

Fill in this information to identify the case:

Debtor name: Dixie Stampede 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: 2736
DIXIE STAMPEDE LLC
PO BOX 6850
1525 W HIGHWAY 76
BRANSON, MO 65615-6850

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

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?

Dixie Stampede 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?

Dixie Stampede LLC
Name
PO Box 6850
Number Street
BRANSON MO 65615
City State ZIP Code

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

Name

Number Street

City State ZIP Code

Contact phone 417-336-7963

Contact phone _____

Contact email reynec@dixiestampede.com

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? _____

JQH Ctl ID
00186

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? \$ 1284.35 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.

Tickets Sold to OUR Dinner Attraction

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).

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

11/2/2016
MM/DD/YYYY

Signature

Reyné Christenson

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

Name

Reyné Annette Christenson
First name Middle name Last name

Title

Accounting Manager

Company

Dixie Stampede

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

PO Box 6850
Number Street

Branson
City

MO 65615
State ZIP Code

Contact phone

417-336-7963

Email

reynec@dixiestampede.com



39363467002736

DIXIE STAMPEDE LLC
PO BOX 6850
1525 W HIGHWAY 76
BRANSON, MO 65615-6850

STATEMENT

DIXIE STAMPEDE LLC
P.O. BOX 6850
BRANSON MO 65615

(417) 337-9400 Ext. 0000

Date:	9/30/2016
Account:	MO-CHATEAU
Amount Paid:	

CHATEAU ON THE LAKE

415 NORTH STATE HWY 265
BRANSON MO 65616

Payment Terms: UPON RECEIPT

Deposits Received: \$0.00

Please return this portion with your payment

Document No.	Date	Code	Description	Amount	Balance
540236	5/28/2016	SLS	540236	\$102.66	\$102.66
540614	6/2/2016	SLS	540614	\$194.16	\$296.82
540730	6/5/2016	SLS	540730	\$137.25	\$434.07
541076	6/9/2016	SLS	541076	\$133.90	\$567.97
541203	6/11/2016	SLS	541203	\$194.16	\$762.13
541710	6/17/2016	SLS	541710	\$236.56	\$998.69
541900	6/21/2016	SLS	541900	\$183.00	\$1,181.69
542245	6/24/2016	SLS	542245	\$102.66	\$1,284.35
				Amount Due:	\$1,284.35

Current	0-15	15-30	31 and over	-	-	-
\$0.00	\$0.00	\$0.00	\$1,284.35	\$0.00	\$0.00	\$0.00

4:40 pre show \$10266
No 059748 w



CHATEAU
ON THE LAKE
RESORT & SPA

415 N. Highway 265
Branson, Missouri 65616
Phone (417) 334-1161

VOUCHER

	ADULTS	TEENS	CHILDREN
# OF TICKETS	<u>2</u>		
PRICE PER TICKET	<u>44.99</u>		
TAX	<u>5.80</u>		
TOTAL	<u>55.79</u>		

Name: Jasen Loftice Date: 5-28 Show/Tee Time: 5:30
Attraction: Divie Stampede Confirmation Number: 4696416
Seating: _____ Resv. Made By: Angel
Theater: _____

Any changes or cancellations (to receive refund) must be done at least 72 hours prior to showtime, otherwise you will be charged for this reservation. Your signature guarantees receipt of vouchers.

Guest Signature: _____

Jasen Loftice



CHATEAU ON THE LAKE RESORT & SPA

415 N. State Highway 265
Branson, Missouri 65616
Phone (417) 334-1161

VOUCHER

DE 41884 IN 7.50
\$10266 No 57762

	ADULTS	TEEN	CHILDREN
# OF TICKETS	2		
PRICE PER TICKET	49.99		
TAX	5.80		
GRAND TOTAL	55.79		

Name: Ronald Sage Date: 6/2/16 Show/Tee Time: 5:30
Attraction: Dixie Stampede Confirmation Number: 4737479
Seating: _____ Resv. Made By: Marie Green
Theater: Dolly Parton

Any changes or cancelations (to receive refund) must be done at least 72 hours prior to showtime, otherwise, you will be charged for this reservation. Your signature guarantees receipt of vouchers.

Guest Signature [Signature]



CHATEAU ON THE LAKE RESORT & SPA

415 N. State Highway 265
Branson, Missouri 65616
Phone (417) 334-1161

VOUCHER

\$91.50 TD
No 57764

	ADULTS	TEEN	CHILDREN
# OF TICKETS	2		
PRICE PER TICKET	44.99		
TAX	5.22		
GRAND TOTAL	50.21	100.42	

Name: Patty Calvin Date: 6-2 Show/Tee Time: 8pm
Attraction: Dixie Stampede Confirmation Number: 40747399
Seating: _____ Resv. Made By: Angel
Theater: _____

Any changes or cancelations (to receive refund) must be done at least 72 hours prior to showtime, otherwise, you will be charged for this reservation. Your signature guarantees receipt of vouchers.

\$ 137.25
1000



CHATEAU
ON THE LAKE
RESORT & SPA

415 N. State Highway 265
Branson, Missouri 65616
Phone (417) 334-1161

VOUCHER

No 57774

	ADULTS	TEEN	CHILDREN
# OF TICKETS	3		
PRICE PER TICKET	49.99		
TAX	5.80		
GRAND TOTAL	55.79		
	X3 / 167.37		

Name: Tina Helmerich Date: 6/5/16 Show/Tee Time: 8:00pm
Attraction: Dixie Stampede Confirmation Number: 4787034
Seating: South! Resv. Made By: Tina/Susan
Theater: Dixie Stampede

Any changes or cancelations (to receive refund) must be done at least 72 hours prior to showtime, otherwise, you will be charged for this reservation. Your signature guarantees receipt of vouchers.

