

Fill in this information to identify the case:

Debtor name: _____
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: 2908
BRANSON LIMO & EXE CHARTER
140 STERLING WAY
HOLLISTER, MO 65672-5624

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? Branson Limousine & Executive Charter, Inc.
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?
Branson Limousine
Name
140 Sterling Way
Number Street
Hollister MO 65672
City State ZIP Code
Contact phone 417-331-1316
Contact email bransoulimo@live.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: _____

7. How much is the claim? \$ 291.50 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.
Services performed - Limousine services performed for Hotel guests

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
<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).

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 11/08/2016
MM/DD/YYYY

Norma J. Wiedmeyer
Signature

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

Name Norma Jean Wiedmeyer
First name Middle name Last name

Title Pres / sec

Company Branson Limousine & Executive Charter, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 140 Sterling Way
Number Street

Hollister MO 65672
City State ZIP Code

Contact phone 417-331-1316 Email bransowlimo@live.com



39363467002908

BRANSON LIMO & EXE CHARTER
140 STERLING WAY
HOLLISTER, MO 65672-5624

Branson Limousine & Executive Charter Inc.

Phone: 417-331-1316 - Fax: 417-239-1316
 e-mail: bransonlimo@live.com - web site: www.BransonLimoService.com

Customer Name: Chateau on the Lake Trip Date: 05/22/16 Sunday
 Address: 415 North State Highway 265 Vehicle: Executive Sedan
 City, State, Zip: Branson, MO 65616 Invoice #: 9474
 Phone: 417-243-1729 Passenger: Richard Tanimoto Cell #: (714) 728-4893
 Reserved: Angel / Concierge Department Trip Type: Airport transfer service
 E-mail: chateau.concierge@jqh.com Flight #: Departs SGF
 Pick-up Time: 3:00 AM Drop-off Time: 4:10 AM # Passengers: 1
 Pick-up location: Chateau on the Lake 415 North State Highway 265 Branson, MO 65616
 Drop-off Location: Springfield / Branson National Airport (SGF) in Springfield, MO

DRIVER INFORMATION	TRIP CHARGES
Time Out: _____ In: _____	Discount Rate: _____ Rate per Transfer: <u>\$105.00</u>
Mileage Out: _____ In: _____	AP service fee: _____ No. of Transfers: <u>1</u>
Payroll Hours: _____	Basic Rate: <u>\$105.00</u>
Tolls /Parking: _____	-10% F.I.T. <u>\$10.50</u>
Gratuuity: _____	Subtotal: <u>\$94.50</u>
Paid: _____	Gratuuity: <u>\$21.00</u>
Driver Signature: _____	Total Due: <u>\$115.50</u>

Special Instructions: Professional Chauffeur will assist with luggage, plus complimentary cold bottled water.	CC Number: _____ Exp. _____
	Voucher No.: _____ S. Code: _____
	Cash/Check Number: _____ Voucher Amount: <u>\$126.00</u>
	Bill To Name: <u>Shelia Harvey / phone: 243-1711 & fax: 339-5566</u>
	Bill To Addr: <u>Chateau on the Lake, 415 North State Highway 265</u>

Payment due upon receipt:

Please make checks payable to:

Branson Limousine & Executive Charter, Inc.
 140 Sterling Way
 Hollister, MO 65672

~ Thank you for your business ~

Branson Limousine & Executive Charter Inc.

Phone: 417-331-1316 - Fax: 417-239-1316
 e-mail: bransonlimo@live.com - web site: www.BransonLimoService.com

Customer Name: Chateau on the Lake Trip Date: 06/12/16 Sunday
 Address: 415 North State Highway 265 Vehicle: Executive Sedan
 City, State, Zip: Branson, MO 65616 Invoice #: 9557
 Hotel #: 417-334-1161 Passenger: (2) "Dr James McCord"
 Res. By: Angel - Concierge Dept Type: 2-way Theater Transfer
 E-mail: chateau.concierge@jqh.com Passenger's Cell #: (208) 610-3970
 1st Pick-up Time: 1:15 PM 2nd Pick-up Time: 4:00 PM Theater: Grand Country
 Pick-up Location: Chateau on the Lake, 415 N. State Hwy. 265, Branson, MO
 Drop-off Location: Grand Jubilee @ Grand Country Theater, West Hwy 76, Branson, MO

