

Fill in this information to identify the case:

Debtor name: John Q Hammons Fall 2006 LLC et al
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: 2400
EUREKA WATER CO
PO BOX 26730
OKLAHOMA CITY, OK 73126-0730

RECEIVED
OCT 28 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?
Eureka Water Company
Name of the current creditor (the person or entity to paid for this claim)
Other name the creditor used with the debtor Ozarka Water & Coffee Service

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 Eureka Water Company Name _____
Number Street P O Box 20730 Number Street _____
City State ZIP Code Oklahoma City OK 73126 City State ZIP Code _____
Contact phone 405-235-8474 Contact phone _____
Contact email bsnodgrass@ozarkawater.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? _____

JOH Ct ID
00142

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: _____

7. How much is the claim? \$ 130.05 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.
monthly rental of water filtration units

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
<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.

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.

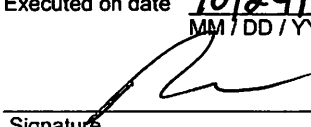
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 10/24/16
MM / DD / YYYY

Signature 

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

Name Ron Cole
First name Middle name Last name

Title CFO

Company Eureka Water Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 729 SW 3rd
Number Street

Oklahoma City OK 73109
City State ZIP Code

Contact phone 405-235-8474 Email _____

Billing Address Changes?

Email: _____

Please call customer service for delivery address changes.

Invoice Date: 06/30/2016	No 0530491
Account No:	086104
Please Pay This Amount:	\$130.05

COURTYARD BY MARRIOTT
DOWNTOWN OKLAHOMA CITY
2 W RENO AVE
OKLAHOMA CITY, OK 73102

Eureka Water Company
PO Box 26730
Oklahoma City, OK 73126

Pay by Credit Card: Exp Month: _____ Year: _____ Card Number: _____ Signature: _____

Paying by mail, please return top portion with your payment or pay on-line by checking account or credit card at www.ozarkah2o.com.

RENTAL INVOICE - 0530491



Ozarka Water & Coffee Service
A Division of Eureka Water Company
PO Box 26730
Oklahoma City, OK 73126
(405) 235-8474 FAX: (405) 235-6344
www.ozarkah2o.com

Invoice Date: 06/30/2016
Account Number: 086104
**COURTYARD BY MARRIOTT
DOWNTOWN OKLAHOMA CITY
2 W RENO AVE
OKLAHOMA CITY, OK 73102**

Go Green! You can access your statement on line at www.ozarkah2o.com.

Description	Amount	Description	Amount
FILTRATION-RNT-FILTRATION, MONTHLY, JUL 2016	40.00		
FILTRATION-RNT-FILTRATION, MONTHLY, JUL 2016	40.00		
FILTRATION-RNT-FILTRATION, MONTHLY, JUL 2016	40.00		

Terms: Net 15 Days	Subtotal: \$120.00
	Tax: \$10.05
	Total: \$130.05

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: (8509429) EUREKA WATER CO PO BOX 26730 OKLAHOMA CITY OK 73126	Claim No: 183 <i>Original Filed</i> Date: 10/31/2016 <i>Original Entered</i> Date: 10/31/2016	Status: <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
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Amount claimed: \$130.05				
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History:

Details	183-	10/31/2016	Claim #183 filed by EUREKA WATER CO, Amount claimed: \$130.05 (Marshall, Terri)
	1		

Description: (183-1) Goods Sold
Remarks: (183-1) did not input 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*	\$130.05
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		