

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: 1219
THE WORKS SERVICE CO
515 N INTERURBAN ST STE 105
RICHARDSON, TX 75081-3363

RECEIVED
NOV 01 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

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, 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?

The Works Service Company
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)

The Works Service Co
Name
515 N Interurban #105
Number Street
Richardson, Tx 75081
City State ZIP Code

Name
Number Street
SAME
City State ZIP Code

Contact phone 972 669 2690
Contact email WORKSSERVICE1@gmail.com

Contact phone _____
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? _____

JQH Ctl ID

Case 16-21142 Claim 207-1 Filed 11/02/16 Desc Main Document

Page 1 of 10

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: _____

7. How much is the claim? \$

5384.64

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.

Services and Equipment Replaced
(Kitchen)

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

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

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 26 2016
MM / DD / YYYY

Signature

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

Name

First name

Middle name

Last name

Title

Company

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

Address

Number

Street

City

State

ZIP Code

Contact phone

Email



39363467001219

THE WORKS SERVICE CO
515 N INTERURBAN ST STE 105
RICHARDSON, TX 75081-3363

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 to be used for that purpose.

NOTE: This form SHOULD NOT be used to make a claim against Debtor for money owed. A separate Proof of Claim form should be used for that purpose. This form should only be used to assert an interest in a Debtor. An Interest, as used herein, refers specifically to an equity security within the meaning of 11 U.S.C. §101(16). Parties not asserting an interest SHOULD NOT file a proof of interest at this time.

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If you have already filed a proof of interest with the Bankruptcy Court or BMC, you do not need to file again.
THIS SPACE IS FOR COURT USE ONLY

Proof of Interest Form

4/16

Read the instructions before filling out this form. This form is for asserting an interest in a bankruptcy case. Do not use this form to make a request for payment of a claim or 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 interest, 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 form 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 interest 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 Interest

1. Who is the current interest holder?

Name of the current interest holder (person or entity holding the interest)

Other name the interest holder used with the debtor

2. Has this interest been acquired from someone else?

☐

No

☐

Yes. From whom? _____

3. Where should notices and payments to the interest holder be sent?

Where should notices to the interest holder be sent?

Where should payments to the interest holder be sent? (if different)

Name

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Contact phone

Contact phone

Contact email

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this form 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 interest for this interest?

☐

No

☐

Yes. Who made the earlier filing? _____

Part 2: Give information about the Interest 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: _____

7. Type of interest

Indicate if your Interest is based on actual shares of stock held in the Debtor or a membership interest held in the debtor or something else:

Number of shares held or percentage of membership interest: 0

Indicate if your Interest is based on anything else and describe that interest: Repar : Equipment

Part 3: Sign Below

The person completing this proof of interest must sign and date it. FRBP 9011(b).

If you file this form electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent form 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 interest holder.
☒ I am the interest holder'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 have examined the information in this *Proof of Interest* 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 _____
MM / DD / YYYY

Signature

Name

First name

Middle name

Last name

Title

Company

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

Address

Number

Street

City

State

ZIP Code

Contact phone

Email



TACL-B 8046C

THE WORKS SERVICE CO.

515 N. Interurban St, # 105 Richardson, TX 75081

972-669-2690 • Fax: 972-669-2698

Cooking Equipment • Air Conditioning
Electrical • Refrigeration • Heating
Service Contracts

Customer: RENAISSANCE
 Address: 75 Richardson
 Phone #: _____
 Requested By: _____

Date: June, 10th 2016 Invoice: Nº 106100
 Time In: 2:30 Tech: Krus/Nick
 Time Out: 4:00
 Job Status: Complete Contract ☐
 Service ☒
 Warranty ☐

Equip. MFR: _____

M#: _____ S#: _____

Voltage: _____ Phase: _____

Refrig. Type: _____ Recd: _____ #'s Recharge = _____ #'s

Equipment Problem:

• Tilt Skillet was not Tilting

Service Performed:

• ~~replace~~ ACTuator
 Tilt Skillet is moving up and down.

Parts & Materials:

Gas - 5
 Actuator - 1,555.21

Notes:

All parts and service performed on the above equipment will have a 30 day warranty unless otherwise specified. All existing parts shall not be covered under this agreement and if require replacing under this time frame shall be billed separately.

All work executed in the above description has been completed to the satisfaction of the owner and has acknowledged receipt of this invoice.

