Fill in this information to identify the case:						
Debtor 1 Chateau Lake, LLC						
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: District of Kansas	lacksquare					
Case number 16-21183						

RECEIVED OCT 28 2016 BMC GROUP

### Official Form 410

### **Proof of Claim**

12/15

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 JCI Industries, Inc. creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been ☐ No acquired from ☐ Yes. From whom? someone else? Where should payments to the creditor be sent? (if Where should notices Where should notices to the creditor be sent? and payments to the different) creditor be sent? JCI Industries, Inc. Federal Rule of Name Name **Bankruptcy Procedure** 1161 S.E. Hamblen Road (FRBP) 2002(g) Number Street Number Street 64081 Lees Summit MO ZIP Code State ZIP Code State City Contact phone 816-347-7293 Contact phone Contact email jdriskell@jciind.com Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): 4. Does this claim amend ☐ No one already filed? Yes. Claim number on court claims registry (if known) \_\_\_\_\_ MM / DD Do you know if anyone ☐ No else has filed a proof ☐ Yes. Who made the earlier filing? of claim for this claim? JOH Cti ID

Part 2: Give Information About the Claim as of the Date the Case Was Filed 6. Do you have any number Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0 9 2 6 you use to identify the debtor? 484.01. Does this amount include interest or other charges? 7. How much is the claim? ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. What is the basis of the claim? 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. Equipment delivered and services provided 9. Is all or part of the claim Ø No. secured? ☐ 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? Yes. Amount necessary to cure any default as of the date of the petition. 11. Is this claim subject to a **☑** No right of setoff? Yes. Identify the property: Case 16-21142 Claim 186-1 Filed 10/31/16 Desc Main Document

Official Form 410 Proof of Claim page 2

12. Is all or part of the claim entitled to priority under	☑ No								
11 U.S.C. § 507(a)?	☐ Yes. Check	k all that apply:				Amount entitled to priority			
A claim may be partly priority and partly	Domes 11 U.S.	\$							
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$ persona	\$							
onuned to priority.	☐ Wages, bankruj 11 U.S.	\$							
	☐ Taxes o	or penalties owed to governmen	tal units. 11 U.S.C. § 50	7(a)(8).		\$			
	☐ Contrib	utions to an employee benefit pl	an. 11 U.S.C. § 507(a)(	5).		\$			
	Other.	Specify subsection of 11 U.S.C.	§ 507(a)() that applie	s.		\$			
	* Amounts	are subject to adjustment on 4/01/16	and every 3 years after tha	t for cases	egun on or afte	er the date of adjustment.			
Part 3: Sign Below									
	<u> </u>	and to the same							
The person completing this proof of claim must	Check the appro	орпате вох:							
sign and date it.	I am the cr								
FRBP 9011(b).	l am the cr								
If you file this claim electronically, FRBP	l am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.								
5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.								
to establish local rules specifying what a signature									
is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.								
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.								
3571.	Executed on da	te 10/24/2016 MM / DD / YYYY							
	~								
	$\sim$	hu water	o Q						
	Signature								
	Print the name	of the person who is complet	ing and signing this cl	laim:					
		James M. Driskell							
	Name	First name	Middle name		Last name				
	Title	Controller							
		ICI Industries Inc		_					
	Company	JCI Industries, Inc. Identify the corporate servicer as	the company if the authori:	zed agent is	a servicer.	<del></del>			
		4464 C.E. Uambian Da	and						
	Address	1161 S.E. Hamblen Ro	au						
		Lee's Summit	1	МО	64081				
		City		State	ZIP Code				
		•				l com			
	Contact phone	<u>816-347-7293</u>		Email JOIIS	k <u>ell@jciind</u>	1.00111			

Case 16-21142 Claim 186-1 Filed 10/31/16 Desc Main Document Page 3 of 6

## **INVOICE**

#### **Remit To:**

JCI Industries, Inc. PO Box 411114 Kansas City, MO 64141 816-525-3320



INVO	INVOICE						
8122	8122125						
Invoice Date	Page						
04/27/2016	04/27/2016 1 of 1						
ORDER NUMBER							
1108044							

\*\*DIRECT SHIPMENT\*\*

Branch 04

SW MO

Bill To:

CHATEAU ON THE LAKE 415 N STATE HWY 265 BRANSON, MO 65616-8954 USA Ship To:

CHATEAU ON THE LAKE 415 N STATE HWY 265 ATTN: MORRIS HYDE BRANSON, MO 65616-8954

**Customer ID: 4000926** 

·	PO N	umber		Term Description		Net Due Date			
	JQH841424				Net 30			5/27/201	6
Order Date		Pick Ticket No		Primary Salesrep Name				Order Tal	ker
4/19/2016 1	0:06:04	311577	9		Jim Wood SI			TPEARCY	
	Qu	antities			Item ID		Pricing UOM	Unit	Extended
Ordered	Shipped	Remaining	UOM Unit	Size	Disp.	Item Description	Unit S	Price	Price
1.00	1.00	0.00	EA	1.0		T3202 2 HP,3450,56J,3 PH, DP CENTURY MOTOR	EA 1.00	415.00	415.00

Total Lines: 1 SUB-TOTAL: 415.00

Total Freight In: 0.00 Total Freight Out: 200.40 TOTAL FREIGHT: 200.40

*MO/JOPLIN TAX*: 32.47 *AMOUNT DUE*: 647.87

AMOUNT DUL. 047.07

Carrier: UPS NEXT DAY AIR Tracking #: 672657232697, FEDEX PRIORITY

Merchandise cannot be returned without permission. Claims for shortages or errors must be made in writing within thirty (30) days after receipt of goods. All approved returns must include a JCI return authorization number and may be subject to a restocking fee up to 25%.

