

Fill in this information to identify the case:

Debtor name: Hammonds of Colorado, LLC
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (if known): 16-21200

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

ID: 1725
CHAIR COVERS & LINENS INC.
25914 JOHN R RD
MADISON HEIGHTS, MI 48071-4022

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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?

CHAIR COVERS & LINENS, INC
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)

CHAIR COVERS & LINENS
Name

(SAME)

25914 JOHN R RD
Number Street

Name
Number Street

MADISON HEIGHTS, MI 48071
City State ZIP Code

City State ZIP Code

Contact phone 248 658 1278

Contact phone _____

Contact email JOAN @ LINENHEIR20.COM

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

(N/A)

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 NAME ONLY
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
EMBASSY SUITES LOVELAND

7. How much is the claim? \$ 1858.80 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.
INVOICES FOR ITEMS RENTED

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:

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). Amount entitled to priority \$ _____

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

Rachel Sue Torok Gomillion
Signature

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

Name RACHEL SUE TOROK GOMILLION
First name Middle name Last name

Title PRESIDENT

Company CHAIR COVERS - LINENS, INC
Identify the corporate servicer as the company/if the authorized agent is a servicer.

Address 25914 JOHN R RD
Number Street

MADISON HEIGHTS, MI 48071
City State ZIP Code

Contact phone 248 658 1278 Email JOAN @

LINENHERO.COM



39363467001725

CHAIR COVERS & LINENS INC.
25914 JOHN R RD
MADISON HEIGHTS, MI 48071-4022

Debtor name: Hammonds of Colovado, LLC
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (If known): 16-21200

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

4/16

Proof of Interest Form

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?

CHAIR COVERS: LINENS, INC
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?

CHAIR COVERS: LINENS
Name

25914 JOHN R RD
Number Street

MADISON HEIGHTS, MI
City State ZIP Code

Contact phone 248 658 1278

Contact email JOAN@LINENHERO.COM

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

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

Name

Number Street

48071
City State ZIP Code

Contact phone _____

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 - NAME ONLY
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
EMBASSY SUITES LOVELAND

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: MIA
 Indicate if your Interest is based on anything else and describe that interest: INVOICES NOT PAID

THREE

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 10/26/16
MM/DD/YYYY

Signature Rachel Sue Tork Gomillion
 Name RACHEL SUE TORK GOMILLION
First name Middle name Last name

Title PRESIDENT

Company CHAIR COVERS & LINENS, INC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 25914 JOHN R RD
Number Street
MADISON HEIGHTS, MI 48071
City State ZIP Code

Contact phone 248 658 1278 Email JOAN @
LINENHERO.COM



25914 John R Road
 Madison Heights, MI 48071
 (855) B-My Hero ~ (855) 269-4376
 www.linenhero.com

Statement of Account

Date: 10-26-16
Account: (970) 593-6200

EMBASSY SUITES LOVELAND - (DNDB)
 4705 CLYDESDALE PARKWAY

LOVELAND CO 80538

Aged Summary

Current Balance	Over 30 Days	Over 60 Days	Over 90 Days
1,049.11	0.00	0.00	809.69

Account Balance

Total Balance
1,858.80

Payments Received Last Month

Date	Description	Payment Amount
09-27-16	PAYMENT BY CREDIT CARD ---	300.00
09-27-16	PAYMENT BY CHECK --- #5121 - jk scanned	3,544.89
09-28-16	PAYMENT BY CHECK --- #5125 - jk	240.40
10-04-16	PAYMENT BY CHECK --- #5137 - jk	347.18
10-13-16	PAYMENT BY CREDIT CARD ---	300.00

Unpaid and Current Invoices

Date	Description	Invoice Amount	Payment Amount	Invoice Balance
06-09-16	RENTAL INVOICE --- 376653	630.00		630.00
06-11-16	RENTAL INVOICE --- 374143	164.69		164.69
06-20-16	RENTAL INVOICE --- 379145	15.00		15.00
10-26-16	DEBIT MEMO --- 807286	1,049.11		1,049.11



