

Fill in this information to identify the case:

Debtor name: John Q HAMMONDS Hotels

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: 4929
 BLEVINS, ROBERTA LYNNE
 133 E PEACHTREE DR
 NIXA, MO 65714-8335

RECEIVED

NOV 08 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? ROBERTA LYNNE BLEVINS
 Name of the current creditor (the person or entity to paid for this claim)
 Other name the creditor used with the debtor N/A

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>ROBERTA L. BLEVINS</u> Name</p> <p><u>133 E. PEACHTREE DR.</u> Number Street</p> <p><u>NIXA</u> <u>MO</u> <u>65714</u> City State ZIP Code</p> <p>Contact phone <u>4172948507</u></p> <p>Contact email <u>gillian2@gmail.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</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>
--	--

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? _____

JQH Ct ID
 00185

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? \$ 142.90. 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.
401K VESTED BALANCE \$142.90 (CURRENT)

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 checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ <u>140.90</u>
<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:

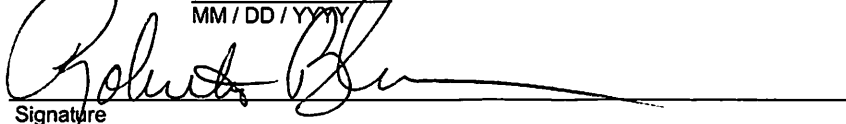
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 11 1 2016
MM / DD / YYYY


Signature

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

Name Roberta Lynn Blevins
First name Middle name Last name

Title _____

Company N/A
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 133 E. PEACHTREE DR.
Number Street

Nixa MO 65714
City State ZIP Code

Contact phone 4172948507 Email _____



39363560004929

BLEVINS, ROBERTA LYNNE
133 E PEACHTREE DR
NIXA, MO 65714-8335

Regarding Case 16-21142-11

Corporate Benefit Service
3800 American Blvd. West
Suite 400
Minneapolis MN 55431



John Q. Hammons Hotels Management, LLC 401(k) Plan

QUARTERLY STATEMENT

July 1, 2016 - September 30, 2016

Roberta L Blevins
133 E. Peachtree Drive
Nixa MO 65714-8335

Account Value: **\$142.90**
Change in Value This Period: **\$3.04**



21140193-5887

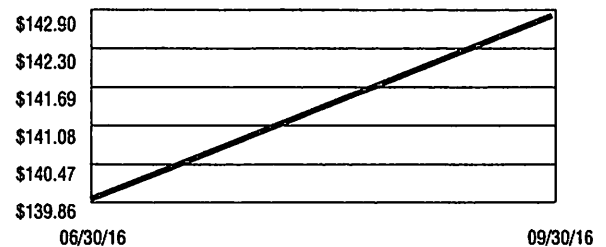
9642



YOUR ACCOUNT SUMMARY

	This Period	Year to Date
Beginning Balance	\$139.86	\$0.00
EE Contributions	0.00	87.84
ER Contributions	0.00	50.20
Distributions	0.00	0.00
Other Activity	-0.08	-0.08
Gain/Loss	3.12	4.94
Ending Balance	\$142.90	\$142.90
Vested Balance	\$142.90	\$142.90

YOUR ACCOUNT GROWTH



Your Personal Performance

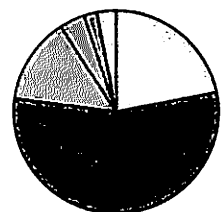
This Period	Year to Date	Since 05/2016
1.86%	3.20%	3.20%

YOUR ASSET ALLOCATION

You are currently investing future deposits and rebalancing your account balance using the MODERATE InvestMap Approach.

Investment	Future Allocation	Number of Shares/Units	Ending Price	Ending Balance	Existing Allocation
Capital Preservation	22.00%				21.91%
Schwab Government Money Purchased	22.00%	31.2900	1.00	\$31.29	21.91%
Fixed Income	55.00%				55.17%
TCW Total Return Bond N	20.00%	2.6514	10.75	28.51	19.95%
MainStay High Yield Corporate Bond A	12.00%	3.0296	5.75	17.42	12.19%
Vanguard Inflation-Protected Secs Inv	14.00%	1.4528	13.79	20.04	14.02%
Oppenheimer International Bond A	9.00%	2.1642	5.95	12.88	9.01%
Large-Cap	14.00%				13.89%
Vanguard Equity-Income Adm	7.00%	0.1492	66.43	9.91	6.93%
MainStay Large Cap Growth R1	7.00%	1.0177	9.78	9.95	6.96%
Mid-Cap	4.00%				3.99%
JPMorgan Mid Cap Value Sel	2.00%	0.0777	36.83	2.86	2.00%
JPMorgan Mid Cap Equity Select	2.00%	0.0634	44.95	2.85	1.99%

Your Asset Allocation



Hotline: 888-708-6979
Web: www.millimanbenefits.com



YOUR ASSET ALLOCATION (CONTINUED)

You are currently investing future deposits and rebalancing your account balance using the MODERATE InvestMap Approach.

