

**Fill in this information to identify the case:**

Debtor name: Hammmons of Rogers, Inc AKA <sup>Embassy</sup> Suites

United States Bankruptcy Court for the District of Kansas at Kansas City

Case number (If known): 16-21172

ID: 3787  
 BEN E KEITH COMPANY  
 ATTN: RICHARD GRASSO  
 PO BOX 2628  
 FORT WORTH, TX 76113

**RECEIVED**  
**OCT 24 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**

See Appendix A to bar date notice for list of debtors and case numbers.

**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?  
BEN E. KEITH COMPANY  
 Name of the current creditor (the person or entity to paid for this claim)

Other name the creditor used with the debtor BEN E. KEITH FOODS

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? <u>ATTN: RICHARD GRASSO</u> <u>BEN E. KEITH COMPANY</u> Name <u>601 E. 7<sup>TH</sup> ST.</u> Number Street <u>FORT WORTH, TX. 76102</u> City State ZIP Code	Where should payments to the creditor be sent? (if different) <u>SAME</u> Name Number Street City State ZIP Code
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Contact phone 817-759-6116 Contact phone \_\_\_\_\_

Contact email RNGRASSO@benekeith.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? \_\_\_\_\_

JQH Ct ID  
 00128

**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: 8 1 7 1

7. How much is the claim? \$ 699.27. 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.  
goods sold

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:

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).	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.

\$ 699.27

**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.

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 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 10-17-16  
MM/DD/YYYY

Richard Grasso  
Signature

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

Name Richard Nicholas Grasso  
First name Middle name Last name

Title VP of Credit

Company Ben E. Keith Company  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 601 E. 7th Street  
Number Street

FT. Worth, TX. 76102  
City State ZIP Code

Contact phone 817-759-6116 Email RNGRASSO@benkeith.com



39363517003787

BEN E KEITH COMPANY  
ATTN: RICHARD GRASSO  
PO BOX 2628  
FORT WORTH, TX 76113



FOODSERVICE DISTRIBUTORS

**STATEMENT**

Statement Date: 07/31/16 ID - 6740  
Customer #: 328171  
Customer Term: CSH Cash  
Salesman: LR099S - OFF, WRITE



REMIT TO: **BEN E. KEITH FOODS**  
ATTN: Accounts Receivable  
PO Box 829  
Fort Worth, TX 76101  
501-978-5000

Date	Ref	Number	Original Amount	Invoice Correction	Credit/Debit Memo	Paid	Net Due	Due Date
06/17/16	INV	51684056	277.51				277.51	07/10/16
06/20/16	INV	51684581	421.76				421.76	07/10/16

Current	1-7 Past Due	8-14 Past Due	15-21 Past Due	22-28 Past Due	29-35 Past Due	Over 35 Days	Total Due
			699.27				699.27

All accounts are due and payable  
in Tarrant county, TX

**This statement is due upon receipt**  
**Thank you for paying promptly and**  
**for your business!**

EMBASSY SUITES - KITCHEN SUPPLY  
3303 PINNACLE HILLS PRKWY  
Rogers, AR 72758-6042



OFFICE COPY - DELIVERY RECEIPT

CUSTOMER  
EMBASSY SUITES - KITCHEN  
3303 PINNACLE HILLS PRKWY  
ROGERS AR 72758

REMIT TO:  
BEN E. KEITH MID-SOUTH  
PO BOX 829  
FORT WORTH, TX 76101  
(501) 978-5000  
SALES REPRESENTATIVE  
020 TERRY SMITH



INVOICE NO	DATE	REP
51684056	1	OT
CUSTOMER NO	MO	DAY
328171	6	17
TAX ID: #10808978002		
P.O. NUMBER	ROUTE/STOP	
	559	2

SPECIAL INSTRUCTIONS

TERMS  
N10TH  
PROX

LINE	LOCATION	CASES	PKGS.	ITEM NO	BRAND	MFG CODE	PACK - SIZE	DESCRIPTION	UNIT PRICE	AMOUNT	RETURN CODE
1	EG191B	3		380130	CULINA	00323	6/2.5 LB	EDAMAME WHOLE IN POD	29.46	88.38	
2	EG514A	1		415170	MAZELL	27041	4/27 CT	CHEESECAKE PETIT FORS #1	100.17	100.17	
		4						SECTION TOTAL FREEZER		188.55	
3	CE191B	2		671011	TULKOF	00900	6/1 QT	HORSERADISH EXTRA HOT	33.39	66.78	
		2						SUB TOTAL FOR COOLER		66.78	
4	VD172D	1		774048	MCORMI	93230	1/14 OZ	CORIANDER GROUND	10.62	10.62	
5	VD255C	1		774230	MCORMI	93231	1/4 LB	TURMERIC	11.56	11.56	
		2						SUB TOTAL FOR DRY		22.18	

\*\*\*\*\*  
 \* ASK YOUR REP TODAY FOR A COPY \* EXCITING CHANGES ARE HERE \*  
 \* OF THE NEW KEITH KITCHEN \* PLEASE CHECK OUT OUR NEW \*  
 \* ESSENTIALS CATALOG \* WEBSITE AT \*  
 \* \* WWW.BENEKEITH.COM \*  
 \*\*\*\*\*

