

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

Debtor name: John Q. Hammons Fall 2006, LLC, et al.

United States Bankruptcy Court for the District of Kansas at Kansas City

Case number (If known): 16-21142

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

ID: 2292  
ARMSTRONG RELOCATION  
4800 WESTPOINT BLVD  
OKLAHOMA CITY, OK 73179-4300

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?

Armstrong Relocation  
Name of the current creditor (the person or entity to paid for this claim)

Other name the creditor used with the debtor Armstrong Logistics

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)

Armstrong Relocation  
Name

Armstrong Relocation  
Name

4800 West Point Blvd  
Number Street

4800 West Point Blvd  
Number Street

Oklahoma City, Ok 73179  
City State ZIP Code

Oklahoma City, Ok 73179  
City State ZIP Code

Contact phone 405-947-8001

Contact phone 405-947-8001

Contact email aoman@garmstrong.com

Contact email aoman@garmstrong.com

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

7. How much is the claim? \$ 786.24 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.

Asset storage and warehouse handling

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
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> 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).  
 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 10/26/2016  
 MM/DD/YYYY

Ashlee Oman  
 Signature

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

Name Ashlee Don Oman  
 First name Middle name Last name

Title Controller

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

Address 4800 West Point Blvd  
 Number Street

Oklahoma City Ok 73179  
 City State ZIP Code

Contact phone 405-947-8001 Email aoman@garmstrong.com



39363467002292

ARMSTRONG RELOCATION  
4800 WESTPOINT BLVD  
OKLAHOMA CITY, OK 73179-4300



4800 West Point Boulevard  
 Oklahoma City, OK 73179  
 Phone (405)947-8001 Fax (405)948-6207

Date: July 5, 2016

Bill To: Embassy Suites  
 Attn: Accounts Payable  
 2501 Conference Drive  
 Norman, OK 73069

Order Number: ALC-9-0 06/16

Reference: June Storage

Project \_\_\_\_\_

Customer Number: 1131-19632

Description	AMOUNT
June Storage	\$ 100.00
<b>Total</b>	
	\$ <b>100.00</b>
If payment is received no later than 7/17/16 remit:	Credit Service Charge \$ <del>10.00</del>
If payment is received later than 7/17/16 remit:	Total Charges \$ <del>110.00</del>

Make all checks payable to: Armstrong Relocation  
 If you have any questions concerning this invoice contact Ashlee Oman at aoman@goarmstrong.com

THANK YOU FOR YOUR BUSINESS!



# Armstrong Logistics

4800 West Point Boulevard  
Oklahoma City, OK 73179  
Phone (405)947-8001 Fax (405)948-6207

Date: June 9, 2016

Bill To: Courtyard by Marriott  
Attn: Rex Amsler  
2 West Reno  
Oklahoma City, OK 73102

Order Number: ALC-14-2 05/16

Reference: May Storage

Project \_\_\_\_\_

Customer Number: 1131-21451

Description	AMOUNT
Storage: (8) Rolls of Carpet @ \$15.00 per roll	\$ 120.00
	<b>Total</b> \$ <u>120.00</u>
	Credit Service Charge \$ <del>10.00</del>
	<b>Total Charges</b> \$ <del>130.00</del>

If payment is received no later than 6/21/16 remit:  
If payment is received later than 6/21/16 remit:

Credit Service Charge  
Total Charges

Make all checks payable to: Armstrong Relocation  
If you have any questions concerning this invoice contact Brande Hooper at bhooper@goarmstrong.com

THANK YOU FOR YOUR BUSINESS!



4800 West Point Boulevard  
 Oklahoma City, OK 73179  
 Phone (405)947-8001 Fax (405)948-6207

Date: July 6, 2016

**Bill To:** Residence Inn  
 Attn: Dajin Gaddis  
 400 E. Reno Ave  
 Oklahoma City, OK 73104

**Order Number:** ALC-27-3 06/16

**Reference:** June 2016 Storage

**Customer Number:** 1131-21337

Description	AMOUNT
June 2016 Storage	\$ 231.24
<b>Total</b>	\$ <u>231.24</u>
If payment is received no later than 8/5/16 remit: Credit Service Charge	\$ <del>10.00</del>
If payment is received later than 8/5/16 remit: Total Charges	\$ <del>241.24</del>

Make all checks payable to: Armstrong Relocation  
 If you have any questions concerning this invoice contact Ashlee Oman at aoman@goarmstrong.com

THANK YOU FOR YOUR BUSINESS!

