

Fill in this information to identify the case:

Debtor name: PLANT CARE CO, INC

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

Case number (if known): _____

ID: 2493
 PLANT CARE CO
 2276 LARSON LN
 DALLAS, TX 75229-2000

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

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

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?
PLANT CARE CO., INC
 Name of the current creditor (the person or entity to be 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)

| | |
|--|--|
| <p>Where should notices to the creditor be sent?</p> <p><u>PLANT CARE CO., INC</u> Name</p> <p><u>2276 LARSON LANE</u> Number Street</p> <p><u>Dallas, Texas 75229</u> City State ZIP Code</p> <p>Contact phone <u>214-316-3787</u></p> <p>Contact email <u>BMC2158@TX.RR.COM</u></p> | <p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>_____ Contact phone</p> <p>_____ Contact email</p> |
|--|--|

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? _____

JOH Ct ID
 00176

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: E 05425

7. How much is the claim? \$ 2110.73 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).
Copy of INVOICE Included

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 & SERVICES SOLD & PERFORMED

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:

| | |
|---|--------------------------------------|
| <input type="checkbox"/> 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 \$ _____ |
| <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.

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. \$ _____

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 11-1-16
 MM/DD/YYYY



 Signature

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

Name Robert Michael Choate
 First name Middle name Last name

Title President / General Manager

Company PLANT Care Co, LLC
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2276 Larson Lane
 Number Street

Dallas, Texas 75229
 City State ZIP Code

Contact phone 214-316-3787 Email RMC2158@TX.RR.COM



39363467002493

PLANT CARE CO
2276 LARSON LN
DALLAS, TX 75229-2000

PLANT CARE CO.

Commercial Landscape Contractors
Interior & Exterior
2276 Larson Ln
Dallas, TX 75229

Invoice

Invoice # 7060
Account # E05425

Phone: 972-247-0141

Fax: 972-247-6221

Email: tammy@plantcareco.com

Visit our website at www.plantcareco.com

Bill To
EMBASSY STES HOTEL/FRISCO
BRETT MASTERS
7600 JOHN Q HAMMONS DR
FRISCO, TX 75034

Property Address
EMBASSY STES HOTEL/FRISCO
7600 JOHN Q HAMMONS DR
FRISCO, TX 75034

| Date | Customer Phone | P.O. No. | Terms | Project |
|---------------------------|----------------|----------|----------|-----------|
| 6/1/2016 | 972-712-7200 | | Net 10 | |
| Description | Qty | | Rate | Amount |
| MONTHLY CONTRACT SERVICES | | | 2,052.50 | 2,052.50T |
| | | | -5.00% | -102.63 |

Please Note: Includes Recycling Fees as required by local municipalities.

| | |
|--------------------------|------------|
| Subtotal | \$1,949.87 |
| Sales Tax (8.25%) | \$160.86 |
| Total | \$2,110.73 |
| Payments/Credits | \$0.00 |
| Balance Due | \$2,110.73 |

To pay by Credit Card... Fill in the information below and return by fax, email or mail to the remittance address. If paying for other invoices, please supply the invoice numbers. _____, ___ Visa, ___ Master Card, ___ American Express, ___ Discover

Card # _____, Exp Date MMY _____, Security Code _____

Name on card & mailing address for card. _____

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):**

| | | |
|--|--|---|
| Creditor: (8510644) PLANT CARE CO 2276 LARSON LANE DALLAS TX 75229 | Claim No: 224 Original Filed Date: 11/08/2016 Original Entered Date: 11/08/2016 | Status: Filed by: CR Entered by: Terri Marshall Modified: |
|--|--|---|

| | | |
|---------------------------|--|--|
| Amount claimed: \$2110.73 | | |
|---------------------------|--|--|

History:

| | | | |
|-------------------------|----------------------|------------|--|
| Details | 224- | 11/08/2016 | Claim #224 filed by PLANT CARE CO, Amount claimed: \$2110.73 (Marshall, Terri) |
| | 1 | | |

Description: (224-1) Goods Sold/Services Performed
Remarks: (224-1) claimant did not indicate a case name or 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* | \$2110.73 |
| 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 | | |