Investment	Future Allocation	Number of Shares/Units	Ending Price	Ending Balance	Existing Allocation	Your Asset Allocation
Small-Cap	2.00%				2.01%	<input checked="" type="checkbox"/>
Northern Small Cap Value	1.00%	0.0663	21.73	1.44	1.01%	
Loomis Sayles Small Cap GrowthRetail	1.00%	0.0693	20.60	1.43	1.00%	
International	3.00%				3.03%	<input type="checkbox"/>
Laudus International MarketMasters Inv	1.00%	0.0666	21.73	1.44	1.01%	
Harbor International Investor	2.00%	0.0468	61.56	2.88	2.02%	
Account Total	100.00%			\$142.90	100.00%	

IMPORTANT MESSAGES

Additional investment-related information, including current performance information, is available on the "Investments" section of www.millimanbenefits.com. Please take time to review the information contained in this statement. To request a paper copy of the information (free of charge) on the website, request additional investment information, or if you believe any of the data is incorrect, you may contact the Milliman Benefits Service Center at 888-708-6979 or Milliman, Inc., 3800 American Blvd. West, Suite 400, Minneapolis, MN 55431.

• **Distribution Information** You are now eligible to take a distribution of your benefits. Online distributions are available at the plan's website www.millimanbenefits.com.

YOUR ACCOUNT ACTIVITY by Contribution Source

Contribution Source	Beginning Balance	Contributions	Distributions	Other Activity	Investment Gain/Loss	Ending Balance	Vested Balance	Vested Percent
Employee Pre-tax	\$89.00	\$0.00	\$0.00	-\$0.04	\$1.98	\$90.94	\$90.94	100%
Safe Harbor Match	50.86	0.00	0.00	-0.04	1.14	51.96	51.96	100%
TOTALS	\$139.86	\$0.00	\$0.00	-\$0.08	\$3.12	\$142.90	\$142.90	

YOUR ACCOUNT ACTIVITY by Investment Source

Investment	Beginning Balance	Contributions	Distributions	Transfers & Other	Expenses	Investment Gain/Loss	Ending Balance
Schwab Government Money Purchased	\$0.00	\$0.00	\$0.00	\$31.29	\$0.00	\$0.00	\$31.29
TCW Total Return Bond N	28.01	0.00	0.00	0.34	-0.02	0.18	28.51
MainStay High Yield Corporate Bond A	16.94	0.00	0.00	-0.41	-0.01	0.90	17.42
Vanguard Inflation-Protected Secs Inv	19.65	0.00	0.00	0.21	-0.01	0.19	20.04
Vanguard Equity-Income Adm	9.97	0.00	0.00	-0.24	0.00	0.18	9.91
MainStay Large Cap Growth R1	9.70	0.00	0.00	-0.32	0.00	0.57	9.95
JPMorgan Mid Cap Value Sel	2.82	0.00	0.00	-0.04	0.00	0.08	2.86
JPMorgan Mid Cap Equity Select	2.80	0.00	0.00	-0.05	0.00	0.10	2.85
Northern Small Cap Value	1.41	0.00	0.00	-0.06	0.00	0.09	1.44
Loomis Sayles Small Cap GrowthRetail	1.44	0.00	0.00	-0.09	0.00	0.08	1.43
Oppenheimer International Bond A	12.68	0.00	0.00	-0.24	-0.02	0.46	12.88
Laudus International MarketMasters Inv	1.35	0.00	0.00	-0.02	0.00	0.11	1.44
Harbor International Investor	2.71	0.00	0.00	0.01	0.00	0.16	2.88
Schwab Retirement Advantage Money	30.38	0.00	0.00	-30.38	-0.02	0.02	0.00
TOTAL ACCOUNT VALUE	\$139.86	\$0.00	\$0.00	\$0.00	-\$0.08	\$3.12	\$142.90

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: (8603357) Roberta L. Blevins 133 E. Peachtree Drive Nixa, MO 65714	Claim No: 236 <i>Original Filed</i> Date: 11/09/2016 <i>Original Entered</i> Date: 11/09/2016	Status: Filed by: CR Entered by: Terri Marshall Modified:
--	--	---

Amount claimed: \$142.90			
Priority claimed: \$142.90			

History:

Details	236-1	11/09/2016 Claim #236 filed by Roberta L. Blevins, Amount claimed: \$142.90 (Marshall, Terri)
-------------------------	-----------------------	--

Description: (236-1) 401K Balance

Remarks: (236-1) claimant indicated yes to #12- employee benefit plan

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*	\$142.90
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	\$142.90	
Administrative		