

Fill in this information to identify the case:

Debtor 1 <u>John Q. Hammons Fall 2006, LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>District of Kansas</u>
Case number: <u>16-21142</u>

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 Claim

1. Who is the current creditor?	<u>FACILITY RESPONSE GROUP</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Hidalgo Facility Solutions</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	Where should payments to the creditor be sent? (if different)
	<u>FACILITY RESPONSE GROUP</u> Name 2100 GREENWOOD DRIVE 200 SOUTHLAKE TX 76092 Contact phone <u>817-632-8093</u> Contact email <u>tstanford@facilityresponse.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<u>100 Crescent Court #700</u> Name Dallas, TX 75201-2112 Contact phone <u>817-632-8093</u> Contact email <u>tstanford@facilityresponse.com</u>
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>161</u> Filed on <u>10/26/2016</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1023</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>3368.95</u></p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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 healthcare information.</p> <p><u>services performed</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> 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.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> 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.		

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 5/9/2018
MM / DD / YYYY

/s/ Trisha Stanford

Signature

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

Name Trisha Stanford

First name Middle name Last name

Title Accounts Receivable

Company Facility Response Group

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

Address 100 Crescent Court #700

Number Street

Dallas, TX 75201-2112

City State ZIP Code

Contact phone 817-632-8093 Email tstanford@facilityresponse.com

HIDALGO

FACILITY SOLUTIONS, INC.

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

SERVICE INVOICE

REMIT TO:

Company: **Hidalgo Facility Solutions, Inc.**
 Address: **2535 Brennan Avenue
 Ft. Worth, TX 76106**

SOLD TO:

Marriott Courtyard / Allen Courtyard
 210 E. Stacy Road
 Allen TX 75002
 email: dick.dabagian@jgh.com

SERVICED AT:

210 E. Stacy Road
 Allen TX 75002

City/County:

Allen/Collin County

PO #	ORDERED BY	CUST ID#	SALESMAN	INVOICE DATE	INVOICE #
		M1073	Joseph Ford	1/14/2016	471211693-1

JOB DESCRIPTION

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.

Handwritten signature and notes:
 emailed 1/20/16 JM

PARTS USED

QTY	DESCRIPTION	PRICE	AMOUNT
1	Parts and materials		\$1,474.19
12	Freon - r404a	\$29.00	\$348.00
	Nitrogen		
	Vacuum		
	Jetter (Includes first 2 hours of labor)		
	Camera		
	Torch		
	Sewer Machine (small)		
	Sewer Machine (large)		
1	Trip/Fuel/Consumables/Clean Up Kits	\$100.00	\$100.00

SERVICE PERSON	DATE	HOURS	RATE	AMOUNT		AMOUNT
Tom Cavanagh	12/30/15	8.0	\$85.00	\$680.00	PARTS	\$1,922.19
David Esparza	12/30/15	6.0	\$85.00	\$510.00	LABOR	\$1,190.00
					P&L Subtotal	\$3,112.19
					TAX @ 8.25%	\$256.76
					TOTAL	\$3,368.95

LABOR TOTAL \$1,190.00

Thank you for allowing us to service your heating, air conditioning, electrical and plumbing needs. Any Questions regarding this billing should be directed to Frank Moeller 817-632-8090

CUSTOMERS ORIGINAL

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
 TACL14148C & 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

Job Name: <u>MARRIOTT COURTYARD ALLEN</u>	Status: <u>DONE</u>	Job Number: <u>47121169-3</u>
Job Address: <u>210 E. STACY ROAD</u>	Customer PO: _____	Order Date: <u>12/29/15</u>
Job City: <u>ALLEN</u>	Completion Date: <u>12/30/15</u>	Service Type: <u>T&M</u>
Job State: <u>TX</u>	Billing Type: _____	ICR. NO. _____
Job Zip: <u>75002</u>	Conservation Report: _____	

Material				
QTY:	Break Down Description:	Vendor	Invoice #	TS/SS
1	hpc- 164-s - sportan liquid line drier	Johnson supply	33031346	
12	12 lb R404a	Johnson supply		

Equipment:		
Manufacturer:	Model Number:	Serial Number:
Heatcraft	MOH030X63CF	T09A04644

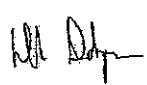
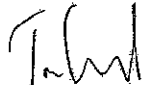
Labor				
Date:	Tech:	Reg:	OT:	
1/4/2016	Tom Cavanagh	3.5	0	
Labor Sub Total of Hours:		3.50	0.00	
Labor Total of Hours:		3.50		

Refrigerant		
Recovered	Re-Installed	New
12		12

Comments:

Returned and checked in with maintenance. After the cooler has been running for a few days, I recovered the refrigerant charge and replaced the drier. To insure the system is clean, I purged line with nitrogen as I replaced the high acid removal liquid line drier. I pressure checked and pulled a 500 micron vacuum. I recharged the cooler with 12 lb. R404a. Cooler running properly at this time.

