

Fill in this information to identify the case:

Debtor name: Joplin Residence Catering Co. Inc.
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (If known): 16-21142-060

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

ID: 2391
JOSHUA'S DISTRIBUTING LLC
5679 W COTTONWOOD LN
JOPLIN, MO 64801-8623

RECEIVED
NOV 18 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?

Joshua's Distributing LLC - Andrew Estep

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?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Joshua's Distributing LLC

Andrew Estep Tx ID# 43-1873046

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

Name

Name

5679 W. Cottonwood Ln.

Number Street

Number Street

Joplin MO 64801

City State ZIP Code

City State ZIP Code

Contact phone 417-540-4771

Contact phone _____

Contact email _____

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? _____

JQH Ct ID



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? \$ 415.00 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.
Dairy Products 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.

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 11-14-16
MM/DD/YYYY

Janet Estep
Signature

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

Name Janet R Estep
 First name Middle name Last name

Title Co-Owner

Company Joshua's Distributing LLC F20. TX ID 43-1873046
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 5679 W. Cottonwood Ln.
 Number Street

Joplin MO 64801
 City State ZIP Code

Contact phone 417-540-4771 Email Not at this time



39363467002391

JOSHUA'S DISTRIBUTING LLC
5679 W COTTONWOOD LN
JOPLIN, MO 64801-8623

572
ROUTE

Hiland Dairy Foods

6/3/16
DATE

2319283

CUST.#

SOLD TO: Residence Inn

JOSHUA'S DISTRIBUTING, L.L.C.

ADDRESS: 5679 W. COTTONWOOD LANE

CHARGE SIGNATURE *Paul Dal*

JOPLIN, MO 64801

QUAN.	ITEM	PRICE	AMOUNT	QUAN.	ITEM
5 GAL DISP	HOMO 2% SKIM CHOC SKM			MIX	4% VAN MIX 4% CHOC
GALLON	HOMO 2% 1% SKIM SKIM XTRA CHOC SKM			JUICES	GALLON OJ 1/2 GAL OJ PINT OJ PINT LEMONADE 8 oz OJ 4 oz OJ 1/2 GAL APPLE 4 oz APPLE 4 oz GRAPE 4 oz CRANBERRY
1/4 GALLON	HOMO 2% 1% 1% A/B SKIM SKIM XTRA CHOC PRM STRAWBERRY BUTRMILK LACTAID ORGANIC SOY SMART HEART			COT. CHEESE	4 PK CC SNACK CUP 12 PK CC INST 5# COTT CH 24oz COTT CH 16oz COTT CH
QUART	HOMO 2% SKIM CHOC PRM BUTRMILK HEALTH WISE 1/2 & 1/2 WHIP CRM EGG PRODUCT			SOUR CREAMS / DIPS	5# SR CRM 24oz SRCRM 16oz SRCRM 16oz ONION 16oz SW RAN 16oz CHIVE 16oz JALAPENO 8oz SR CRM 8oz ONION 8oz CHIVE 1oz BOX SC
PINT	HOMO 2% CHOC PRM CHOC SKIM STRWB VANILLA 1/2 & 1/2 EGG PROD			YOGURT	5# YOGURT 24oz YOG 6oz YOG 6oz FF/NSA 4oz YOG
50 50 75	HOMO 2% 1% SKIM CHOC SKIM STRAWBERRY VANILLA BTRMILK WHIP CRM	38 38 38	1900 1900 2850	BUTTER	LB 1/4 s HIL LB 1/4 s Salt Fr 1/2 LB 1/4 s HIL 1-LB SOLID ContChip 47 c 5lb Bulk Whp 8lb ButRCup 8oz Whip
1/2 PINT				OLEO	LB QTRS 1-lb SOLIDS 10lbCupsWhip
DRINKS	GAL DRINK GAL TAMPICO GAL WATER 1 L WATER 1/2 L WATER GAL TEA PINT TEA			HARD CHEESE	6# Am Uncut 5# Am 160slice 5# SwAm 160 slice 5# Sh Chedr 5# Sh Ch Fancy 5# ShMozFancy 16 oz Hard Cheese 8 oz Shred Cheese
				OTHER FOODS	Box 1/2 1/2 Crmr Box PFND Crmr Can Real 15oz TOPP Can ND 15oz TOPP Can ND 6.5oz TOPP 8 oz Sport Shake Eggs
				SALES TAX	
				TOTAL 66.50	

