


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 Logistics</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>	Where should notices to the creditor be sent? <u>ABF Logistics, 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> _____	Where should payments to the creditor be sent? (if different) <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) _____	
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? _____	

Filed on _____
MM / DD / YYYY

JQH Ctl ID

00160

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>1,050.00</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?	<p>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.</p> <p><u>Freight Charges - Trucking Services</u></p>	
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	<p>The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><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>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
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 Phillip Karnes
First name Middle name Last name

Title Director, Enterprise Services

Company ABF Logistics
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 Logistics®**

PO Box 10048

FORT SMITH, AR, 72917-0048

Phone: (479) 785-6161 Fax: (479) 785-6161

cdaniels@arcb.com

abf.com/logistics

Account No: 418507-0002

Bill To & Payment Due From:

JOHN Q HAMMONS HOTELS
ACCOUNTS PAYABLE
300 S JOHN Q HAMMONS PKWY STE 900
SPRINGFIELD, MO, 65806-2550

PAST DUE INVOICE

Freight bill No:	426482267
Shipment Date:	06/13/2016

AMOUNT DUE: (payable in US funds)	\$1,050.00
PAYMENT DUE DATE:	07/01/2016

Thank you for choosing ABF Logistics®Please remember to send this remittance slip
with your payment

PLEASE DETACH THIS PORTION AND ENCLOSE WITH YOUR PAYMENT

*** RETAIN THIS PORTION FOR YOUR RECORDS ***

Shipper Acct. # 018307-0250		Consignee Acct. # 128851-0000		P.O. Number:		Freight Bill No:	426482267
LEGGETT & PLATT REC 3040 JUNIOR ORDER HOME RD LEXINGTON, NC 27292		EMBASSY SUITES RICK 800 MONROE ST HUNTSVILLE, AL 35801				Shipping Date:	06/13/2016
				Bill of Lading No:		Payment Terms:	Prepaid
				Tariff:	FPQ	AMOUNT DUE:	\$1,050.00
						PAYMENT DUE DATE:	07/01/2016
Pieces	Description	Weight (lbs)	Class	Rate	Charge		
1 TL	TOTAL IND PIECES: 1 CARPET PADDING DELV AT: 07:30 AM DEDICATED SEALED MACROPOINTS / PRICING QUOTE / SHIPPER LOAD AND COUNT / FUEL SURCHARGE SHIPPER CUBE: 3392.000 CUFT PQ SCHEDULE NO: RPK0511616D PAST DUE TRACER - CERTIFIED TRUE COPY OF ORIGINAL 418507 07/19/16 CONS PHONE: 972-757-9612 CUBE 3392 CRN: 887093 **** 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!	35,000 PQ SLC FRVAL FSC		PVU N/A	1,050.00		
Total Pieces		Total Weight	TOTAL AMOUNT DUE BY 07/01/2016 (payable in US funds)		\$1,050.00		
1		35,000					

ABF Logistics®
PO Box 10048 FORT SMITH, AR 72917-0048
Phone: (479) 785-6161 Fax: (479) 785-6161
abf.com/logistics

FED TAX ID# 71-0838111

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	Claim No: 201 <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: \$1050.00		

History:

<u>Details</u>	<u>201-1</u>	11/01/2016 Claim #201 filed by ABF Freight Systems, Inc., Amount claimed: \$1050.00 (Marshall, Terri)
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Description: (201-1) Services Performed

Remarks: (201-1) 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

Total Amount Claimed*	\$1050.00
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		