### **INVOICE**

#### Remit To:

JCI Industries, Inc. PO Box 411114 Kansas City, MO 64141 816-525-3320



INVO	INVOICE					
8123	8123619					
Invoice Date	Page					
05/31/2016	l of l					
ORDER N	ORDER NUMBER					
1109	1109548					

Branch 04

SW MO

\*\*DIRECT SHIPMENT\*\*

Bill To:

CHATEAU ON THE LAKE **415 N STATE HWY 265** BRANSON, MO 65616-8954 **USA** 

Ship To:

CHATEAU ON THE LAKE **415 N STATE HWY 265** ATTN: LARRY LYTLE BRANSON, MO 65616-8954

Customer ID: 4000926

	PO Ni	ımber			Term Description Net		Net Due D	ate	
	JHQ8:	51476				Net 30		6/30/2016	
Order L	Pate	Pick Ticke	t No			Primary Salesrep Name		Order Tak	er
5/25/20	16	311723	3		Jim Wood SI		TPEARCY		
	Qu	antities				Item ID	Pricing UOM		t Extended
Ordered	Shipped	Remaining	UOM Unit i	Size	ষ্ট্ৰ Item Description		Unit S	Unit Price ize	Price
2.00	2.00	0.00	EA	1.0		LA603 LIGHTNING ARRESTORS	EA 1.00	77.00 00	154.00
Total	Lines: 1		_					SUB-TOTAL:	154.00

Total Freight In: 0.00

Total Freight Out: 28.07

**TOTAL FREIGHT:** 

28.07

**MO/JOPLIN TAX:** 

12.05

**AMOUNT DUE:** 

194.12

Carrier: UPS 2ND DAY AIR

Tracking #:

Merchandise cannot be returned without permission. Claims for shortages or errors must be made in writing within thirty (30) days after receipt of goods. All approved returns must include a JCI return authorization number and may be subject to a restocking fee up to 25%.

### **CREDIT MEMO**

#### Remit To:

JCI Industries, Inc. PO Box 411114 Kansas City, MO 64141 816-525-3320



CREDIT	CREDIT MEMO					
8124248						
Invoice Date	Page					
06/14/2016	1 of 1					
ORDER NUMBER						
1110251						

Branch 04

SW MO

Carrier: UPS NEXT DAY AIR

Bill To:

CHATEAU ON THE LAKE **415 N STATE HWY 265** BRANSON, MO 65616-8954 **USA** 

Ship To:

CHATEAU ON THE LAKE **415 N STATE HWY 265** BRANSON, MO 65616-8954

**Customer ID: 4000926** 

te	Net Due Da		n Description		umber	PO Ņi		
	_				1424-1	JQH84		
er .	Order Take	Primary Salesrep Name Order			Pick Ticket No	ate	Order D	
Ī	KVINSON		Jim Wood SI		3117858	9:47:44	5/13/2016 09:	
Extended	Unit	Pricing UOM		Item ID	antities	Qu		
Price	Price	Unit Size	Item Description		Remaining UOM Unit	Shipped	Ordered	
•			BY DORHN TRANSFER	actions: DO NOT S	Delivery Instri			
-415.0	415.00	EA 1.0000	PH, DP CENTURY MOTOR 4/27/2016 07:48:27	T3202 1.0 2 HP,3450, riginal: 8122125		-1.00	-1.00	
-415.00	TOTAL:	SUB-7			<del></del>	Lines: 1	Total	
-25.9	N TAX:	<i>MO/JOPLI</i>						
83.0	CKING:	<i>RESTO</i> (						
-357.98	T DÜE:	<b>AMOUN</b>	- · · · · · · · · · · · · · · · · · · ·				-	

Merchandise cannot be returned without permission. Claims for shortages or errors must be made in writing within thirty (30) days after receipt of goods. All approved returns must include a JCI return authorization number and may be subject to a restocking fee up to 25%.

Tracking #:

# **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: (8596474)JCI Industries, Inc.

1161 SE Hamblen Road Lees Summit, MO

64081

Claim No: 186 Original Filed

Original Entered

Date: 10/31/2016

Status: Filed by: CR

Date: 10/31/2016 Entered by: Terri Marshall

Modified:

Amount claimed: \$484.01

History:

**Details** 

186- 10/31/2016 Claim #186 filed by JCI Industries, Inc., Amount claimed: \$484.01 (Marshall, Terri) 1

Description: (186-1) Services Performed

Remarks: (186-1) Filed in Chateau Lake, LLC (16-21183)

### **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>	\$484.01
<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		