REV. 01/12

522 Hiland Dairy Foods

ROUTE

2319412

CUST.#

DATE

SOLD TO:

Residence Inn

JOSHUA'S DISTRIBUTING, L.L.C.
5679 W. COTTONWOOD LANE

ADDRESS:

CHARGE

SIGNATURE

Babe Dol

JOPLIN, MO 64801

417-781-8213

QUAN.	ITEM	PRICE	AMOUNT	QUAN.	ITEM	PRICE	AMOUNT
5 GAL DISB	HOMO				4% VAN MIX		
	2% SKIM				4% CHOC		
	CHOC SKM				GALLON OJ		
					1/2 GAL OJ		
					PINT OJ		
					PINT LEMONADE		
					8 oz OJ		
					4 oz OJ		
					1/2 GAL APPLE		
					4 oz APPLE		
					4 oz GRAPE		
					4 oz CRANBERRY		
					4 PK CC SNACK CUP		
					12 PK CC INST		
					5# COTT CH		
					24oz COTT CH		
					16oz COTT CH		
					5# SR CRM		
					24oz SRCRM		
					16oz SRCRM		
					16oz ONION		
					16oz SW RAN		
					16oz CHIVE		
					16oz JALAPENO		
					8oz SR CRM		
					8oz ONION		
					8oz CHIVE		
					1oz BOX SC		
					5# YOGURT		
					24oz YOG		
					6oz YOG		
					6oz FF/NSA		
					4oz YOG		
					LB 1/4 s HIL		
					LB 1/4 s Salt Fr		
					1/2 LB 1/4 s HIL		
					1-LB SOLID		
					ContChip 47 c		
					5lb Bulk Whp		
					8lb ButRCup		
					8oz Whip		
					LB QTRS		
					1-lb SOLIDS		
					10lbCupsWhip		
					5# Am Uncut		
					5# Am 160slice		
					5# SwAm 160 slice		
					5# Sh Chedr		
					5# Sh Ch Fancy		
					5# ShMozFancy		
					16 oz Hard Cheese		
					8 oz Shred Cheese		
					Box 1/2 1/2 Cmmr	2100	2100
					Box PFND Cmmr		
					Can Real 5oz TOPP		
					Can ND 15oz TOPP		
					Can ND 6.5oz TOPP		
					8 oz Sport Shake		
					Eggs		
					SALES TAX		
					TOTAL		87.50

REV. 01/12

CUST.# 2319434
 SOLD TO: Residence Inn
 ADDRESS: 5679 W. COTTONWOOD LANE
 CHARGE: JOPLIN, MO 64801
 SIGNATURE: 417-781-8213

QUAN.	ITEM	PRICE	AMOUNT	QUAN.	ITEM	PRICE	AMOUNT
5 GAL / DIBP	HOMO			MIX	4% VAN MIX		
	2% SKIM CHOC SKM				4% CHOC		
GALLON	HOMO			JURCES	GALLON OJ		
	2% 1% SKIM SKIM XTRA CHOC SKM				1/2 GAL OJ		
1/2 GALLON	HOMO			COT. CHEESE	PINT OJ		
	2% 1% 1% A/B SKIM SKIM XTRA CHOC PRM STRAWBERRY BUTRMILK LACTAID ORGANIC SOY SMART HEART				PINT LEMONADE		
QUART	HOMO			SOUR CREAMS / DIPS	8 oz OJ		
	2% 1% SKIM SKIM XTRA CHOC PRM STRAWBERRY BUTRMILK LACTAID ORGANIC SOY SMART HEART				4 oz OJ		
PINT	HOMO			YOGURT	1/2 GAL APPLE		
	2% CHOC PRM BUTRMILK HEALTH WISE 1/2 & 1/2 WHIP CRM EGG PRODUCT				4 oz APPLE		
1/2 PINT	HOMO			BUTTER	4 oz GRAPE		
	2% CHOC PRM CHOC SKIM STRWB VANILLA 1/2 & 1/2 EGG PROD				4 oz CRANBERRY		
100	HOMO	38	3800	OLEO	4 PK CC SNACK CUP		
	2%	38	2850		12 PK CC INST		
75	1%	38	2850	HARD CHEESE	5# COTT CH		
	SKIM CHOC SKIM STRAWBERRY VANILLA BTRMILK WHIP CRM				24oz COTT CH		
75	SKIM	38	2850	OTHER FOODS	16oz COTT CH		
	CHOC SKIM STRAWBERRY VANILLA BTRMILK WHIP CRM				5# SR CRM		
100	CHOC SKIM STRAWBERRY VANILLA BTRMILK WHIP CRM	38	3800	24oz SRCRM			
	GAL DRINK GAL TAMPICO GAL WATER 1 L WATER 1/2 L WATER GAL TEA PINT TEA			16oz SRCRM			
				SALES TAX			
				TOTAL 133.00			

