



SOLD TO:

John Q Hammons Hotels & Resort 1001 E. Mccarty Lane San Marcos, TX 78666 shelly.malagarie @jqh.com

## 

#### REMIT TO:

Company: Address: Facility Response Group 2100 Greenwood Dr. Ste #200

Southlake, TX 76092

SERVICED AT:

Embassy Suite 1001 McCarty Lane San Marcos, TX 78666

City/County:

Austin, TX (Travis Co)

PO# ** ORDERED BY	CUST ID#	SALESMAN	INVOICE DATE	INVOICE#
	J1023	Jamie Nolte	7/29/2016	580611053-1

	JOB DESCRIPTION:	
PER BID:		
REPLACE 10 HP COOLING TOWER MOTOR WITH	INSTALL OPTION.	

	BID DETAIL DESCRIPTION	PRICE	AMOUNT
1	PER BID	4,989.38	\$4,989.38
	<u> </u>		

HIDALGO FACILITY SOLUTIONS, INC.

<u>AUSTIN - DALLAS- FT. WORTH - HOUSTON - SAN ANTONIO</u>

3913 Todd Lane Suite 112

Austin, TX 78744

512-381-2355 Main Office Number

**PLUMBING** 

**REFRIGERATION** 

**HVAC** 

 Bid Subtotal
 \$4,989.38

 TAX @ 8.25%
 \$411.62

 TOTAL
 \$5,401.00

Thank you for allowing us to service your heating, air conditioning electrical and plumbing needs.

Any Questions regarding this billing should be directed to Jamie Nolte
512-381-2355

#### **CUSTOMERS ORIGINAL**

**ELECTRICAL** 





#### SOLD TO:

John Q Hammons Hotels & Resort 1001 E. Mccarty Lane San Marcos, TX 78666 shelly.malagarie @jqh.com

## 

#### REMIT TO:

Company: Address:

Facility Response Group 2100 Greenwood Dr. Ste #200

Southlake, TX 76092

#### SERVICED AT:

**Embassy Suite** 1001 McCarty Lane San Marcos, TX 78666

City/County: Austin, TX (Travis Co)

PO# CORDERED BY	CUSTID#	SALESMAN	INVOIGE DATE	JANNYOICE#
	J1023	Jamie Nolte	7/29/2016	580710393-1

#### THE REPORT OF THE PARTY OF THE

#### CHILLER #1 IN CONVENTION CENTER NOT WORKING:

Checked out chiller and found it off on starter comm fault. I connected laptop and sensor needs driver update and I updated driver and checked operations.

PARTS USED			化海里特里				
QTY			DESCRIF	TON:	<b>经</b> 等。	PRICE	AMOUNT
	No parts	5					\$0.00
	1						
	ļ						·
	Nitrogen	<del></del>					
	Vacuum						
		ncludes first 2	hours of	lahor)			
	Camera		. 110013 01 1	abory			
	Torch					<del> </del>	
		/lachine (sma	I)-Closet A	Auger		<del></del>	
		Machine (large		90.			
1		l/Consumable		Jp Kits		\$100.00	\$100.00
SERVICE PE	RSON ####	DATE	HOURS.	RATE	MAMOUNT	PARTS	\$100.00
Scott T	•	07/13/16	2.0	\$85.00	\$170.00	LABOR	\$170.00
						P&L Subtotal	\$270.00
						TAX @ 8.25%	\$22.28
						TOTAL	\$292.28
-						Thank you for allowing	ig us to
						service your heating, air	conditioning
						electrical and plumbin	g needs.
						Any Questions regarding thi	s billing should
						be directed to Jamie	e Notte
LABOR - I				TOTAL	\$170.00	512-381-235	
				LISTOMER	S ORIGINAL	Sample	1



#### SOLD TO:

John Q Hammons Hotels & Resort 1001 E. Mccarty Lane San Marcos, TX 78666 shelly.malagarie @jqh.com

## 

#### REMIT TO:

Company: Address:

Facility Response Group 2100 Greenwood Dr. Ste #200

Southlake, TX 76092

#### SERVICED AT:

**Embassy Suite** 1001 McCarty Lane San Marcos, TX 78666

City/County: Austin, TX (Travis Co)

POR SANDER ORDERED BY	CUSTID#	SALESMAN	INVOICEDATE	NEW THUNVOIGE #
	J1023	Jamie Nolte	7/29/2016	580710483-1

#### JOBIDES GRIPHON:

#### MAU #1 NEEDS TROUBLESHOOTING:

Found unit running accordingly and unit has a bad compressor, 100 return and 80 supply.

Recommended Repairs: Replacing compressor and changing filters.

PARTS USE							40.226
QTY		that y	DESCRI	אסודי		A PRICE LINE	AMOUNT
1	Leak ded	ctector		\$29.65	\$29.65		
			_				
1	Nitrogen				·	\$15.00	\$15.00
	Vacuum			···		1 11111	*******
		cludes first 2	hours of	labor)			
:	Camera						
	Torch						
	Sewer M	lachine (small)	-Closet /	Auger			
		lachine (large)					
1	Trip/Fue	I/Consumable:	s/Clean l	Jp Kits		\$100.00	\$100.00
SERVICE P					E AMOUNT E	PARTS	\$144.65
Jeffen	/ S.	08/02/16	2.0	\$85.00	\$170.00	LABOR	\$170.00
						P&L Subtotal	\$314.65
						TAX @ 8.25%	\$25.96
						TOTAL	\$340.61
						Thank you for allo service your heating,	
						electrical and plum	nbing needs.
						Any Questions regarding	this billing should
						be directed to Ve	amie Nolte
LABOR		医测点 沙里		TOTAL	\$170.00	512-381-2	
		• =		USTOME	RS ORIGINAL	Samo	Water .

