

Fill in this information to identify the case:

Debtor name: JOHN Q. HAMMONS FALL 2006, LLC  
United States Bankruptcy Court for the District of Kansas at Kansas City  
Case number (If known): 16-21142

See Appendix A to bar date notice for list of debtors and case numbers.

ID: 11838  
PONCE, AMALIA  
2234 ALLIED DR APT 4  
MADISON, WI 53711-4543

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? AMALIA PONCE  
Name of the current creditor (the person or entity to be paid for this claim)  
Other name the creditor used with the debtor

2. Has this claim been acquired from someone else? [X] 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? AMALIA PONCE  
Name  
2234 ALLIED DR. APT 4  
Number Street  
MADISON WI 53711  
City State ZIP Code  
Where should payments to the creditor be sent? (if different)  
Name  
Number Street  
City State ZIP Code  
Contact phone (608) 575-7666  
Contact phone  
Contact email amalia.keener@gmail.com  
Contact email  
Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed? [X] 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? [X] 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? \$ DON'T KNOW. 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.  
BENEFITS DON'T PAID (VACATION)

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**

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_

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). \$ \_\_\_\_\_

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). \$ \_\_\_\_\_

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 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

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**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.

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.

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.

Executed on date 10/25/2016  
MM/DD/YYYY

Amalia Ponce  
Signature

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

Name AMALIA PONCE  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2234 ALLIED DR. APT 4  
Number Street

MADISON WI 53711  
City State ZIP Code

Contact phone (608)515-7666 Email amalia.keener@gmail.com



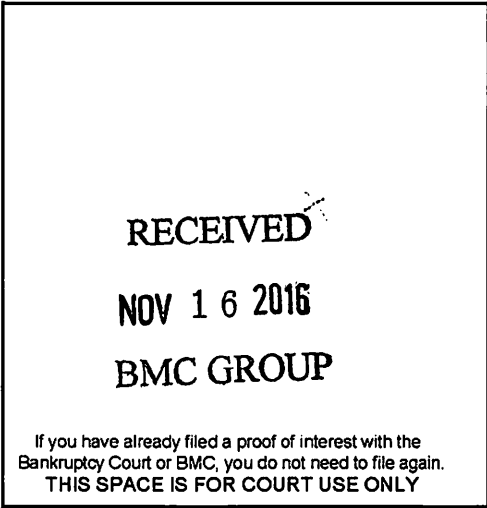
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PONCE, AMALIA  
2234 ALLIED DR APT 4  
MADISON, WI 53711-4543

Debtor name: JOHN Q. HAMMONS FALL 2006, LLC

United States Bankruptcy Court for the District of Kansas at Kansas City

Case number (if known): 16-21142



See Appendix A to bar date notice for list of debtors and case numbers to be used for that purpose.

NOTE: This form SHOULD NOT be used to make a claim against Debtor for money owed. A separate Proof of Claim form should be used for that purpose. This form should only be used to assert an Interest in a Debtor. An Interest, as used herein, refers specifically to an equity security within the meaning of 11 U.S.C. §101(16). Parties not asserting an interest SHOULD NOT file a proof of interest at this time.

## Proof of Interest Form

4/16

Read the instructions before filling out this form. This form is for asserting an interest in a bankruptcy case. Do not use this form to make a request for payment of a claim or 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 interest, 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 form 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 interest 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 Interest**

1. Who is the current interest holder?  
AMALIA PONCE  
 Name of the current interest holder (person or entity holding the interest)  
 Other name the interest holder used with the debtor \_\_\_\_\_

2. Has this interest been acquired from someone else?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the interest holder be sent?  
 Where should notices to the interest holder be sent?  
AMALIA PONCE  
 Name  
2234 ALVINS DR. APT 4  
 Number Street  
MADISON, WI 53711  
 City, State ZIP Code  
 Contact phone (608) 515-7666  
 Contact email amalia.keener@gmail.com  
 Where should payments to the interest holder 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 form 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 interest for this interest?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give information about the Interest 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. Type of interest: Indicate if your Interest is based on actual shares of stock held in the Debtor or a membership interest held in the debtor or something else:  
Number of shares held or percentage of membership interest: \_\_\_\_\_  
Indicate if your Interest is based on anything else and describe that interest: \_\_\_\_\_

**Part 3: Sign Below**

The person completing this proof of interest must sign and date it. FRBP 9011(b).

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

A person who files a fraudulent form 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 interest holder.
- I am the interest holder'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 have examined the information in this *Proof of Interest* 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 10/25/2016  
MM/DD/YYYY

Signature: Amalia Ponce  
Name: AMALIA PONCE  
First name Middle name Last name

Title: \_\_\_\_\_

Company: \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 2234 ALLIES DR. APT 4  
Number Street  
MADISON WI 53711  
City State ZIP Code

Contact phone: (608) 515-7666  
amalia.keener@gmail.com



# 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:* (8612509)  
Amalia Ponce  
2234 Allied Drive, Apt 4  
Madison, WI 53711

**Claim No:** 259  
*Original Filed*  
*Date:* 11/22/2016  
*Original Entered*  
*Date:* 11/22/2016

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

Amount claimed: \$0.00

*History:*

[Details](#) [259-](#) 11/22/2016 [1](#) Claim #259 filed by Amalia Ponce, Amount claimed: \$0.00 (Marshall, Terri )

*Description:* (259-1) Benefits not paid

*Remarks:* (259-1) claimant did not put an amount in #7-indicated "don't know"

## 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>	\$0.00
<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>		