

Fill in this information to identify the case:

Debtor name: _____

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: 1911
HUNTSVILLE MADISON COUNTY
AIRPORT AUTHORITY/BOX 20008
1000 GLENN HEARN BLVD SW STE 20008
HUNTSVILLE, AL 35824-2103

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?

HUNTSVILLE-MADISON COUNTY AIRPORT AUTHORITY

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)

HMC AA

Name

Name

1000 GLENN HEARN BLVD.

Number Street

Number Street

HUNTSVILLE, AL 35824

City State ZIP Code

City State ZIP Code

Contact phone 256-258-1950

Contact phone _____

Contact email RTAYLOR@HSVIAIRPORT.ORG

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: ASSY

7. How much is the claim? \$ 150.00 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. TRANSPORT. SERVICES PERMIT

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:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<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.

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

Randall E. Taylor
Signature

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

Name RANDALL E. TAYLOR
First name Middle name Last name

Title DIRECTOR, FINANCE + ADMIN.

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

Address 1000 GLENN HEARN BLVD.
Number Street

HUNTSVILLE, AL 35824
City State ZIP Code

Contact phone 256-258-1950 Email RTAYLOR@HNSVAIRPORT.ORG



39363467001911

HUNTSVILLE MADISON COUNTY
AIRPORT AUTHORITY/BOX 20008
1000 GLENN HEARN BLVD SW STE 20008
HUNTSVILLE, AL 35824-2103



**Huntsville-
Madison County
Airport Authority**
A PUBLIC CORPORATION

Box 20008
1000 Glenn Hearn Blvd.
Huntsville, Alabama 35824
(256) 772-9395 ext. 1972

Invoice

Invoice Number: 0113902-IN

Invoice Date: 6/1/2016

Due Date: 7/1/2016

Customer No.: 06-EMBASSY

Terms: NET 30/1.5% FC

CUSTOMER:

Embassy Suites Huntsville
800 Monroe St. SW
Huntsville, AL 35801

JUNE 2016

DESCRIPTION	QUANTITY	PRICE	AMOUNT
MONTHLY PICK-UP/DISCHARGE FEE	1.00	150.000	150.00
		TOTAL:	150.00

MAIL PAYMENT TO:



**Huntsville-
Madison County
Airport Authority**
A PUBLIC CORPORATION

Box 20008
1000 Glenn Hearn Blvd.
Huntsville, Alabama 35824
(256) 772-9395 ext. 1972

INVOICE NUMBER: 0113902-IN

INVOICE DATE: 6/1/2016

CUSTOMER NO.: 06-EMBASSY

CUSTOMER NAME: Embassy Suites Huntsville

INVOICE TOTAL USD: 150.00

COMMENTS:

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> (8509850) HUNTSVILLE MADISON COUNTY AIRPORT AUTHORITY BOX 20008 1000 GLENN HEARN BLVD HUNTSVILLE AL 35824	Claim No: 163 <i>Original Filed</i> Date: 10/26/2016 <i>Original Entered</i> Date: 10/26/2016	<i>Status:</i> Filed by: CR Entered by: Terri Marshall Modified:
Amount claimed: \$150.00		

History:

Details	163-1	10/26/2016	Claim #163 filed by HUNTSVILLE MADISON COUNTY, Amount claimed: \$150.00 (Marshall, Terri)
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Description: (163-1) Services Performed

Remarks: (163-1) did not indicate a debtor name/case number

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*	\$150.00
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		