

Fill in this information to identify the case:

Debtor 1 John P. Hawkins Fall 2016 U.C.
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: _____ District of Kansas
 Case number 16-21142 / Robert D. Berger

FILED
 Kansas City KS
 OCT 17 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

<p>1. Who is the current creditor?</p>	<p><u>Dave Data Products, Inc.</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>Dave Data Products</u> Name <u>1819 OTIS WAY</u> Number Street <u>Florence</u> <u>SC</u> <u>29001</u> City State ZIP Code Contact phone <u>843-665-7678</u> Contact email _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
<p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>		
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	

Filed on _____
 MM / DD / YYYY

JQH Ctl ID

 00161

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: 475 498

7. How much is the claim? \$ 511.41 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.
Goods sold (Toner)

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)?

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 10-12-16
MM / DD / YYYY

Linda Peoples
Signature

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

Name Linda Peoples
First name Middle name Last name

Title AR Representative

Company Data Products
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1819 OTIS WAY
Number Street

Florence SC 29501
City State ZIP Code

Contact phone 843-665-7678 Email _____



DOVE DATA PRODUCTS
PO BOX 6106
FLORENCE, SC 29502
1819 OTIS WAY
FLORENCE, SC 29501
Phone: 800-968-6925 Fax: 800-968-8162

SALES INVOICE

SI-1515306

6/16/2016



Customer		Contact		Ship To			
EMBASSY SUITES MURFREESBORO JOHN JOHNSON 1200 CONFERENCE CENTER BLVD MURFREESBORO TN 37129				EMBASSY SUITES MURFREESBORO JOHN JOHNSON 1200 CONFERENCE CENTER BLVD MURFREESBORO TN 37129 Tel: 615-216-52366			
Account	Terms	Due Date		Account Rep		Schedule Date	
475498	2% 10, Net 30 Days	7/16/2016		AL CORMIER		6/14/2016	
Sales Order	PO #	Reference		Ship VIA		Page	Printed
SO-822651				UPS Ground		1	8/9/2016 4:42:21PM
L Item	Description	Order	Ship	Price	UM	Discount	Amount
1	HEP21515MR	3	3	\$79.25	EA		\$237.75
2	HEP21918GN	2	2	\$99.99	EA		\$199.98
3	SH	1	1	\$28.25	EA		\$28.25
4	EMAIL INVOICE TO john.johnson@jqh.com						
Shipment Tracking Details							
Shipment Date		Delivery Method		Tracking Number			
06/14/2016		UPS Ground		1Z0676X70362854253			
SERVICE CHARGE: A service charge of 1 1/2% per month will be assessed on past due amounts. CREDIT CARD PAYMENT: Dove will only accept payment by Credit Card if the Payment Date is within 10 Days of the Invoice Date. Discounts cannot be taken when paying with a Credit Card. RESTOCKING FEE: All non-defective products are subject to 15% restocking fee. Product will only be accepted if they are received in original condition and packing. Dove Data Products Inc. will issue an in-house credit only, to be used on future orders. RMA: An RMA number must be obtained prior to returning any product for credit by calling 800-968-6925 and speak with the returns department.				Tax Details 37129TNBPUSBPUS \$45.433 Payment Details		Taxable Total Tax Exempt Total Payment Disc Paid Balance	\$465.98 \$45.43 \$0.00 \$511.41 \$0.00 \$0.00 \$511.41

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> (8597865) Dove Data Products, Inc. 1819 Otis Way Florence, SC 29501	Claim No: 202 <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: \$511.41		

History:

<u>Details</u>	<u>202-1</u>	11/01/2016 Claim #202 filed by Dove Data Products, Inc., Amount claimed: \$511.41 (Marshall, Terri)
--------------------------------	------------------------------	--

Description: (202-1) Goods Sold

Remarks: (202-1) KSB Filed 10/17/16; 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*	\$511.41
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		