REV. 01/12

572
ROUTE

Hiland Dairy Foods

6/20/16
DATE

2319435
CUST.#

SOLD TO: The Market JOSHUA'S DISTRIBUTING, L.L.C.

ADDRESS: Residence Inn 5679 W. COTTONWOOD LANE

CHARGE SIGNATURE _____ JOPLIN, MO 64801

417-781-5213

QUAN.	ITEM	PRICE	AMOUNT	QUAN.	ITEM	PRICE	AMOUNT
5 GAL DISP	HOMO 2% SKIM CHOC SKM			MIX	4% VAN MIX 4% CHOC		
	HOMO 1% SKIM SKIM XTRA CHOC SKM				JUICES	GALLON OJ 1/2 GAL OJ PINT OJ PINT LEMONADE 8 oz OJ 4 oz OJ 1/2 GAL APPLE 4 oz APPLE 4 oz GRAPE 4 oz CRANBERRY	
1/2 GALLON	HOMO 2% 1% A/B SKIM SKIM XTRA CHOC PRM STRAWBERRY BUTRMILK LACTAID ORGANIC SOY SMART HEART			COT. CHEESE		4 PK CC SNACK CUP 12 PK CC INST 5# COTT CH 24oz COTT. CH 16oz COTT CH	
	1/4 GALLON	HOMO 2% SKIM CHOC PRM BUTRMILK LACTAID ORGANIC SOY SMART HEART				SOUR CREAMS / DIPS	5# SR CRM 24oz SRCRM 16oz SRCRM 16oz ONION 16oz SW RAN 16oz CHIVE 16oz JALAPENO 8oz SR CRM 8oz ONION 8oz CHIVE 1oz BOX SC
QUART		HOMO 2% SKIM CHOC PRM BUTRMILK HEALTH WISE 1/2 & 1/2 WHIP CRM EGG PRODUCT			YOGURT		5# YOGURT 24oz YOG 6oz YOG 6oz FF/NSA 4oz YOG
	PINT	4 HOMO 2% CHOC PRM CHOC SKM STRWB VANILLA 1/2 & 1/2 EGG PROD	100 400 100 400			BUTTER	LB 1/4 s HIL LB 1/4 s Salt Fr 1/2 LB 1/4 s HIL 1-LB SOLID ContChip 47 c 5lb Bulk Whp 8lb ButRCup 8oz Whip
1/2 PINT		HOMO 2% SKIM CHOC SKIM STRAWBERRY VANILLA BTRMILK WHIP CRM			OLEO		LB QTRS 1-lb SOLIDS 10lbCupsWhip
	DRINKS	GAL DRINK GAL TAMPICO GAL WATER 1 L WATER 1/2 L WATER GAL TEA PINT TEA	100 400			HARD CHEESE	5# Am Uncut 5# Am 160slice 5# SwAm 160 slice 5# Sh Chedr 5# Sh Ch Fancy 5# ShMozFancy 16 oz Hard Cheese 8 oz Shred Cheese
DRINKS		4 GAL DRINK GAL TAMPICO GAL WATER 1 L WATER 1/2 L WATER GAL TEA PINT TEA	100 400		OTHER FOODS		Box 1/2 1/2 Cmm Box PFND Cmm Can Real 15oz TOPP Can ND 15oz TOPP Can ND 6.5oz TOPP 8 oz Sport Shake Eggs
	SALES TAX						
TOTAL				12.00			

REV. 01/12

[Handwritten Signature]

572
ROUTE

Hiland Dairy Foods

62316
DATE

2319464

CUST.#

SOLD TO: Residence Inn

JOSHUA'S DISTRIBUTING, L.L.C.