Recommended Repairs:

Warranty	Miscellaneous Charges
LIMITED WARRANTY; ALL MATERIALS, PARTS, AND EQUIPMENT ARE WARRANTED BY THE MANUFACTURERS WRITTEN WARRANTY ONLY. ALL LABOR PERFORMED BY THE ABOVE NAMED COMPANY IS WARRANTED FOR 30 DAYS, OR AS OTHERWISE INDICATED IN WRITING.	Total Materials/Outside Services: Torch
Date of Signatures: 1/4/2016	Sewer Machine Size:
Customer Signature: 	Torch Details: Yes
	Trip Charge: Yes
	Hazardous Waste Charge: Yes
	Freight Charge:
	Technician Signature: 

date of service

Job Name: MARRIOTT COURTYARD ALLEN	Status: DONE	Job Number: 47121169-3
Job Address: 210 E. STACY ROAD	Customer PO:	Order Date: 12/29/15
Job City: ALLEN	Completion Date: 12/30/15	Service Type: T&M
Job State: TX	Billing Type:	ICR. NO.
Job Zip: 75002	Conservation Report: Ref. Leak Check	

Material				
QTY:	Break Down Description:	Vendor	Invoice #	TS/SS
1	solenoid rebuild kit	tech plan		
1	dye tube			
12	404a refrigerant			
2	soap bubbles			

Equipment:		
Manufacturer: Bohn (cooler 2)	Model Number: ADT208AEK	Serial Number: T09B10514

Labor			
Date:	Tech:	Reg:	OT:
12/29/2015	Greg McKoy	3	0
12/30/2015	Greg McKoy	2	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	

Refrigerant		
Recovered	Re-Installed	New
		12

Comments:
Found system low on 404a. Leaked checked cooler 2 and was picking up a leak at the evaporator coil but was unable to locate with an electronic leak detector. David came out to help and we injected dye into the unit and charged with 12 lb 404a. We ran the unit for a couple of hours. We used a black light to find the leak which was on the top of the stem on the liquid line solenoid valve. We went and picked up a replacement kit and rebuilt the valve with a new stem assembly and gasket. Pressure checked for leaks and pulled a vacuum and charged the unit.

Recommended Repairs:

Warranty	Miscellaneous Charges
LIMITED WARRANTY: ALL MATERIALS, PARTS, AND EQUIPMENT ARE WARRANTED BY THE MANUFACTURERS WRITTEN WARRANTY ONLY. ALL LABOR PERFORMED BY THE ABOVE NAMED COMPANY IS WARRANTED FOR 30 DAYS, OR AS OTHERWISE INDICATED IN WRITING.	Total Materials/Outside Services: Vacuum
	Sewer Machine Size:
	Torch Details:
	Trip Charge: Yes
	Hazardous Waste Charge:
	Freight Charge: Yes

Date of Signatures: 12/30/2015	Technician Signature:
Customer Signature:	

dates of service

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 [mailto:brad.trader@jqh.com]
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 feel 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.aspx?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 Fax

notified in 2017 that this
was under the bankruptcy

	Claimed	Allowed
Secured		
Priority		
Administrative		

Fill in this information to identify the case:

Debtor name: John Q Hammons
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: 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

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, 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? Facility Response Group, Inc.
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?	Where should payments to the creditor be sent? (if different)
Name <u>Facility Response Group</u>	Name _____
Number Street <u>2100 Greenwood Dr #200</u>	Number Street <u>Same</u>
City State ZIP Code <u>Southlake TX 76092</u>	City State ZIP Code _____
Contact phone <u>817-632-8093</u>	Contact phone _____
Contact email <u>+stanford@facilityresponse.com</u>	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? _____



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: 1023

7. How much is the claim? \$ 6802.47 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.

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

Trisha R. Stanford
Signature

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

Name Trisha R. Stanford
First name Middle name Last name

Title Accounts Receivable

Company Facility Response Group, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2100 Greenwood Dr # 200
Number Street

Southlake TX 76092
City State ZIP Code

Contact phone 817-632 8093 Email tstanford@facilityresponse.com



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

DATE	INVOICE	DESCRIPTION	CURRENT	30 DAY	60 DAY	90 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 unit 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!



3913 Todd Lane Suite 112
 Austin, TX 78744
 512-381-2355 Service Direct Line

BID PROJECT INVOICE

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

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

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			
QTY	DESCRIPTION	PRICE	AMOUNT
1	PER BID	4,989.38	\$4,989.38

HIDALGO FACILITY SOLUTIONS, INC.
AUSTIN - DALLAS- FT. WORTH - HOUSTON - SAN ANTONIO
 3913 Todd Lane Suite 112
 Austin, TX 78744

512-381-2355 Main Office Number

HVAC REFRIGERATION PLUMBING ELECTRICAL

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

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
 TACLA26595C & 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

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: (8509455) FACILITY RESPONSE GROUP 2100 GREENWOOD DRIVE 200 SOUTHLAKE TX 76092	Claim No: 161 <i>Original Filed</i> Date: 10/26/2016 <i>Original Entered</i> Date: 10/26/2016	Status: Filed by: CR Entered by: Terri Marshall Modified:
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Amount claimed: \$6802.47		
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History:

Details	161-1	10/26/2016	Claim #161 filed by FACILITY RESPONSE GROUP, Amount claimed: \$6802.47 (Marshall, Terri)
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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

Total Amount Claimed*	\$6802.47
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		