

Fill in this information to identify the case:

Debtor 1 John Q. Hammons Hotels Management, LLC
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: District of Kansas
Case number 16-21153

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BMC GROUP

Official Form 410

Proof of Claim

12/15

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. Make such a request according to 11 U.S.C. § 503.

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.

Part 1: Identify the Claim

1. Who is the current creditor? Dinsmore & Shohl LLP
Name of the current creditor (the person or entity to be paid for this claim)
Other names 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? **Where should notices to the creditor be sent?**
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Dinsmore & Shohl LLP
Name 255 East Fifth St., Suite 1900
Number Street
Cincinnati OH 45202
City State ZIP Code
Contact phone 513-977-8618
Contact email debra.gutzwiller@dinsmore.com
Where should payments to the creditor be sent? (if different)
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? _____



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: 4 6 5 9

7. How much is the claim? \$ 178.50. 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.
Legal services rendered; see attached rider.

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)?

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

- 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 \$2,775* 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 \$12,475* 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 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

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 11/7/2014
MM / DD / YYYY


Signature

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

Name Debra Gutzwiller
First name Middle name Last name

Title Accounts Receivable Manager

Company Dinsmore & Shohl LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 255 East Fifth St., Suite 1900
Number Street

Cincinnati OH 45202
City State ZIP Code

Contact phone 513-977-8618 Email debra.gutzwiller@dinsmore.com

NAME OF DEBTOR: JOHN Q. HAMMONS HOTELS MANAGEMENT, LLC

CASE NO.: 16-21153

CLAIMANT: DINSMORE & SHOHL LLP

RIDER TO PROOF OF CLAIM

This Proof of Claim is being filed to evidence and assert Dinsmore & Shohl LLP's ("Dinsmore") claims for amounts owed in connection with legal services rendered to the Debtor. Dinsmore has the right and authority to file this Proof of Claim. The invoices supporting this Proof of Claim are not attached hereto due to attorney/client privilege. Copies of same can be made available upon request subject to appropriate redaction and procedural and substantive safeguards to protect attorney/client privileged information contained therein.

The amount claimed by Dinsmore at this time is \$178.50 for legal services rendered and expenses incurred.

Dinsmore reserves the right to amend and/or supplement this Proof of Claim. In addition, the filing of this Proof of Claim is not intended to, and shall not be construed as: (a) an election of any remedy by Dinsmore, (b) a waiver or limitation of any rights which may be available by Dinsmore under applicable law, including but not limited to the right to assert an administrative expense claim; (c) a consent to the determination of the Debtor's liability to Dinsmore by any particular court, including the Bankruptcy Court; or (d) a consent to the jurisdiction or venue of any particular court, including the Bankruptcy Court. In the event the Debtor or anyone on the Debtor's behalf asserts a claim against Dinsmore in these proceedings, this claim may be secured by a right of setoff pursuant to sections 506(a) and 553 of Title 11 of the United States Code.

Lisa M. Geeding
(513) 977-8280 (direct) ^ (513) 977-8141 (fax)
lisa.geeding@dinsmore.com

November 9, 2016

BMC Group, Inc.
Attn: John Q. Hammons Processing
PO Box 90100
Los Angeles, CA 90009

RE: *John Q. Hammons Hotels Management, LLC*
Case No. 16-21153

Dear Sir or Madam:

Enclosed please find a completed Proof of Claim submitted on behalf of Dinsmore & Shohl LLP, to be filed in the above-referenced case.

Do not hesitate to contact me should you have any questions regarding the enclosed.

Best regards,



Lisa M. Geeding

/img
Enclosure
10805620v1

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: (8608111)
Dinsmore & Shohl LLP
255 East Fifth Street, Suite 1900
Cincinnati, OH 45202

Claim No: 249
Original Filed
Date: 11/16/2016
Original Entered
Date: 11/16/2016

Status:
Filed by: CR
Entered by: Terri Marshall
Modified:

Amount claimed: \$178.50

History:

[Details](#) [249-](#) 11/16/2016 Claim #249 filed by Dinsmore & Shohl LLP, Amount claimed: \$178.50 (Marshall, Terri)

Description: (249-1) Services Performed

Remarks: (249-1) filed in case John Q. Hammons Hotels Management, LLC (16-21153)

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*	\$178.50
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		