

Fill in this information to identify the case:

Debtor name: Courtyard by Marriott OK/ahom3  
United States Bankruptcy Court for the District of Kansas at Kansas City  
Case number (if known): \_\_\_\_\_

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

ID: 1582  
DRAPES 4 SHOW INC.  
12811 FOOTHILL BLVD  
SYLMAR, CA 91342-5316

RECEIVED  
NOV 22 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?

Drapes 4 Show, 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?

Where should notices to the creditor be sent?

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

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

Drapes 4 Show, Inc.  
Name  
12811 Foothill Blvd.  
Number Street  
Sylmar, CA. 91342-5316  
City State ZIP Code

\_\_\_\_\_  
Name  
SEE LEFT  
Number Street  
\_\_\_\_\_  
City State ZIP Code

Contact phone (818) 493-5822  
Contact email jasonh@drapes.com

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? \_\_\_\_\_

JOH CH ID  
00206

**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? \$ 409.03 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.  
Product Sales

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:** Produced and delivered product/merchandise  
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:** \$ 409.03 (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:** \$ 409.03  
**Annual Interest Rate** (when case was filed) 24 %  
 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.

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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.

\$ 409.23

**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.

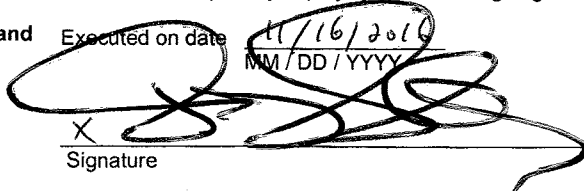
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 11/16/2010  
MM / DD / YYYY

X 

Signature

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

Name X Jason Honigberg  
 First name Middle name Last name

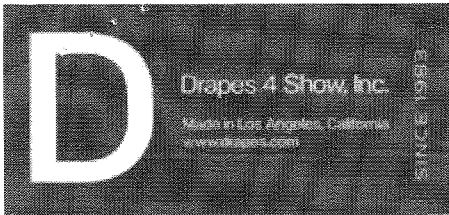
Title X President / CEO

Company Drapes 4 Show, Inc.  
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 12811 Featherhill Blvd.  
 Number Street

Sylmar, CA. 91342-5316  
 City State ZIP Code

Contact phone (818) 493-5822 Email JASONH@drapes.com



**Drapes 4 Show, Inc.**

12811 Foothill Blvd  
 Sylmar, CA 91342  
 Tel: 818-838-0852 Fax:818-365-0936  
 E-Mail: staff@drapes.com

**Invoice**

Date	Invoice #
6/2/16	54970

<b>Bill To</b>
Courtyard by Marriott Oklahoma City 2 W. Reno Ave. Oklahoma City, OK 73102 ATTN: Accounts Payable Dept.

<b>Ship To</b>
Courtyard by Marriott Oklahoma Attn: [REDACTED] 2 W. Reno Ave. Oklahoma City, OK 73102

S.O. No.	P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via	Project	Phone Number
53289	QUOTE...	Net 30	7/2/16	JQH	6/10/16	FedEx		

Item	Description	Ordered	Prev. Invoiced	Invoiced	Rate	Amount
15-do.20...	Dropovers, 6' x 30" Heritage fabric, Black, Flat Fitted, 100% Polyester F/R, 4 sides to the floor, Price per each.	7	0	7	54.35	380.45
Freight -...	Freight FedEx Package 1 Tracking #: 783266849762				28.78	28.78

A 2% or min. \$10.00/month late charge will be assessed on all past due accounts. Collection costs, including legal fees, will be added to past due accounts placed for collection.	<b>Subtotal</b>	\$409.23
	<b>Sales Tax (0.0%)</b>	\$0.00
	<b>Total</b>	\$409.23
	<b>Payments/Credits</b>	\$0.00
	<b>Balance Due</b>	\$409.23

# District of Kansas Claims Register

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

**Judge:** Robert D. Berger      **Chapter:** 11  
**Office:** Kansas City      **Last Date to file claims:** 12/23/2016  
**Trustee:**      **Last Date to file (Govt):**

<i>Creditor:</i> (8509337)	<b>Claim No:</b> 269	<i>Status:</i>
DRAPES 4 SHOW INC	<i>Original Filed</i>	<i>Filed by:</i> CR
12811 FOOTHILL ROAD	<i>Date:</i> 11/23/2016	<i>Entered by:</i> Terri Marshall
SYLMAR CA 91342	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 11/23/2016	

Amount claimed: \$409.23  
Priority claimed: \$409.23

*History:*

[Details](#)    [269-1](#)    11/23/2016 Claim #269 filed by DRAPES 4 SHOW INC, Amount claimed: \$409.23 (Marshall, Terri )

*Description:* (269-1) Services Performed

*Remarks:* (269-1) claimant indicated case is Courtyard by Marriott Oklahoma, no case number

## 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>	\$409.23
<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>	\$409.23	
<b>Administrative</b>		