

Fill in this information to identify the case:

Debtor name: Richardson Hammows LP
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (If known): 16-21209

See Appendix A to bar date notice for list of debtors and case numbers.

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

04/16

Official Form 410**Proof of Claim**

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?**

Johnson Controls
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?

Federal Rule of
Bankruptcy Procedure
(FRBP) 2002(g)

Where should notices to the creditor be sent?

Johnson Controls
Name
5757 N Green Bay Ave, LA-9
Number Street
Milwaukee WI 53209
City State ZIP Code

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

Name

Number Street

City State ZIP Code

Contact phone 414-524-7215
Contact email Brian.T.Wilderman@JCI.com

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? _____

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: 4442

7. How much is the claim? \$ 1091.36. 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.

HVAC Services

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 10/26/16
MM / DD / YYYY

B. Wilderman
Signature

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

Name Brian Wilderman
First name Middle name Last name

Title Credit Analyst

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

Address 5757 N Green Bay Ave, LD-9
Number Street

Milwaukee WI 53209
City State ZIP Code

Contact phone 414-524-7215 Email Brian.J.Wilderman@JCI.com



Johnson Controls
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #: 1-34602914961 Invoice Date: 06/02/2016
PO #/Auth: Signed Agreement Your Agreement: Renaissance Year 4 of 5 PSA 2016
Customer Acct: 1854442 Agreement Number: 1-27376180952
Customer WO#: Service Request:
Branch: JOHNSON CNTRL DALLAS FORT WORTH IRVING CB - 0N81

Bill To:
RICHARDSON HAMMONS LP
DBA RENAISSANCE DALLAS RICHARDSON HOTEL
900 EAST LOOKOUT
RICHARDSON TX 75082

Service Site:
RICHARDSON
900 E LOOKOUT DR
RICHARDSON TX
75082-4104

Contractor/License Information : Security B00929 / Fire ACR-1750619 / HVAC TACLA26834C. Regulated by The Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599, www.license.state.tx.us

Planned Service Agreement Services Performed: For period from 01-Jun-2016 to 30-Jun-2016.

Sub Total	\$1,091.36
Taxes	\$0.00
Total Amount Due	USD \$1,091.36

Direct Billing Inquiries: (866) 656-9681

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

All invoice payments greater than \$25,000 must be made via wire transfer, check or money order. Seller will not accept payment in the form of a credit card, debit card or other similar payment device on amounts greater than \$25,000.

We hereby certify that these goods are produced in compliance with all applicable requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.



Johnson Controls
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #:	1-34602914961	Invoice Date:	06/02/2016
PO #/Auth:	Signed Agreement	Your Agreement:	Renaissance Year 4 of 5 PSA 2016
Customer Acct:	1854442	Agreement Number:	1-27376180952
Customer WO#:		Service Request:	
		Branch:	JOHNSON CNTRL DALLAS FORT WORTH IRVING CB - 0N81

Please reference our Invoice Number and amount with your payment and send **ONLY** to the address on this invoice.

Payment Terms: Net Cash-Due Upon Receipt
Direct Billing Inquiries
To Service Department: (866) 656-9681

To Remit Via Credit Card:
Call the phone number listed above.

INVOICE #: 1-34602914961

AMOUNT DUE: \$1,091.36

Remit Payment To:
JOHNSON CONTROLS
PO BOX 730068
DALLAS, TX, 75373

To Remit Via ACH Wire Transfers:
JP Morgan Chase
One Chase Manhattan Plaza
New York, NY 10005
Credit to: Johnson Controls Inc.
ABA# 071-000013 Depositor Acct #55-14347
Type of Account: Checking

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> (8598774) Johnson Controls 5757 N. Green Bay Avenue, LD-9 Milwaukee, WI 53209	Claim No: 209 <i>Original Filed</i> <i>Date:</i> 11/02/2016 <i>Original Entered</i> <i>Date:</i> 11/02/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
Amount claimed: \$1091.36		

History:

<u>Details</u>	<u>209-1</u>	11/02/2016	Claim #209 filed by Johnson Controls, Amount claimed: \$1091.36 (Marshall, Terri)
--------------------------------	------------------------------	------------	--

Description: (209-1) Services Performed

Remarks: (209-1) Filed in Richardson Hammons LP (16-21209)

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*	\$1091.36
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		