

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: 431
WHELAN SECURITY CO
PO BOX 843886
KANSAS CITY, MO 64184-3886

RECEIVED
OCT 31 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?

Whelan Security Co.
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)

Whelan Security Co.
Name
1699 S. Hanley Rd, Ste. #350
Number Street
St. Louis MO 63144
City State ZIP Code

Name

Number Street

City State ZIP Code

Contact phone 314-646-3831 Contact phone _____

Contact email dkohlmann@whelanssecurity.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? _____

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: 1777

7. How much is the claim? \$ 8,450.49 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.
Security 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.

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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

Dawn Kohlmann
Signature

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

Name Dawn Louise Kohlmann
First name Middle name Last name

Title Credit Analyst

Company Whelan Security Co.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1699 S. Hanley Rd., Ste. #350
Number Street
St. Louis MO 63144
City State ZIP Code

Contact phone 314-646-3831 Email dkohlmann@whelansecurity.com



39363467000431

WHELAN SECURITY CO
PO BOX 843886
KANSAS CITY, MO 64184-3886



Whelan Security Co.
 1699 S. Hanley Road
 Suite 350
 St. Louis, MO 63144

INVOICE NO.	304613
DATE	08/01/16

CUSTOMER

Embassy Suites - St. Charles
 2 Convention Center Plaza
 Saint Charles, MO 63303

SERVICE LOCATION

Embassy Suites - St. Charles Mo
 2 Convention Center Plaza
 Saint Charles, MO 63303

TERMS: Net 30 Days	CUSTOMER NO. ESH04		P.O. NO.	
Description	Quantity	Unit of Measure	Price	Amount
Post-Bankruptcy 06/26/16 THRU 07/01/16 Security Officer 1 Regular Total Hours	44.75 80.75	Hours	18.48	826.98 0.00
			Sub-Total	826.98
			Sales Tax	
			TOTAL	\$826.98

▼ TO ENSURE PROPER CREDIT, PLEASE DETACH AND MAIL BOTTOM PORTION WITH YOUR PAYMENT ▼

ATTENTION:

 Embassy Suites - St. Charles
 2 Convention Center Plaza
 Saint Charles, MO 63303

PLEASE SEND REMITTANCE TO:

P.O. Box 843886
 Kansas City, MO 64184-3886

Customer No.	ESH04
Job No.	1777
Invoice No.	304613
Invoice Date	08/01/16
Amount Due	\$826.98
Amount Remitted	



Whelan Security Co.
 1699 S. Hanley Road
 Suite 350
 St. Louis, MO 63144

INVOICE NO.	304612
DATE	08/01/16

CUSTOMER

Embassy Suites - St. Charles
 2 Convention Center Plaza
 Saint Charles, MO 63303

SERVICE LOCATION

Embassy Suites - St. Charles Mo
 2 Convention Center Plaza
 Saint Charles, MO 63303

TERMS: Net 30 Days	CUSTOMER NO. ESH04		P.O. NO.	
Description	Quantity	Unit of Measure	Price	Amount
Pr-Bankruptcy 06/18/16 THRU 06/25/16 Security Officer 1 Regular Total Hours	36.00 80.75	Hours	18.48	665.28 0.00
			Sub-Total	665.28
			Sales Tax	
			TOTAL	\$665.28

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ATTENTION:

 Embassy Suites - St. Charles
 2 Convention Center Plaza
 Saint Charles, MO 63303

PLEASE SEND REMITTANCE TO:

P.O. Box 843886
 Kansas City, MO 64184-3886

Customer No.	ESH04
Job No.	1777
Invoice No.	304612
Invoice Date	08/01/16
Amount Due	\$665.28
Amount Remitted	



Whelan Security Co.
 1699 S. Hanley Road
 Suite 350
 St. Louis, MO 63144

INVOICE NO.	298648
DATE	06/17/16

CUSTOMER

Embassy Suites - St. Charles
 2 Convention Center Plaza
 Saint Charles, MO 63303

SERVICE LOCATION

Embassy Suites - St. Charles Mo
 2 Convention Center Plaza
 Saint Charles, MO 63303

TERMS: Net 30 Days	CUSTOMER NO. ESH04		P.O. NO.	
Description	Quantity	Unit of Measure	Price	Amount
06/04/16 THRU 06/17/16 Security Officer 1 Regular	54.25	Hours	18.48	1,002.54
Total Hours	54.25			0.00
Please contact Hannah Nenninger at 314-646-3865 with any questions.			Sub-Total	1,002.54
Accounts past due will be charged 1.5% per month an annual percentage rate of 18%.			Sales Tax	
			TOTAL	\$1,002.54

▼ TO ENSURE PROPER CREDIT, PLEASE DETACH AND MAIL BOTTOM PORTION WITH YOUR PAYMENT ▼

ATTENTION:

 Embassy Suites - St. Charles
 2 Convention Center Plaza
 Saint Charles, MO 63303

Customer No.	ESH04
Job No.	1777
Invoice No.	298648
Invoice Date	06/17/16
Amount Due	\$1,002.54
Amount Remitted	

PLEASE SEND REMITTANCE TO:

P.O. Box 843886
 Kansas City, MO 64184-3886



Whelan Security Co.
 1699 S. Hanley Road
 Suite 350
 St. Louis, MO 63144

INVOICE NO.	297411
DATE	06/03/16

CUSTOMER

Embassy Suites - St. Charles
 2 Convention Center Plaza
 Saint Charles, MO 63303

SERVICE LOCATION

Embassy Suites - St. Charles Mo
 2 Convention Center Plaza
 Saint Charles, MO 63303