**CUSTOMERS ORIGINAL** 



#### SOLD TO:

John Q Hammons Hotels & Resort 1001 E. Mccarty Lane San Marcos, TX 78666 shelly.malagarie @jqh.com

## 

#### REMIT TO:

Company: Facility Response Group Address: 2100 Greenwood Dr. Ste #200 Southlake, TX 76092

SERVICED AT:

**Embassy Suite** 1001 McCarty Lane San Marcos, TX 78666

City/County Austin, TX (Travis Co)

MANUFER POXISH FOR THE SECOND STREET, MANUFACTURE STREET, MANUFACT	CUST ID#	NASALESMAN	INVOICEDATE:	MYOICE#
	J1023	Jamie Nolte	7/29/2016	580721063-1

#### JOB DESCRIPTION:

#### TEST BACKFLOWS:

Came out to location to test backflows and after Finding backflow they are fire/BFPA.

	- NECCAI			PROBLEM TO	AMOUNT
and materials	E DESCRIP	AUUNITER BEAT			\$0.00
gen			. 2.11		
	2 hours of l	abor)			
		· · · · · · · · · · · · · · · · · · ·	-		
	all)-Closet A	luger			
		lp Kits		\$100.00	\$100.00
DATE:	HOURS	BATE	AMOUNT	PARTS	\$100.00
07/27/16	3.0	\$85.00	\$255.00	LABOR	\$255.00
				P&L Subtotal	\$355.00
				TAX @ 8.25%	\$29.29
				TOTAL	\$384.29
				Thank you for allow	ing us to
				4 Carrier and Committee and Co	A Section of the sect
				\$ 100 miles 100	or a charge by
				And the state of t	2-2-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
		TOTAL	\$255.00	512-381-23	55
	gen num r (Includes first era h er Machine (sma er Machine (larg Fuel/Consumab DATE 07/27/16	gen lum r (Includes first 2 hours of I era h er Machine (small)-Closet A er Machine (large) Fuel/Consumables/Clean U DATE HOURS 07/27/16 3.0	gen lum r (Includes first 2 hours of labor) era h er Machine (small)-Closet Auger er Machine (large) Fuel/Consumables/Clean Up Kits DATE HOURS RATE 07/27/16 3.0 \$85.00	gen num r (Includes first 2 hours of labor) era h er Machine (small)-Closet Auger er Machine (large) Fuel/Consumables/Clean Up Kits  DATE HOURS BATE AMOUNT  07/27/16 3.0 \$85.00 \$255.00	gen num r (Includes first 2 hours of labor) era h er Machine (small)-Closet Auger er Machine (large) Fuel/Consumables/Clean Up Kits  DATE HOURS BATE AMOUNT  07/27/16 3.0 \$85.00 \$255.00 LABOR P&L Subtotal TAX @ 8.25% TOTAL  Thank you for allow service your heating, an electrical and plumb Any Questions regarding t be directed to Jan



#### SOLD TO:

John Q Hammons Hotels & Resort 1001 E. Mccarty Lane San Marcos, TX 78666 shelly.malagarie @jqh.com

## 

#### REMIT TO:

Company: Address:

Facility Response Group 2100 Greenwood Dr. Ste #200

Southlake, TX 76092

#### SERVICED AT:

**Embassy Suite** 1001 McCarty Lane San Marcos, TX 78666

City/County:

Austin, TX (Travis Co)

PO# POWER ORDERED BY	CUST ID#	SALESMAN	INVOICE DATE WAS	INVOICE#
	J1023	Jamie Nolte	8/3/2016	580810013-1

#### USA SELECTION OF THE PROPERTY OF THE PROPERTY

#### **OUTSIDE UNIT FOR HOTEL NOT WORKING:**

Checked sensor that is working properly and jumped unit out and ran properly. Unit had a compressor jumped out and was condemned.

Recommended Repairs: Replacing secondary unit compressor and replacing filters.

PARTS USED			PTION L			AMOUNT
	No parts		American programme of the second programme of the	TALLES TYPES OF THE PERSON OF	and Transport on the Part of State of S	\$0.00
	Nitrogen			_		
	Vacuum					
	Jetter (Includes first	2 hours of				
	Camera					
,	Torch					
_	Sewer Machine (small)-Closet Auger					
Sewer Machine (large)						
	1 Trip/Fuel/Consumables/Clean Up Kits					\$100.00
SERVICE PER	ON DATE	HOURS	RATE	AMOUNT	PARTS	\$100.00
Jeffery S.		3.0	\$85.00	\$255.00	LABOR	\$255.00
<del>-</del>			·		P&L Subtotal	\$355.00
		1			TAX @ 8.25%	\$29.29
					TOTAL	\$384.29
				\$255.00	Thank you for allowing us to service your heating, air conditioning electrical and plumbing needs, Any Questions regarding this billing should be directed to Jamie Nolte 512-381-2355	
LABOR			TOTAL	\$255.00	512-381-23 Second	

**CUSTOMERS ORIGINAL** 

## **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):** 

Original Entered

Date: 10/26/2016

Creditor: (8509455) **FACILITY RESPONSE GROUP** 

2100 GREENWOOD

DRIVE 200 SOUTHLAKE TX

76092

Amount claimed: \$6802.47

Claim No: 161 Status: Original Filed

Filed by: CR

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

Modified:

History:

161- 10/26/2016 Claim #161 filed by FACILITY RESPONSE GROUP, Amount **Details** claimed: \$6802.47 (Marshall, Terri)

Description: (161-1) 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** 

<b>Total Amount Claimed*</b>	\$6802.47
<b>Total Amount Allowed*</b>	

<sup>\*</sup>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		