INVOICE #: 376653-9

25914 John R Road
Madison Heights, MI 48071
(855) B-My Hero ~ (855) 269-4376
www.linenhero.com

EVENT DAY: THURSDAY DATE: 06-09-2016
DESCRIPTION:
TYPE: WEDDING KJ
RETURN BY: FRI 06/10/16 3 DAY SHIP
ORDER DATE: 05-05-2016 PO #:

DIANA BROWN
B EMBASSY SUITES LOVELAND - (DNDB)
I 4705 CLYDESDALE PARKWAY
L
L LOVELAND CO 80538
TEL: (970) 593-6200 FAX:

DIANA BROWN (970) 593-6200
S EMBASSY SUITES LOVELAND
H 4705 CLYDESDALE PARKWAY
I LOVELAND CO 80538
P

QTY	ITEM DESCRIPTION	PRICE	TOTAL
200	CLASSIC LINEN (ROUND) CHAIR COVER *XXL* BLACK	2.00	400.00
200	DUCHESS SATIN SASH VICTORIAN GOLD 7X100	0.50	100.00
4	ITEM RETURN BAG		

SPECIAL INSTRUCTIONS:

SUB-TOTAL:	500.00
SALES TAX:	20.00
SHIPPING/DELIVERY:	110.00
TOTAL:	630.00

Please review the accuracy and details of this rental contract. Your signature indicates that you have received, understand and agree to the full terms of the Rental Terms and Conditions document associated with this rental and attached as part of this rental contract. This rental order will not be released or processed for shipment / delivery until a signed copy of this rental contract is received by Chair Covers & Linens, Inc. Should the items on this rental become unavailable, you will be notified immediately for alternate suggestions. Your signature is valid for all versions of this rental order. By signing this document you agree to the Rental Terms and Conditions of this contract which are incorporated herein and made a part hereof.

I (print name) _____ agree to the details of this rental. I also agree to and accept the Rental Terms and Conditions of this rental. (Sign here) _____ Date: _____



INVOICE #: 374143-6

25914 John R Road
Madison Heights, MI 48071
(855) B-My Hero ~ (855) 269-4376
www.linenhero.com

EVENT DAY: SATURDAY DATE: 06-11-2016
DESCRIPTION:
TYPE: PARTY JB
RETURN BY: MON 06/13/16 3 DAY SHIP
ORDER DATE: 03-15-2016 PO #:

STEFANIE WOLKIS
B EMBASSY SUITES LOVELAND - (DNDB)
I 4705 CLYDESDALE PARKWAY
L
L LOVELAND CO 80538
TEL: (970) 593-6200 FAX:

STEFANIE WOLKIS (970) 593-6200
S EMBASSY SUITES LOVELAND
H 4705 CLYDESDALE PARKWAY
I LOVELAND CO 80538
P

QTY	ITEM DESCRIPTION	PRICE	TOTAL
176	CLASSIC LINEN DINNER NAPKIN SILVER	0.47	82.72
2	90 X 90 SAHARA TABLE LINEN SILVER	19.55	39.10
1	ITEM RETURN BAG		

SPECIAL INSTRUCTIONS:

SUB-TOTAL:	121.82
SALES TAX:	4.87
SHIPPING/DELIVERY:	38.00
TOTAL:	164.69

Please review the accuracy and details of this rental contract. Your signature indicates that you have received, understand and agree to the full terms of the Rental Terms and Conditions document associated with this rental and attached as part of this rental contract. This rental order will not be released or processed for shipment / delivery until a signed copy of this rental contract is received by Chair Covers & Linens, Inc. Should the items on this rental become unavailable, you will be notified immediately for alternate suggestions. Your signature is valid for all versions of this rental order. By signing this document you agree to the Rental Terms and Conditions of this contract which are incorporated herein and made a part hereof.

