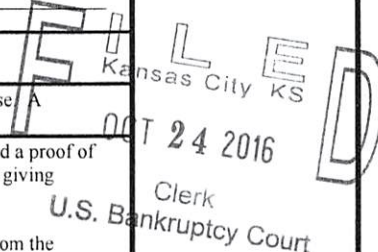
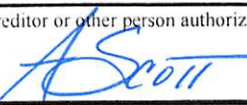


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF KANSAS		PROOF OF CLAIM
Name of Debtor John Q Hammons Fall 2006, LLC dba Embass		Case Number 16-21142
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Interline Brands, Inc. dba Supplyworks	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: Interline Brands, Inc. - Bankruptcy 801 West Bay Street Jacksonville, FL 32204 Telephone number: (904) 421-1400	THIS SPACE IS FOR COURT USE ONLY <div style="text-align: center;">  </div>	
Last four digits of account or other number by which creditor identifies debtor: 507284	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other _____ <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed From _____ to _____ (date) (date)		
2. Date debt was incurred:		3. If court judgment, date obtained:
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ <u>751.40</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other _____ <input type="checkbox"/> Motor Vehicle Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		
5. Total Amount of Claim at Time Case Filed: \$ <u>751.40</u> <u>0</u> <u>0</u> <u>751.40</u> (unsecured) (secured) (priority) (total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 10/18/2016	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Angela Scott Legal Team Lead 	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

JQH Ch ID





SupplyWorks

P.O. BOX 2317
JACKSONVILLE, FL 32203-2317

SHIPPED TO:
Kris Kratz
100 Conference Center

EAST PEORIA, IL 61611

SOLD TO:
EMBASSY SUITES EAST PEORIA
100 CONFERENCE CENTER DR
JQH EAST PEORIA DEVELOPMENT
EAST PEORIA, IL 61611-9569

INVOICE

PAGE: 1

INVOICE DATE	6/7/16
INVOICE NUMBER	368986873
A/R LEVEL	A455524
ORDER NUMBER	1945049
ACCOUNT NUMBER	507284

FOR INQUIRIES CALL: 8664126726 FAX: 8777126726

ORDER DATE	ORDER NO.	CUSTOMER P.O.	WHSE.	TERMS	CASH DISCOUNT
6/4/16	1945049	JQH-799038		NET 30 DAYS	\$0.00

ITEM NO.	DESCRIPTION	ORDERED	SHIPPED	B/O	LIST PRICE	NET PRICE	EXT AMT CODE
REN02534	RENOWN FOAM COUNTER-MOUNT SOAP REFILL	8	8.00	0	30.0200	30.02	240.16
REN08050	RENOWN SENSOR/VRS PLUS VAC BAG 10 PK	2	2.00	0	12.6400	12.64	25.28

NET MERCHANDISE TOTAL	TAX TOTAL	FREIGHT	OTHER	INVOICE TOTAL
265.44	21.90		7.95	\$295.29

TERMS AND CONDITIONS FROM CURRENT CATALOG APPLY. CLAIMS FOR SHORTAGES OR DAMAGED GOODS MUST BE MADE IMMEDIATELY UPON RECEIPT OF SHIPMENT IN ACCORDANCE WITH CURRENT RETURN GOODS POLICY. NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION. * NO DISCOUNT ALLOWED FOR PAYMENTS MADE BY CREDIT CARD.

RETAIN THIS PORTION OF THE INVOICE FOR YOUR RECORDS

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ACCOUNT NUMBER	INVOICE DATE	INVOICE NO.	INVOICE AMOUNT DUE
0000507284	6/7/16	368986873	\$295.29
		INVOICE BALANCE	\$295.29

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EAST PEORIA, IL 61611-9569

REMIT TO:
SupplyWorks
13924 Collection Center Dr
Chicago, IL 60693

A 1 1/2 % SERVICE CHARGE WILL BE ADDED TO ALL PAST DUE BALANCES. * NO DISCOUNT ALLOWED FOR PAYMENTS MADE BY CREDIT CARD.