Guest Signature Tina Helmerich

49.40 Pre show

VOUCHER

\$133.90
No 57784



CHATEAU
ON THE LAKE
RESORT & SPA

415 N. State Highway 265
Branson, Missouri 65616
Phone (417) 334-1161

	ADULTS	TEEN	CHILDREN
# OF TICKETS	2		1
PRICE PER TICKET	49.99		29.99
TAX	5.80		3.50
GRAND TOTAL	55.79		33.49

145.07

Name: Lois Cardarola Date: 6-9 Show/Tee Time: 5:30
Attraction: Dixie Stampede Confirmation Number: 4817590
Seating: _____ Resv. Made By: Angel
Theater: _____

Any changes or cancelations (to receive refund) must be done at least 72 hours prior to showtime, otherwise, you will be charged for this reservation. Your signature guarantees receipt of vouchers.

4:40 pre-show

VOUCHER

102.66
No 57796CHATEAU
ON THE LAKE
RESORT & SPA415 N. State Highway 265
Branson, Missouri 65616
Phone (417) 334-1161

OF TICKETS

ADULTS

TEEN

CHILDREN

PRICE PER
TICKET

TAX

GRAND TOTAL

ADULTS	TEEN	CHILDREN
2		
49.99		
5.80		
55.79	111.58	

Name: Charles Williams Date: 6-12 Show/Tee Time: 5:30
 Attraction: Dixie Stampede Confirmation Number: 4846485
 Seating: _____ Resv. Made By: Angel
 Theater: _____

Any changes or cancelations (to receive refund) must be done at least 72 hours prior to showtime, otherwise, you will be charged for this reservation. Your signature guarantees receipt of vouchers.

Guest Signature

CHATEAU
ON THE LAKE
RESORT & SPA415 N. State Highway 265
Branson, Missouri 65616
Phone (417) 334-1161

VOUCHER

9.5006
No 57789

OF TICKETS

ADULTS

TEEN

CHILDREN

PRICE PER
TICKET

TAX

GRAND TOTAL

ADULTS	TEEN	CHILDREN
2		
49.99		
5.80		
55.79		

Name: Connie Rhoads Date: 6/11 Show/Tee Time: 8:00 PM
 Attraction: Dixie Stampede Confirmation Number: 4837714
 Seating: _____ Resv. Made By: Marie Green
 Theater: Dolly Parton

Any changes or cancelations (to receive refund) must be done at least 72 hours prior to showtime, otherwise, you will be charged for this reservation. Your signature guarantees receipt of vouchers.

7:40 Pre Show



CHATEAU
ON THE LAKE
RESORT & SPA

415 N. State Highway 265
Branson, Missouri 65616
Phone (417) 334-1161

VOUCHER

\$236.56^{US}
No 57839

	ADULTS	TEEN	CHILDREN
# OF TICKETS	4		1
PRICE PER TICKET	49.99		29.99
TAX	5.80		3.50
GRAND TOTAL	55.79		33.49

256.65

Name: Lisa Friebe Date: 6-17 Show/Tee Time: 8pm
Attraction: Dixie Stampede Confirmation Number: 4907579
Seating: _____ Resv. Made By: Angel
Theater: _____

Any changes or cancelations (to receive refund) must be done at least 72 hours prior to showtime, otherwise, you will be charged for this reservation. Your signature guarantees receipt of vouchers.

Guest Signature [Signature]

7:10 Pre Show



CHATEAU
ON THE LAKE
RESORT & SPA

415 N. State Highway 265
Branson, Missouri 65616
Phone (417) 334-1161

VOUCHER

\$183.00.15
No 57853

	ADULTS	TEEN	CHILDREN
# OF TICKETS	4		
PRICE PER TICKET	44.99		
TAX	5.22		
GRAND TOTAL	50.21 each		

Name: Stan Mathias Date: 6-21 Show/Tee Time: 8pm
Attraction: Dixie Stampede Confirmation Number: 4947675
Seating: _____ Resv. Made By: Angel
Theater: _____

Any changes or cancelations (to receive refund) must be done at least 72 hours prior to showtime, otherwise, you will be charged for this reservation. Your signature guarantees receipt of vouchers.

Guest Signature [Signature]



CHATEAU
ON THE LAKE
RESORT & SPA

415 N. State Highway 265
Branson, Missouri 65616
Phone (417) 334-1161

VOUCHER

\$1024.22
No 57861

	ADULTS	TEEN	CHILDREN
# OF TICKETS	2	0	0
PRICE PER TICKET	44.99	0	0
TAX	5.22	0	0
GRAND TOTAL	100.42	0	0

Name: Wiebbels, Eric Date: 6-24-16 Show/Tee Time: 8pm
Attraction: Dixie Stampede Confirmation Number: 4977004
Seating: N/A Resv. Made By: Asnicer Valentine
Theater: Dixie Stampede

Any changes or cancelations (to receive refund) must be done at least 72 hours prior to showtime, otherwise, you will be charged for this reservation. Your signature guarantees receipt of vouchers.

Guest Signature Eric Wiebbels

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> (8509308) History	Claim No: 237	<i>Status:</i>
DIXIE STAMPEDE LLC	<i>Original Filed</i>	<i>Filed by:</i> CR
PO BOX 6850	<i>Date:</i> 11/09/2016	<i>Entered by:</i> Terri
BRANSON MO 65616	<i>Original Entered</i>	<i>Marshall</i>
	<i>Date:</i> 11/09/2016	<i>Modified:</i>
Amount claimed: \$1284.35		

History:

Details	237-1	11/09/2016 Claim #237 filed by DIXIE STAMPEDE LLC, Amount claimed: \$1284.35 (Marshall, Terri)
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Description: (237-1) Goods Sold

Remarks:

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*	\$1284.35
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		