

Fill in this information to identify the case:

Debtor name: University Plaza Hotel  
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?  
Name Fellers Food Service  
Number Street 2140 W. Grand  
City State ZIP Code Springfield, MO 65802  
Where should payments to the creditor be sent? (if different)  
Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_  
Contact phone 417-862-0812  
Contact email ar@fellerfoodservice.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: UN3330

7. How much is the claim? \$ 166.24 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.

<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 \$2,850* 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 M. McNeilis  
Signature

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

Name Sean Austin McNeilis  
First name Middle name Last name

Title COO ICFO

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 640643

Invoice Date 06/01/16

Please forward to your  
 Accounting Department  
 for Payment.

An Invoice will not be mailed.

Bill To: UNIVERSITY PLAZA HOTEL  
 333 S JOHN Q. HAMMONS PARKWAY  
 SPRINGFIELD, MO 65806

Ship To: UNIVERSITY PLAZA HOTEL  
 333 S JOHN Q. HAMMONS PARKWAY  
 SPRINGFIELD, MO 65806


Phone: 417/864-7333 Fax:

Phone: 417/864-7333 Fax:

Customer		Ship Via		F.O.B.		Terms	
UN3330						NET 30 DAYS	
Purchase Order Number				S/P	ENT	Order Date	Our Order Number
				FF	AJB	06/01/16	None
Qty Ordered	U/M	Quantity Shipped	Item Number	A/Q #	Unit Price		Extended Price
		Back Ordered	Item Description		Discount %	Tax	
10	EA	10	TOM1000669		15.45		154.50
		0	FAUCET (SPBH) FOR BEVERAGE DISP.W/WASHERS&NUT		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   
 Print X Andrew Herman S

Nontaxable Subtotal	0.00
Taxable Subtotal	154.50
Tax (7.600%)	11.74
Total Invoice	166.24
Paid Amount	0.00
Balance Due	166.24

# 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:** 256  
*Original Filed*  
*Date:* 11/21/2016  
*Original Entered*  
*Date:* 11/21/2016

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

Amount claimed: \$166.24

*History:*

[Details](#) [256-](#) 11/21/2016 Claim #256 filed by FELLERS, Amount claimed: \$166.24 (Marshall, Terri )  
[1](#)

*Description:* (256-1) Goods Sold

*Remarks:* (256-1) Claimant notes case is University Plaza Hotel 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

<b>Total Amount Claimed*</b>	\$166.24
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		