

Fill in this information to identify the case:

Debtor name: Renaissance Hotel / John Q Hammons Fallzone LLC
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (If known): 16-21142-11

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

ID: 1926
HVCC FLOOR CARE
PO BOX 1508
HUFFMAN, TX 77336-1508

RECEIVED
NOV 07 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? HVCC Floor Care LLC
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?
Where should payments to the creditor be sent? (if different)
HVCC Floor Care LLC Name
P.O. Box 1508 Number Street
Huffman Tx 77336 City State ZIP Code
HVCC Floor Care LLC Name
P.O. Box 1508 Number Street
Huffman Tx 77336 City State ZIP Code
Contact phone 800-542-5602
Contact email hvccfloorcare@gmail.com
Contact phone 800-542-5602
Contact email hvccfloorcare@gmail.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: 3700

7. How much is the claim? \$ 847.85 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

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

- 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.

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

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.

\$ 847.85

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 10/31/2016
MM/DD/YYYY

Sheri Dugger Martin
Signature

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

Name Sheri Dugger Martin
First name Middle name Last name

Title President

Company HVCC Floor Care LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address P.O. Box 270
Number Street

Huffman Tx 77336
City State ZIP Code

Contact phone 800-542-5602 Email hvccfloorcare@gmail.com



39363467001926

HVCC FLOOR CARE
PO BOX 1508
HUFFMAN, TX 77336-1508

Invoice



HVCC Floor Care
PO Box 1508
Huffman, TX 77336

Date	Invoice #
6/21/2016	014864

Bill To
Renaissance 9495 West Coyotes Blvd. Glendale, AZ. 85305 623 937 3700

Ship To
Renaissance 9495 West Coyotes Blvd. Glendale, AZ. 85305 623 937 3700 Attn: Rolando/Engineering

Exceeding terms may result in a \$35.00 late fee

www.hvccfloorcare.com		Due Date	P.O. No.	Terms	Rep	
hvccfloorcare@gmail.com		7/21/2016		Net 30	JAD	
Item	Description	Qty	Rate	Backordered	Ordered	Amount
pump/FJD38... Shipping and...	Powr-Flite PFX15S-NW Parts Flojet Pump, 100PSI- FJD3835E7011A Shipping and Handling Fees - Shipped via UPS/Fed Ex/USPS	1 1	267.98 70.64	0	1	267.98 70.64
Late Fee	*****OVERNIGHT***** 08/01/2016 mailed out past due...der 08/10/2016 AP said that the payment is being held up in bankruptcy court...der Late Fee Assessed - Account Past Due	1	35.00			35.00
Account is 61-90 Days PAST DUE. Please remit payment.				Subtotal		\$373.62
All orders returned are subject to a 25% restocking fee.				Sales Tax (0.0%)		\$0.00
				Total		\$373.62
				Payments/Credits		\$0.00
				Balance Due		\$373.62



HVCC Floor Care
PO Box 1508
Huffman, TX 77336

Invoice

Date	Invoice #
6/22/2016	014685

Bill To
Renaissance 9495 West Coyotes Blvd. Glendale, AZ. 85305 623 937 3700

Ship To
Renaissance 9495 West Coyotes Blvd. Glendale, AZ. 85305 623 937 3700 Attn: Rolando/Engineering

Exceeding terms may result in a \$35.00 late fee

www.hvccfloorcare.com		Due Date	P.O. No.	Terms	Rep	
hvccfloorcare@gmail.com		7/22/2016		Net 30	JAD	
Item	Description	Qty	Rate	Backordered	Ordered	Amount
belt/86229450 Shipping and...	Windsor Chariot (Parts) belt, timing- Windsor 86229450 Shipping and Handling Fees - Shipped via UPS/Fed Ex/USPS	2 1	209.67 19.89	0	2	419.34 19.89
Late Fee	08/01/2016 mailed out past due...der 8/10/2016 Spoke with AP and she said that payment is being held up in bankruptcy court...der 08/22/2016 mailed out past due....der 09/21/2016 left voicemail for AP, mailed out past and letter...der Late Fee Assessed - Account Past Due	1	35.00			35.00
Account is 61-90 Days PAST DUE. Please remit payment.				Subtotal		\$474.23
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <i>All orders returned are subject to a 25% restocking fee.</i> </div>				Sales Tax (0.0%)		\$0.00
				Total		\$474.23
				Payments/Credits		\$0.00
				Balance Due		\$474.23

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> (8509854) HVCC FLOOR CARE PO BOX 1508 HUFFMAN TX 77336	Claim No: 223 <i>Original Filed</i> Date: 11/08/2016 <i>Original Entered</i> Date: 11/08/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
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Amount claimed: \$847.85				
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History:

Details	223-1	11/08/2016	Claim #223 filed by HVCC FLOOR CARE, Amount claimed: \$847.85 (Marshall, Terri)
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Description: (223-1) Goods Sold

Remarks: (223-1) claimant notes that claim is administrative priority-checked yes to #13.

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*	\$847.85
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		