TERMS: Net 30 Days	CUSTOMER NO. ESH04		P.O. NO.	
Description	Quantity	Unit of Measure	Price	Amount
05/21/16 THRU 06/06/16 Security Officer 1 Regular Total Hours	64.00 64.00	Hours	18.48	1,182.72 0.00
			Sub-Total	1,182.72
			Sales Tax	
			TOTAL	\$1,182.72

▼ TO ENSURE PROPER CREDIT, PLEASE DETACH AND MAIL BOTTOM PORTION WITH YOUR PAYMENT ▼

ATTENTION:

 Embassy Suites - St. Charles
 2 Convention Center Plaza
 Saint Charles, MO 63303

PLEASE SEND REMITTANCE TO:

P.O. Box 843886
 Kansas City, MO 64184-3886

Customer No.	ESH04
Job No.	1777
Invoice No.	297411
Invoice Date	06/03/16
Amount Due	\$1,182.72
Amount Remitted	



Whelan Security Co.
 1699 S. Hanley Road
 Suite 350
 St. Louis, MO 63144

INVOICE NO.	295364
DATE	05/20/16

CUSTOMER

Embassy Suites - St. Charles
 2 Convention Center Plaza
 Saint Charles, MO 63303

SERVICE LOCATION

Embassy Suites - St. Charles Mo
 2 Convention Center Plaza
 Saint Charles, MO 63303

TERMS: Net 30 Days	CUSTOMER NO. ESH04		P.O. NO.	
Description	Quantity	Unit of Measure	Price	Amount
05/07/16 THRU 05/20/16 Security Officer 1 Regular	90.00	Hours	18.48	1,663.20
Total Hours	90.00			0.00
Billing Adjustment - Missed Hours 04/23/16 - 05/06/16 Security Officer 1 Regular - Tom East	9.00	Hours	18.48	166.32
			Sub-Total	1,829.52
			Sales Tax	
			TOTAL	\$1,829.52

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ATTENTION:

 Embassy Suites - St. Charles
 2 Convention Center Plaza
 Saint Charles, MO 63303

Customer No.	ESH04
Job No.	1777
Invoice No.	295364
Invoice Date	05/20/16
Amount Due	\$1,829.52
Amount Remitted	

PLEASE SEND REMITTANCE TO:

P.O. Box 843886
 Kansas City, MO 64184-3886



Whelan Security Co.
 1699 S. Hanley Road
 Suite 350
 St. Louis, MO 63144

INVOICE NO.	304615
DATE	08/01/16

CUSTOMER

Renee Treschl, Director Of Accounting
 Embassy Suite - Norman
 2501 Conference Drive
 Norman, OK 73069

SERVICE LOCATION

Embassy Suites - Norman
 2501 Conference Drive
 Norman, OK 73069

TERMS: Net 30 Days	CUSTOMER NO. ESN01		P.O. NO.	
Description	Quantity	Unit of Measure	Price	Amount
Pre-Bankruptcy 06/18/16 THRU 06/25/16				
Security Officer Regular	15.50	Hours	14.75	228.63
Supervisor Regular	47.00	Hours	17.66	830.02
Total Hours	62.50			0.00
			Sub-Total	1,058.65
			Sales Tax	
			TOTAL	\$1,058.65

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ATTENTION:
 Renee Treschl, Director Of Accounting
 Embassy Suite - Norman
 2501 Conference Drive
 Norman, OK 73069

PLEASE SEND REMITTANCE TO:

P.O. Box 843886
 Kansas City, MO 64184-3886

Customer No.	ESN01
Job No.	5028
Invoice No.	304615
Invoice Date	08/01/16
Amount Due	\$1,058.65
Amount Remitted	



Whelan Security Co.
 1699 S. Hanley Road
 Suite 350
 St. Louis, MO 63144

INVOICE NO.	298270
DATE	06/17/16

CUSTOMER

Renee Treschl, Director Of Accounting
 Embassy Suite - Norman
 2501 Conference Drive
 Norman, OK 73069

SERVICE LOCATION

Embassy Suites - Norman
 2501 Conference Drive
 Norman, OK 73069

TERMS: Net 30 Days	CUSTOMER NO. ESN01		P.O. NO.	
Description	Quantity	Unit of Measure	Price	Amount
06/04/16 THRU 06/17/16				
Security Officer Regular	32.00	Hours	14.75	472.00
Supervisor Regular	80.00	Hours	17.66	1,412.80
Total Hours	112.00			0.00
Please contact Hannah Nenninger at 314-646-3865 with any questions.			Sub-Total	1,884.80
Accounts past due will be charged 1.5% per month an annual percentage rate of 18%.			Sales Tax	
			TOTAL	\$1,884.80

▼ TO ENSURE PROPER CREDIT, PLEASE DETACH AND MAIL BOTTOM PORTION WITH YOUR PAYMENT ▼

ATTENTION:
 Renee Treschl, Director Of Accounting
 Embassy Suite - Norman
 2501 Conference Drive
 Norman, OK 73069

PLEASE SEND REMITTANCE TO:

P.O. Box 843886
 Kansas City, MO 64184-3886

Customer No.	ESN01
Job No.	5028
Invoice No.	298270
Invoice Date	06/17/16
Amount Due	\$1,884.80
Amount Remitted	

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> (8597790) Whelan Security Co. 1699 Hanley Road Road, Suite 350 St. Louis, MO 63144	Claim No: 197 <i>Original Filed</i> <i>Date:</i> 11/01/2016 <i>Original Entered</i> <i>Date:</i> 11/01/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
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Amount claimed: \$8450.49		
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History:

Details	197-	11/01/2016	Claim #197 filed by Whelan Security Co., Amount claimed: \$8450.49 (Marshall, Terri)
	1		

Description: (197-1) Services Performed

Remarks: (197-1) 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*	\$8450.49
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		