

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): \_\_\_\_\_

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

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**

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?

PLANT CARE CO., 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?

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

Where should notices to the creditor be sent?

PLANT CARE CO., INC  
Name  
2276 LARSON LANE  
Number Street  
Dallas, Texas 75229  
City State ZIP Code

Contact phone 214-316-3787

Contact email BMC2158@TX.RR.COM

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

Same  
Name  
Number Street  
City State ZIP Code

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

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 Ctl 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 0 5 4 2 5

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:

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 11-1-16  
MM/DD/YYYY

Signature

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

Name

Robert  
First name

Michael  
Middle name

Choate  
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

RM2158@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](http://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. \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Desc \_\_\_\_\_ Main Document \_\_\_\_\_ Page 5 of 5

# 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> (8510644) PLANT CARE CO 2276 LARSON LANE DALLAS TX 75229	<b>Claim No: 224</b> <i>Original Filed</i> <i>Date:</i> 11/08/2016 <i>Original Entered</i> <i>Date:</i> 11/08/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
Amount claimed: \$2110.73		

**History:**

<a href="#"><u>Details</u></a>	<a href="#"><u>224-1</u></a>	11/08/2016	Claim #224 filed by PLANT CARE CO, Amount claimed: \$2110.73 (Marshall, Terri )
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*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

<b>Total Amount Claimed*</b>	\$2110.73
<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>		