SHIPPED FROM: 1200 PIKE AVENUE N LITTLE ROCK, AR 72115-0637

DO YOU SERVICE DISTRIBUTORS?  
www.benekeith.com

TOTAL ON THIS PO	8	RECEIVED BY:	PLEASE SIGN FULL NAME BELOW	PLEASE CHECK THIS INVOICE CAREFULLY. BEN E. KEITH FOODS WILL NOT BE RESPONSIBLE FOR ANY SHORTAGES AFTER YOU SIGN.	CARRIER	TAX	ADJUSTMENT
TOTAL ON INVOICE	8				AMT PAID	TOTAL DUE	NEW TOTAL
						277.51	

The performance agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 502 of the Perishable Agriculture Commodities Act, 1930 (7 U.S.C. 492a) and the order of that administration requires that claim over these commodities, all inventories of kind or other products derived from these commodities and any revenues or proceeds from the sale of these commodities until full payment is received.  
 The Customer is responsible for the safety of this product by keeping the product in the required temperature range (shown on the refrigerated label and below) for the entire time from receipt to storage and ultimate consumption. The customer is also responsible for transporting the food in a safe manner that would prevent the food product from cross-contamination. By signing this, you acknowledge that you are responsible for the safe protection of the food product or products on this invoice as described above.

DELIVERY TIME  
DRIVER'S NUMBER 12 DRIVER'S SIGNATURE GASON HARTER



OFFICE COPY - DELIVERY RECEIPT

CUSTOMER  
SUITES - KITCHEN  
CHINACLE HILLS PRKWAY  
AR 72758  
SPECIAL INSTRUCTIONS

(479) 254-8400  
TERMS

REMIT TO:  
BEN E. KEITH MID-SOUTH  
PO BOX 829  
FORT WORTH, TX 76101  
(501) 978-5000  
SALES REPRESENTATIVE  
020 TERRY SMITH



BOOK NO.	PAGE	REP	
1684581	1	QT	
CUSTOMER NO.	MO	DAY	YR
328171	6	20	16
TAX ID: #10808978002			
P.O. NUMBER	ROUTE/STOP		
	157	4	

LINE	LOCATION	CASES	PKGS.	ITEM NO.	BRAND	MFG. CODE	PACK - SIZE	DESCRIPTION	UNIT PRICE	AMOUNT	RETURN CODE
	222A	2		395425	GRECIA	052	72/3 OZ	SPANAKOPITA SPINACH & CHEE	56.38	112.76	
		2						***** SECTION TOTAL FREEZER	*****	112.76	
	CC293B	2		120543	PRIMER	28542	15/2 LB	EGG WHITE LIQUID	47.89	95.78	
		2						***** SUB TOTAL FOR COOLER	*****	95.78	
	JK091B	1		620232	APPL&E	23003	27/6.75 OZ	JUICE GRAPE ORGANIC 100%	12.81	12.81	
	JC233B	1		620243	APPL&E	23001	27/6.75 OZ	JUICE APPLE ORGANIC 100%	12.81	12.81	
	DC241A	2		685020	CAJ CH	35200	4/1 GAL	PEPPER CHERRY MILD	32.89	65.78	*
	NI 272B	2		771810	QENMIL	16000	10/32.50	SNACK MIX CHEX BOLD PARTY	60.91	121.82	
		6						***** SUB TOTAL FOR DRY	*****	213.22	
<p>*****</p> <p>* ASK YOUR REP TODAY FOR A COPY * EXCITING CHANGES ARE HERE *</p> <p>* OF THE NEW KEITH KITCHEN * PLEASE CHECK OUT OUR NEW *</p> <p>* ESSENTIALS CATALOG * WEBSITE AT *</p> <p>* * WWW.BENEKEITH.COM *</p> <p>*****</p> <p>SHIPPED FROM: 1200 PIKE AVENUE N LITTLE ROCK, AR 72115-0637</p>											

TOTAL QTY THIS PAGE	10	RECEIVED BY:	PLEASE SIGN FULL NAME BELOW	PLEASE CHECK THIS INVOICE CAREFULLY. BEN E. KEITH FOODS WILL NOT BE RESPONSIBLE FOR ANY SHORTAGES AFTER YOU SIGN.	QUANTITY	TAX	AMOUNT
TOTAL QTY PHONE	10						
							421.76

The pesticide agricultural commodities listed on this invoice are sold subject to the statutory limit authorized by section (27) of the Pesticide Agricultural Commodities Act, 1938 (7 U.S.C. 4904c).  
The seller of these commodities warrants a best date over these commodities, all in residues of food or other products derived from these commodities and any metabolites or products from the use of these commodities until full payment is received.  
The Customer is responsible for the safety of this product by keeping the product in the required temperature zone (unless 40° for refrigerated items and below 21° for frozen items) from receipt to storage and ultimate consumption. The Customer is also responsible for transporting the food item in a safe manner (22° liquid) prevent the food product from being compromised. By signing this, you acknowledge that you are responsible for the safe chain protection of the food product as products on this invoice as described above.

DELIVERY TIME \_\_\_\_\_  
DRIVER'S NUMBER 264 DRIVER'S SIGNATURE OSB DEWAR

# 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> (8592499) Ben E. Keith Company 601 E. 7th Street Fort Worth, TX 76102	<b>Claim No: 169</b> <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>
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Amount claimed: \$699.27				

*History:*

<a href="#">Details</a>	<a href="#">169-1</a>	10/26/2016	Claim #169 filed by Ben E. Keith Company, Amount claimed: \$699.27 (Marshall, Terri)
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*Description:* (169-1) Goods Sold

*Remarks:* (169-1) Filed in Hammons of Rogers, Inc.(16-21173) creditor had wrong 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

<b>Total Amount Claimed*</b>	\$699.27
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		