

Fill in this information to identify the case:

Debtor name: Residence Inn
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: 1293
FELLERS
2140 W GRAND ST
SPRINGFIELD, MO 65802-4877

RECEIVED
NOV 16 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?
Fellers Food Service Equipment, 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?
Fellers Food Service
Name
2140 W Grand
Number Street
Springfield, MO 65802
City State ZIP Code
Where should payments to the creditor be sent? (if different)
Name
Number Street
City State ZIP Code
Contact phone 417-862-0812
Contact email am@fellersfoodservice.com
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: RE 1303

7. How much is the claim? \$ 33.39. 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.
Kitchen equipment 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: \$ _____ (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:

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

	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 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 4/01/19 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 11/10/2016
MM/DD/YYYY

Sean A. McNeillis
Signature

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

Name Sean Austin McNeillis
First name Middle name Last name

Title COO/CFO

Company Fellers Food Service Equipment, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2140 W. Grand
Number Street

Springfield MO 65802
City State ZIP Code

Contact phone 417-827-2187 Email sean@fellersfoodservice.com



39363467001293

FELLERS
2140 W GRAND ST
SPRINGFIELD, MO 65802-4877



2140 W. Grand
 Springfield, MO 65802
 Phone (417)862-0812
 Fax (417)862-8990
 800-369-3951 Toll Free

Visit us on the web
 www.fellersfoodservice.com
 email: sales@fellersfoodservice.com

Invoice 640600

Invoice Date 06/01/16

Please forward to your
 Accounting Department
 for Payment.

An Invoice will not be mailed.

Bill To: RESIDENCE INN
 1303 E. KINGSLEY
 SPRINGFIELD, MO 65804

Ship To: RESIDENCE INN
 1303 E. KINGSLEY
 SPRINGFIELD, MO 65804

Phone: 417/890-0020 Fax: 417/890-0055

Phone: 417/890-0020 Fax: 417/890-0055

Customer	Ship Via	F.O.B.		Terms		
RE1303				NET 30 DAYS		
Purchase Order Number			S/P	ENT	Order Date	Our Order Number
			FF	MRC	06/01/16	None
Qty Ordered	U/M	Quantity Shipped	Item Number	A/Q #	Unit Price	Extended Price
		Back Ordered	Item Description		Discount %	Tax
1.00	DZ	1.00	WCOG-310			6.25
		0.00	S/P SHAKER 1 OZ TOWER GLASS JAR CHROME 1DZ PER			Y
3	EA	3	CAM1218CCW135			8.26
		0	FOOD BOX COVER 12"X18"CLEAR POLYCARBONATE			Y

In-store credit only for accepted returns occurring more than 30 days from date of purchase.

I grant Fellers Food Service Equipment LLC., ("FFSE") a security interest in this merchandise until paid. A copy of this invoice and approval is required for returns or warranty claims. Any products purchased from FFSE, remain the property of FFSE until paid in full. All accounts are COD unless otherwise approved. A late fee of 1.5% per month may be charged on past due accounts.

Signed X Sandra Wilson
 Print X _____

Nontaxable Subtotal	0.00
Taxable Subtotal	31.03
Tax (7.600%)	2.36
Total Invoice	33.39
Paid Amount	0.00
Balance Due	33.39

District of Kansas Claims Register

[16-21142 John Q. Hammons Fall 2006, LLC](#)

Judge: Robert D. Berger
Office: Kansas City
Trustee:

Chapter: 11
Last Date to file claims: 12/23/2016
Last Date to file (Govt):

Creditor: (8509481)
FELLERS
2140 W GRAND
SPRINGFIELD MO 65802

Claim No: 255
Original Filed
Date: 11/21/2016
Original Entered
Date: 11/21/2016

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

Amount claimed: \$33.39

History:

[Details](#) [255-](#) 11/21/2016 [1](#) Claim #255 filed by FELLERS, Amount claimed: \$33.39 (Marshall, Terri)

Description: (255-1) Goods Sold

Remarks: (255-1) Claimant notes case is Residence Inn but case number is the main case.

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*	\$33.39
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		