DRIVER INFORMATION	TRIP CHARGES
Time Out: _____ In: _____	Discount Rate: _____ Rate per Transfer: <u>\$27.50</u>
Mileage Out: _____ In: _____	Misc: _____ No. of Transfers: <u>2.00</u>
Payroll Hours: _____	Basic Rate: <u>\$55.00</u>
Tolls /Parking: _____	-10% F.I.T. <u>\$5.50</u>
Gratuity: _____	Subtotal: <u>\$49.50</u>
Paid: _____	Gratuity: <u>\$11.00</u>
Driver Signature: _____	Total Due: <u>\$60.50</u>

Special Instructions: Professional Chauffeur, complimentary cold bottled water on ice.	CC Number: _____ Exp. _____
	Voucher No.: _____ S. Code: _____
	Cash/Check Number: _____ Voucher Amount: <u>\$66.00</u>
	Bill To Name: <u>Attn: Shelia Harvey / phone: 243-1711 & fax: 339-5566</u>
	Bill To Addr: <u>Chateau on the Lake, 415 North State Highway 265</u>

Payment due upon receipt:

Please make checks payable to:

Branson Limousine & Executive Charter, Inc.
 140 Sterling Way
 Hollister, MO 65672

~ Thank you for your business ~

Branson Limousine & Executive Charter Inc.

Phone: 417-331-1316 - Fax: 417-239-1316
 e-mail: bransonlimo@live.com - web site: www.BransonLimoService.com

Customer Name: Chateau on the Lake Trip Date: 06/22/16 Wednesday
 Address: 415 North State Highway 265 Vehicle: Executive Sedan
 City, State, Zip: Branson, MO 65616 Invoice #: 9606
 Phone: 417-243-1729 Passenger: Satka Cell #: _____
 Reserved: Angel / Concierge Department Trip Type: Airport transfer service
 E-mail: chateau.concierge@jqh.com Flight #: Departs SGF
 Pick-up Time: 12:00 PM Drop-off Time: 1:00 PM # Passengers: 1
 Pick-up location: Chateau on the Lake 415 North State Highway 265 Branson, MO 65616
 Drop-off Location: Springfield / Branson National Airport (SGF) in Springfield, MO

DRIVER INFORMATION	TRIP CHARGES
Time Out: _____ In: _____	Discount Rate: _____ Rate per Transfer: <u>\$105.00</u>
Mileage Out: _____ In: _____	AP service fee: _____ No. of Transfers: <u>1</u>
Payroll Hours: _____	Basic Rate: <u>\$105.00</u>
Tolls /Parking: _____	-10% F.I.T. <u>\$10.50</u>
Gratuity: _____	Subtotal: <u>\$94.50</u>
Paid: _____	Gratuity: <u>\$21.00</u>
Driver Signature: _____	Total Due: <u>\$115.50</u>

Special Instructions: Professional Chauffeur will assist with luggage, plus complimentary cold bottled water.	CC Number: _____ Exp. _____
	Voucher No.: _____ S. Code: _____
	Cash/Check Number: _____ Voucher Amount: <u>\$126.00</u>
	Bill To Name: <u>Shelia Harvey / phone: 243-1711 & fax: 339-5566</u>
	Bill To Addr: <u>Chateau on the Lake, 415 North State Highway 265</u>

Payment due upon receipt:

Please make checks payable to:

Branson Limousine & Executive Charter, Inc.
 140 Sterling Way
 Hollister, MO 65672

~ Thank you for your business ~

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: (8508857)
BRANSON LIMO AND EXE
CHARTER
140 STERLING WAY
HOLLISTER MO 65672

Claim No: 258
Original Filed
Date: 11/22/2016
Original Entered
Date: 11/22/2016

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

Amount claimed: \$291.50

History:

[Details](#) [258-1](#) 11/22/2016 Claim #258 filed by BRANSON LIMO AND EXE CHARTER, Amount claimed: \$291.50 (Marshall, Terri)

Description: (258-1) Services Performed

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*	\$291.50
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		