Payment to be remitted to above address within 20 days. All past due accounts will be subject to a service charge. All accounts turned over to a collection agency will pay their 25% fee + amount owed. All past due and open accounts are strictly C.O.D. charge.

| | |
|-------------|----------|
| Parts w/Tax | 1,560.21 |
| Labor | 144.00 |
| Tax | 11.88 |
| Total | 1,716.09 |

Signature

Case 16-21142 Claim 207-1 Filed 11/02/16 Desc Main Document Page 7 of 10

TACL-B8046C



THE WORKS SERVICE CO.

515 N. Interurban St, # 105 Richardson, TX 75081

972-669-2690 • Fax: 972-669-2698

Cooking Equipment • Air Conditioning
Electrical • Refrigeration • Heating
Service Contracts

Customer: Renaissance Dallas Date: 4-27-16 Invoice: 105575
Address: 900 E. Lookout Dr. (Richardson) Time In: _____ Tech: Wick Jones
Phone #: Cell # 409-658-1091 Time Out: _____ Contract ☐
Requested By: _____ Job Status: Complete Service ☒
Warranty ☐

Equip. MFR: _____
M#: _____ S#: _____
Voltage: _____ Phase: _____
Refrig. Type: _____ Recd: _____ #'s Recharge = _____ #'s

Equipment Problem:

Disposal Down

Service Performed:

Replace Disposal, ly, and control knobs

Parts & Materials:

Notes:

All parts and service performed on the above equipment will have a 30 day warranty unless otherwise specified. All existing parts shall not be covered under this agreement and if require replacing under this time frame shall be billed separately.

All work executed in the above description has been completed to the satisfaction of the owner and has acknowledged receipt of this invoice.

Payment to be remitted to above address within 20 days. All past due accounts will be subject to a service charge. All accounts turned over to a collection agency will pay their 25% fee + amount owed. All past due and open accounts are strictly C.O.D. charge.

| | |
|-------------|----------------|
| Parts w/Tax | <u>3270.20</u> |
| Labor | <u>368.00</u> |
| Tax | <u>30.36</u> |
| Total | <u>3668.56</u> |

Signature [Signature]

Instructions for Proof of Claim

United States Bankruptcy Court

04/16

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

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.

How to fill out this form

■ Fill in all of the information about the claim as of the date the case was filed.

■ Fill in the caption at the top of the form.

■ If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.

■ Attach any supporting documents to this form.

Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)

Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).

■ Do not attach original documents because attachments may be destroyed after scanning.

■ If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.

■ A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.

■ For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at: www.bmcgroup.com/IQH.

Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate.
11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages. Claims entitled to administrative priority under 11 U.S.C. § 503(b)(9) should be asserted by filling in the appropriate information on this *Proof of Claim* form. All other administrative claims must be asserted by an appropriate "request" under 11 U.S.C. § 503(a) and should not be asserted on this *Proof of Claim* form.

Proof of claim: A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Please send completed Proof(s) of Claim to:

If by Regular Mail:

BMC Group, Inc.
Attn: John Q Hammons Claims Processing
PO Box 90100
Los Angeles, CA 90009

If by Messenger or Overnight Delivery:

BMC Group, Inc.
Attn: John Q Hammons Claims Processing
3732 W 120th Street
Hawthorne, CA 90250

Do not file these instructions with your form

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> (8511291) THE WORKS SERVICE CO 515 N INTERURBAN ST 105 RICHARDSON TX 75081 | Claim No: 207 <i>Original Filed</i> Date: 11/02/2016 <i>Original Entered</i> Date: 11/02/2016 | <i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i> |
| Amount claimed: \$5384.64 | | |

History:

| | | |
|-------------------------|-----------------------|---|
| Details | 207-1 | 11/02/2016 Claim #207 filed by THE WORKS SERVICE CO, Amount claimed: \$5384.64 (Marshall, Terri) |
|-------------------------|-----------------------|---|

Description: (207-1) Services Performed

Remarks: (207-1) 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* | \$5384.64 |
| 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 | | |

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> (8511291) THE WORKS SERVICE CO 515 N INTERURBAN ST 105 RICHARDSON TX 75081 | Claim No: 207 <i>Original Filed</i> Date: 11/02/2016 <i>Original Entered</i> Date: 11/02/2016 | <i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i> |
| Amount claimed: \$5384.64 | | |

History:

| | | |
|-------------------------|-----------------------|---|
| Details | 207-1 | 11/02/2016 Claim #207 filed by THE WORKS SERVICE CO, Amount claimed: \$5384.64 (Marshall, Terri) |
|-------------------------|-----------------------|---|

Description: (207-1) Services Performed

Remarks: (207-1) 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* | \$5384.64 |
| 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 | | |