

Fill in this information to identify the case:

Debtor 1 John Q. Hammons Fall 2006, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-21142

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?

Star Wholesale Supply

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?

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

Where should notices to the creditor be sent?

Lee J. Viorel

Name

901 St. Louis St., 20th Floor

Number Street

Springfield

MO

65806

City

State

ZIP Code

Contact phone 417-866-7777

Contact email lviorel@lowtherjohnson.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: 5 0 9 8

7. How much is the claim? \$ 460.87. 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.
Goods sold.

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: \$ 460.87 (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: \$ 460.87
Annual Interest Rate (when case was filed) 0.00 %
☐ 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 \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ 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).

\$ _____

☐ 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 4/01/16 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.

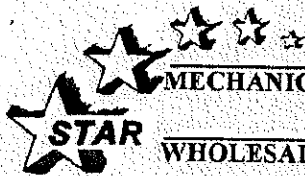
Executed on date

11/18/2016
MM / DD / YYYY

Signature

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

Name	Lee	J.	Viorel
	First name	Middle name	Last name
Title	Attorney/Authorized Agent		
Company	Lowther Johnson, Attorneys at Law, LLC		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	901 St. Louis Street, 20th Floor		
	Number	Street	
	Springfield	MO	65806
	City	State	ZIP Code
Contact phone	417-866-7777		Email
			lviorel@lowtherjohnson.com



MECHANICAL SUPPLY 122 W. Randall Rd., Springfield, AR 72704-18017
 479/756-2055 Fax: 479/756-1074
 200 S. Zero, Ft. Smith, AR 72901-8840
 479/785-1188 Fax: 479/785-1058
WHOLESALE SUPPLY 535 N. Fremont, Springfield, MO 65802-3532
 417/863-1303 Fax: 417/863-0506
 1827 W. 19th St. Joplin, MO 64801-9988
 417/385-4300 Fax: 417/385-4301

INVOICE

Remit To: STAR WHOLESALE SUPPLY
 535 NORTH FREMONT
 SPRINGFIELD, MO 65802

INVOICE	
4212705	
Invoice Total	460.87
Invoice Date	Page
6/23/2016 10:39:38	1 of 1
ORDER NUMBER	
2251445	

Bill To:

HOLIDAY INN EXPRESS
 1117 E ST LOUIS ST
 SPRINGFIELD, MO 65806
 USA

Ship To:

HOLIDAY INN EXPRESS
 1117 E ST LOUIS ST
 SPRINGFIELD, MO 65806
 USA

Visit our website at www.star-mechanical.com or www.star-wholesale.com
 All weekly price changes will be posted every Friday.

Customer ID: 5098

PO Number					Terms Description	Net Due Date	Disc Due Date	Discount Amount
LOCHINVAR PARTS FOR TOM					NET 10TH PROX (C)	7/10/2016	7/10/2016	0.00
Order Date		Pick Ticket No		Primary Salesrep Name			Taker	
6/10/2016 14:55:17		3375060		Springfield House Account			GCLARK	
Quantities					Item ID Item Description	Pricing UOM Unit Size	Unit Price	Extended Price
Ordered	Shipped	Remaining	UOM Unit Size	Disp.				

Delivery Instructions: PLEASE CALL TOM
 COMPLETE...986-8828...THANKS.

Carrier:

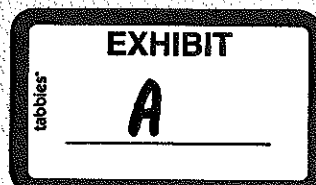
Tracking #:

1	1	0 EA	1.0	LOCPLT3400	EA	68.3196	68.32
				HOT SURFACE IGNITER PLT3400	1.0000		
1	1	0 EA	1.0	LOCRLY2402	EA	360.0000	360.00
				IGNITION MODULE RLY2402	1.0000		
CF/CH401-751/IB/IWPB/PF1500-2000							

Total Lines: 2

SUB-TOTAL: 428.32
SPRINGFIELD MO TAX (STWH): 32.55
AMOUNT DUE: 460.87

U.S. Dollars



*** REPRINT ***

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: (8511094)
STAR WHOLESale SUPPLY
535 NORTH FREMONT
SPRINGFIELD MO 65802

Claim No: 254
Original Filed
Date: 11/18/2016
Original Entered
Date: 11/18/2016

Status:
Filed by: CR
Entered by: Lee J Viorel
Modified:

Amount claimed: \$460.87

History:

[Details](#) [254-1](#) 11/18/2016 Claim #254 filed by STAR WHOLESale SUPPLY, Amount claimed: \$460.87
(Viorel, Lee)

Description: (254-1) 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*	\$460.87
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		