


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

Debtor 1 John Q. Hammons Fall 2006, LLC

Debtor 2 et al. (Jointly Administered)  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas 

Case number 16-21142

**FILED**  
Kansas City, KS  
OCT 21 2016  
Clerk  
U.S. Bankruptcy Court

**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. 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 creditor?	<u>ABF Freight System, Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>  <small>Other names the creditor used with the debtor</small> _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	<b>Where should notices to the creditor be sent?</b>  <u>ABF Freight System, Inc, Attn Bankruptcy Clerk</u> <small>Name</small> <u>PO Box 10048</u> <small>Number Street</small> <u>Fort Smith AR 72917</u> <small>City State ZIP Code</small>  <small>Contact phone</small> <u>479-785-6498</u> <small>Contact email</small> <u>tmcguire@freight.abf.com</u>  <small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small> _____	<b>Where should payments to the creditor be sent? (if different)</b>  <small>Name</small> _____  <small>Number Street</small> _____  <small>City State ZIP Code</small> _____  <small>Contact phone</small> _____ <small>Contact email</small> _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ <div style="text-align: right;">Filed on _____ MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**JQH Ctl ID**  
  
00159

**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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>8</u> <u>5</u> <u>0</u> <u>7</u>
7. How much is the claim?	\$ <u>608.11</u> . Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.  <u>Freight Charges - Trucking Services</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

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

☒ No

☐ Yes. Check one:

☐ 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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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.

**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 10/17/2016  
MM / DD / YYYY



Signature

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

Name Jose Iglesia  
First name Middle name Last name

Title Director Revenue Accounting

Company ABF Freight System, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 10048, Attn Bankruptcy Clerk  
Number Street  
Fort Smith AR 72917  
City State ZIP Code

Contact phone 479-785-6498 Email tmcguire@freight.abf.com





Remit Payment To:  
**ABF Freight System, Inc.**  
 100 SOUTH CARTAGE LANE  
 STRAFFORD, MO, 65757

Phone: (417) 866-0484 Fax: (417) 866-2535  
 mcooper@freight.abf.com

Account No: 418507-0001

Bill To & Payment Due From:

JOHN Q HAMMONS HOTELS  
 BRAD TRADER  
 300 S JOHN Q HAMMONS PKWY STE 900  
 SPRINGFIELD, MO, 65806-2550

## PAST DUE INVOICE

<b>Freight bill No:</b>	<b>150561867</b>
<b>Shipment Date:</b>	<b>06/09/2016</b>

<b>AMOUNT DUE:</b> (payable in US funds)	<b>\$608.11</b>
<b>PAYMENT DUE DATE:</b>	<b>06/27/2016</b>

**Thank you for choosing ABF Freight**

Please remember to send this remittance slip  
 with your payment



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 \*PLEASE DETACH THIS PORTION AND ENCLOSE WITH YOUR PAYMENT\*  
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\*\*\* RETAIN THIS PORTION FOR YOUR RECORDS \*\*\*

Shipper Acct. # 000000-0000		Consignee Acct. # 301122-0000		P.O. Number:		NS		Freight Bill No:		150561867	
ALGER-TRITON INTERNATIONAL 8690 NATIONAL BOULEVARD CULVER CITY, CA 90232		RENAISSANCE ROBERT PISHOF 9100 E LOOKOUT DR RICHARDSON, TX 75082						Shipping Date:		06/09/2016	
				Bill of Lading No:		NS		Payment Terms:		Prepaid	
				Tariff:		ABF504		AMOUNT DUE:		\$608.11	
								PAYMENT DUE DATE:		06/27/2016	
Pieces	Description			Weight (lbs)		Class		Rate		Charge	
2 PLT	TOTAL IND PIECES: 2 OF 2 CS LIGHTING CLS 125 ITEM 109700-03V (EX100) RWAAU=ABF646-418507,THRD ALLOWS LOWER CHARGE AT HIGHER WEIGHT  DISC,69%,EX,-TL,-TC,AU=ABF646-418507, THRD / CALIFORNIA COMPLIANCE SURCHARGE / SINGLE SHIPMENT / ARRIVAL NOTICE SHIPPER PHONE: 310-736-2967 / FUEL SURCHARGE ABF MEASURED CUBE: 103.500 CUFT PAST DUE TRACER - CERTIFIED TRUE COPY OF ORIGINAL 418507 07/15/16 CONS PHONE: 972-367-2000 CUBE 0103 CRN: PRQ4580726  **** IMPORTANT NOTICE **** Have you overlooked this invoice? Our records indicate it is past due. Please submit your payment today. If your payment was mailed in recent days, please disregard this notice. Thank you!			420		EX100		32135		1,349.67	
				DEF80				32135		257.08	
				AS500							
				DISC				69%		-1,108.66	
				CCS						5.92	
				SS				N/A			
				ARR				N/C			
				FSC				20.9%		104.10	
Total Pieces				Total Weight		TOTAL AMOUNT					
2	H C Consignee			420		DUE BY 06/27/2016 (payable in US funds)				\$608.11	
	X by (customer signature)										

ABF Freight System, Inc.  
 100 SOUTH CARTAGE LANE STRAFFORD, MO 65757  
 Phone: (417) 866-0484 Fax: (417) 866-2535

FED TAX ID# 71-0249444  
 FMC LIC# - 12524N

# 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> (8597802) ABF Freight Systems, Inc. PO Box 10048 Fort Smith, AR 72917	<b>Claim No: 200</b> <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>
Amount claimed: \$608.11		

**History:**

<a href="#"><u>Details</u></a>	<a href="#"><u>200-1</u></a>	11/01/2016 Claim #200 filed by ABF Freight Systems, Inc., Amount claimed: \$608.11 (Marshall, Terri )
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*Description:* (200-1) Services Performed

*Remarks:* (200-1) KSB Filed 10/21/16; 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

<b>Total Amount Claimed*</b>	\$608.11
<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.**

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