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INVOICE

PAGE: 1

INVOICE DATE	6/15/16
INVOICE NUMBER	369798582
A/R LEVEL	A455524
ORDER NUMBER	2099236
ACCOUNT NUMBER	507284

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100 CONFERENCE CENTER DR
JQH EAST PEORIA DEVELOPMENT
EAST PEORIA, IL 61611-9569

FOR INQUIRIES CALL: 8664126726 FAX: 8777126726

ORDER DATE	ORDER NO.	CUSTOMER P.O.	WHSE.	TERMS	CASH DISCOUNT
6/15/16	2099236	MIACHAEL		NET 30 DAYS	\$0.00

ITEM NO.	DESCRIPTION	ORDERED	SHIPPED	B/O	LIST PRICE	NET PRICE	EXT AMT CODE
WIN11050	BELT TIMING 5MM X 15MM 2-SIDED	1	1.00	0	207.5800	207.58	207.58

NET MERCHANDISE TOTAL	TAX TOTAL	FREIGHT	OTHER	INVOICE TOTAL
207.58	17.13	6.69		\$231.40

TERMS AND CONDITIONS FROM CURRENT CATALOG APPLY. CLAIMS FOR SHORTAGES OR DAMAGED GOODS MUST BE MADE IMMEDIATELY UPON RECEIPT OF SHIPMENT IN ACCORDANCE WITH CURRENT RETURN GOODS POLICY. NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION. * NO DISCOUNT ALLOWED FOR PAYMENTS MADE BY CREDIT CARD.

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ACCOUNT NUMBER	INVOICE DATE	INVOICE NO.	INVOICE AMOUNT DUE
0000507284	6/15/16	369798582	\$231.40
		INVOICE BALANCE	\$231.40

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JQH EAST PEORIA DEVELOPMENT
EAST PEORIA, IL 61611-9569

REMIT TO:
SupplyWorks
13924 Collection Center Dr
Chicago, IL 60693

A 1 1/2 % SERVICE CHARGE WILL BE ADDED TO ALL PAST DUE BALANCES. * NO DISCOUNT ALLOWED FOR PAYMENTS MADE BY CREDIT CARD.



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INVOICE

PAGE: 1

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INVOICE DATE	6/23/16
INVOICE NUMBER	370567976
A/R LEVEL	A455524
ORDER NUMBER	2155833
ACCOUNT NUMBER	507284

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100 CONFERENCE CENTER DR
JQH EAST PEORIA DEVELOPMENT
EAST PEORIA, IL 61611-9569

FOR INQUIRIES CALL: 8664126726 FAX: 8777126726

ORDER DATE	ORDER NO.	CUSTOMER P.O.	WHSE.	TERMS	CASH DISCOUNT
6/20/16	2155833	MICHAEL		NET 30 DAYS	\$0.00

ITEM NO.	DESCRIPTION	ORDERED	SHIPPED	B/O	LIST PRICE	NET PRICE	EXT AMT CODE
WIN11050	BELT TIMING 5MM X 15MM 2-SIDED	1	1.00	0	207.5800	207.58	207.58

NET MERCHANDISE TOTAL	TAX TOTAL	FREIGHT	OTHER	INVOICE TOTAL
207.58	17.13			\$224.71

TERMS AND CONDITIONS FROM CURRENT CATALOG APPLY. CLAIMS FOR SHORTAGES OR DAMAGED GOODS MUST BE MADE IMMEDIATELY UPON RECEIPT OF SHIPMENT IN ACCORDANCE WITH CURRENT RETURN GOODS POLICY. NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION. * NO DISCOUNT ALLOWED FOR PAYMENTS MADE BY CREDIT CARD.

RETAIN THIS PORTION OF THE INVOICE FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR REMITTANCE



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ACCOUNT NUMBER	INVOICE DATE	INVOICE NO.	INVOICE AMOUNT DUE
0000507284	6/23/16	370567976	\$224.71
		INVOICE BALANCE	\$224.71

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100 CONFERENCE CENTER DR
JQH EAST PEORIA DEVELOPMENT
EAST PEORIA, IL 61611-9569

REMIT TO:
SupplyWorks
13924 Collection Center Dr
Chicago, IL 60693

A 1 1/2 % SERVICE CHARGE WILL BE ADDED TO ALL PAST DUE BALANCES. * NO DISCOUNT ALLOWED FOR PAYMENTS MADE BY CREDIT CARD.

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> (8597793) Interline Brands, Inc. dba Supplyworks 801 West Bay Street Jacksonville, FL 32204	Claim No: 198 <i>Original Filed</i> Date: 11/01/2016 <i>Original Entered</i> Date: 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: \$751.40				

History:

<u>Details</u>	<u>198-</u>	11/01/2016	Claim #198 filed by Interline Brands, Inc. dba Supplyworks, Amount claimed: \$751.40 (Marshall, Terri)
	<u>1</u>		

Description: (198-1) Goods Sold

Remarks: (198-1) KSB Filed 10/24/16; ECF by Claims Agent 11/1/16

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*	\$751.40
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		