I (print name) _____ agree to the details of this rental. I also agree to and accept the Rental Terms and Conditions of this rental. (Sign here) _____ Date: _____



25914 John R Road
 Madison Heights, MI 48071
 (855) B-My Hero ~ (855) 269-4376
 www.linenhero.com

INVOICE #: 379145-4

EVENT DAY: MONDAY DATE: 06-20-2016
 DESCRIPTION: MOCK UP
 TYPE: SAMPLE KA
 RETURN BY: TUE 06/21/16
 ORDER DATE: 06-14-2016 PO #:

LOU ANN HOEHNE
 B EMBASSY SUITES LOVELAND - (DNDB)
 I 4705 CLYDESDALE PARKWAY
 L
 L LOVELAND CO 80538
 TEL: (970) 593-6200 FAX:

LOU ANN HOEHNE (970) 593-6200
 S EMBASSY SUITES LOVELAND (C)
 H 4705 CLYDESDALE PARKWAY
 I LOVELAND CO 80538
 P

QTY	ITEM DESCRIPTION	PRICE	TOTAL
1	14 X 110 BURLAP TABLE RUNNER (REAL BURLAP) (ACTUAL 13X108)	12.75	12.75
1	14X110 BURLUXE TABLE RUNNER SAND	12.75	12.75
1	84 X 84 AUTHENTIC DENIM TABLE LINEN DARK BLUE	11.90	11.90
1	SAMPLE DISCOUNT:	-37.40	-37.40
1	PLEASE SAVE THE SHIPPING BOX TO USE FOR THE RETURN.		

SPECIAL INSTRUCTIONS:

SUB-TOTAL: 0.00
 SALES TAX: 0.00
 SHIPPING/DELIVERY: 15.00
 TOTAL: 15.00

Please review the accuracy and details of this rental contract. Your signature indicates that you have received, understand and agree to the full terms of the Rental Terms and Conditions document associated with this rental and attached as part of this rental contract. This rental order will not be released or processed for shipment / delivery until a signed copy of this rental contract is received by Chair Covers & Linens, Inc. Should the items on this rental become unavailable, you will be notified immediately for alternate suggestions. Your signature is valid for all versions of this rental order. By signing this document you agree to the Rental Terms and Conditions of this contract which are incorporated herein and made a part hereof.

I (print name) _____ agree to the details of this rental. I also agree to and accept the Rental Terms and Conditions of this rental. (Sign here) _____ Date: _____



25914 John R Road
Madison Heights, MI 48071
(855) B-My Hero ~ (855) 269-4376
www.linenhero.com

DEBIT MEMO

Adjustment #: 807286
Date: 10-26-16

EMBASSY SUITES LOVELAND - (DNDB)
4705 CLYDESDALE PARKWAY

LOVELAND CO 80538

AMOUNT: 1,049.11

Explanation:

Interest 20% and \$25.00 late fee compounded monthly on principal of \$809.69
Terms net 20 days

	Interest	Late Fee
July	\$161.94	\$25.00
August	\$199.33	\$25.00
Sept	\$244.20	\$25.00
Oct	\$343.64	\$25.00

THIS DEBIT MEMO HAS ALREADY BEEN APPLIED TO YOUR ACCOUNT

SUB-TOTAL: 1,049.11
SALES TAX: 0.00
TOTAL: 1,049.11

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> (8508967) CHAIR COVERS AND LINENS INC 25914 JOHN R ROAD MADISON HEIGHTS MI 48071	Claim No: 212 <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>
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Amount claimed: \$1858.80				
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History:

Details	212-1	11/02/2016	Claim #212 filed by CHAIR COVERS AND LINENS INC, Amount claimed: \$1858.80 (Marshall, Terri)
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Description: (212-1) Goods Sold
Remarks: (212-1) Filed in Hammons of Colorado LLC (16-21200)

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*	\$1858.80
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> (8508967) CHAIR COVERS AND LINENS INC 25914 JOHN R ROAD MADISON HEIGHTS MI 48071	Claim No: 212 <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>
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Amount claimed: \$1858.80				
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History:

Details	212-1	11/02/2016	Claim #212 filed by CHAIR COVERS AND LINENS INC, Amount claimed: \$1858.80 (Marshall, Terri)
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Description: (212-1) Goods Sold

Remarks: (212-1) Filed in Hammons of Colorado LLC (16-21200)

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*	\$1858.80
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		