ADDRESS:

5679 W. COTTONWOOD LANE

CHARGE SIGNATURE *Bah Dol*

JOPLIN, MO 64801

417-781-8213

QUAN.	ITEM	PRICE	AMOUNT	QUAN.	ITEM	PRICE	AMOUNT
6 GAL DISC	HOMO			MIX	4% VAN MIX		
	2% SKIM				4% CHOC		
3 GAL DISC	CHOC SKIM			JUICES	GALLON OJ		
	HOMO				1/2 GAL OJ		
1/2 GALLON	2% SKIM			PINT OJ			
	1% SKIM			PINT LEMONADE			
1/2 GALLON	SKIM XTRA			8 oz OJ			
	CHOC SKIM			4 oz OJ			
QUART	HOMO			1/2 GAL APPLE			
	2% SKIM			4 oz APPLE			
QUART	1% SKIM			4 oz GRAPE			
	SKIM XTRA			4 oz CRANBERRY			
1/2 GALLON	CHOC PRM			COT. CHEESE	4 PK CC SNACK CUP		
	2% SKIM				12 PK CC INST		
1/2 GALLON	1% A/B			5# COTT CH			
	SKIM			24oz COTT CH			
1/2 GALLON	SKIM XTRA			16oz COTT CH			
	CHOC PRM			SOUR CREAMS / DIPS	5# SR CRM		
STRAWBERRY			24oz SRCRM				
QUART	BUTRMILK			18oz SRCRM			
	LACTAID			16oz ONION			
QUART	ORGANIC SOY			16oz SW RAN			
	SMART HEART			16oz CHIVE			
PINT	HOMO			16oz JALAPENO			
	2% SKIM			8oz SR CRM			
PINT	CHOC PRM			8oz ONION			
	BUTRMILK			8oz CHIVE			
PINT	HEALTH WISE			1oz BOX SC			
	1/2 & 1/2			YOGURT	5# YOGURT		
WHIP CRM			24oz YOG				
PINT	EGG PRODUCT			6oz YOG			
	HOMO			6oz FF/NSA			
PINT	2% SKIM			4oz YOG			
	CHOC PRM			BUTTER	LB 1/4 s HIL		
CHOC SKIM			LB 1/4 s Salt Fr				
PINT	STRWB			1/2 LB 1/4 s HIL			
	VANILLA			1-LB SOLID			
PINT	1/2 & 1/2			ContChip 47 c			
	EGG PROD			5lb Bulk Whp			
1/2 PINT	HOMO			8lb ButRCup			
	2% SKIM			8oz Whip			
1/2 PINT	CHOC SKIM			OLEO	LB QTRS		
	STRAWBERRY				1-lb SOLIDS		
1/2 PINT	VANILLA			10lbCupsWhip			
	BTRMILK			HARD CHEESE	5# Am Uncut		
WHIP CRM			5# Am 160slice				
DRINKS	GAL DRINK			5# SwAm 160 slice			
	GAL TAMPICO			5# Sh Chedr			
DRINKS	GAL WATER			5# Sh Ch Fancy			
	1-L WATER			5# ShMozFancy			
DRINKS	1/2 L WATER			16 oz Hard Cheese			
	GAL TEA			8 oz Shred Cheese			
DRINKS	PINT TEA			OTHER FOODS	Box 1/2-1/2 Crmr	2100	2100
					Box PFND Crmr		
					Can Real 15oz TOPP		
					Can ND 15oz TOPP		
					Can ND 6.5oz TOPP		
					8 oz Sport Shake		
					Eggs		
					SALES TAX		
					TOTAL		116.00

REV. 01/12

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: (8510011)
JOSHUAS DISTRIBUTING
LLC
5679 W COTTONWOOD LN
JOPLIN MO 64801

Claim No: 260
Original Filed
Date: 11/22/2016
Original Entered
Date: 11/22/2016

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

Amount claimed: \$415.00

History:

[Details](#) [260-](#) 11/22/2016 Claim #260 filed by JOSHUAS DISTRIBUTING LLC, Amount claimed: \$415.00
[1](#) (Marshall, Terri)

Description: (260-1) Goods Sold

Remarks: (260-1) Filed in Joplin Residence Catering Co. Inc.(16-21206)

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*	\$415.00
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		