# RESIDENCE INN

June-16

**HANDLING IN** \$4.50 PER CWT  
\$8.00 PER ROLL OF CARPET  
\$3.00 PER ROLL OF CARPET PAD  
\$7.00 PER SKID

DATE	REPORT #	CWT	CARPET	CARPET PAD	SKIDS		
						\$	-
<b>TOTAL:</b>		0			0	<b>TOTAL: \$</b>	-

**HANDLING OUT** \$8.00 PER ROLL OF CARPET  
\$3.00 PER ROLL OF CARPET PAD  
\$7.00 PER SKID

DATE	REPORT #	CWT	CARPET	CARPET PAD	SKIDS		
						\$	-
						<b>TOTAL: \$</b>	-

**DELIVERIES** \$320.00 PER DELIVERY

DATE	REPORT #	TRIPS	LABOR			
					\$	-
					<b>TOTAL: \$</b>	-

**Misc. Labor** \$30.00 PER MAN PER HOUR

DATE	REPORT #	MEN	HOURS	DESCRIPTION		
					\$	-
					\$	-
					\$	-
					<b>TOTAL: \$</b>	-

**STORAGE** \$3.25 PER CWT  
\$8.00 PER ROLL OF CARPET  
\$3.00 PER ROLL OF CARPET PAD  
\$7.00 PER SKID

3,669		CWT IN STORAGE			\$	119.24
14		ROLLS OF CARPET IN STORAGE			\$	112.00
0		ROLLS OF CARPET PAD IN STORAGE			\$	-
0		SKIDS IN STORAGE			\$	-
					<b>TOTAL: \$</b>	<b>231.24</b>

**VALUATION**

<u>\$0.60 PER LB</u>					<b>TOTAL \$</b>	-
					<b>TOTAL: \$</b>	<b>231.24</b>





# Armstrong Logistics

4800 West Point Boulevard  
Oklahoma City, OK 73179  
Phone (405)947-8001 Fax (405)948-6207

INVO 01

Date: August 3, 2016

**Bill To:** Courtyard by Marriott  
Attn: Bryan Davis  
2 West Reno  
Oklahoma City, OK 73102

Order Number: ALC-68-5 07/16

Reference: July 2016 Storage

Project Bathtubs

Customer Number: 1131-21451

Description	AMOUNT
July 2016 Storage See attached worksheet	\$ 335.00
<b>Total</b>	\$ <b>335.00</b>
Credit Service Charge	\$ <del>10.00</del>
<b>Total Charges</b>	\$ <del>345.00</del>

If payment is received no later than 8/15/16 remit:  
If payment is received later than 8/15/16 remit:

Credit Service Charge  
Total Charges

Make all checks payable to: Armstrong Relocation  
If you have any questions concerning this invoice contact Ashlee Oman at aoman@goarmstrong.com

THANK YOU FOR YOUR BUSINESS!

# COURTYARD MARRIOTT

July-16

## HANDLING IN

\$5.00 UNIT

DATE	UNITS		
		\$	-
		\$	-
	<b>TOTAL</b>	\$	-

## HANDLING OUT

\$5.00 Per Skid

DATE	SHIPPING ORDER #	UNITS		
7/1/2016		1	\$	5.00
7/8/2016		1	\$	5.00
7/11/2016		1	\$	5.00
7/18/2016		1	\$	5.00
7/27/2016		1	\$	5.00
			\$	-
		<b>TOTAL</b>	\$	<b>25.00</b>

## STORAGE

\$0.85 PER SQFT

200	SQFT	<b>TOTAL</b>	\$	<b>170.00</b>
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## PICK UP / DELIVERY

\$250.00 Per Bobtail Delivery

\$400.00 Per Tractor Trailer Delivery

DATE	PICK TICKET	Vehicle	TRIPS		
				\$	-
				\$	-
			<b>TOTAL</b>	\$	-

## MISC. LABOR

\$35.00 PER MAN PER HOUR

DATE	MEN	HOURS	DESCRIPTION		
7/1/2016	1	.5	Open Crates / Case Break / Help Load Trailer	\$	17.50
7/8/2016	1	1.5	Open Crates / Case Break / Help Load Trailer	\$	52.50
7/11/2016	1	.5	Open Crates / Case Break / Help Load Trailer	\$	17.50
7/18/2016	1	1	Open Crates / Case Break / Help Load Trailer	\$	35.00
7/27/2016	1	.5	Open Crates / Case Break / Help Load Trailer	\$	17.50
		<b>TOTAL</b>		\$	<b>140.00</b>

**INVOICE TOTAL** \$ **335.00**

# 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):**

<b>Creditor:</b> (8508657) ARMSTRONG RELOCATION 4800 WESTPOINT BLVD OKLAHOMA CITY OK 73179	<b>Claim No: 210</b> <i>Original Filed</i> Date: 11/02/2016 <i>Original Entered</i> Date: 11/02/2016	<b>Status:</b> Filed by: CR Entered by: Terri Marshall Modified:
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Amount claimed: \$786.24				
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*History:*

<a href="#">Details</a>	<a href="#">210-</a>	11/02/2016	Claim #210 filed by ARMSTRONG RELOCATION, Amount claimed: \$786.24 (Marshall, Terri )
	<a href="#">1</a>		

*Description:* (210-1) Services Performed

*Remarks:*

## 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>	\$786.24
<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.**

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