

Fill in this information to identify the case:

Debtor name: Embassy Suites NW Arkansas
 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

Official Form 410

Proof of Claim

04/16

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

| | | |
|--|---|---|
| <p>1. Who is the current creditor?</p> | <p><u>Drapes 4 Show, Inc.</u> Name of the current creditor (the person or entity to paid for this claim) Other name the creditor used with the debtor _____</p> | |
| <p>2. Has this claim been acquired from someone else?</p> | <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p> | |
| <p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p> | <p>Where should notices to the creditor be sent?</p> <p><u>Drapes 4 Show, Inc.</u> Name <u>12811 Foothill Blvd.</u> Number Street <u>Sylmar, CA 91342-5316</u> City State ZIP Code Contact phone <u>(818) 493-5822</u> Contact email <u>jasonh@drapes.com</u></p> | <p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____</p> |
| <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p> | | |
| <p>4. Does this claim amend one already filed?</p> | <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p> | |
| <p>5. Do you know if anyone else has filed a proof of claim for this claim?</p> | <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____</p> | |

JQH Ch ID
 00210

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? \$ 671.28 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: \$ 671.28 (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: \$ 671.28

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.

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.

\$ 671.28

Part 3: Sign Below

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

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

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.

Check the appropriate box:

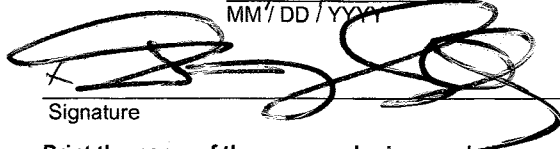
- ☒ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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.

Executed on date 11/16/2016
MM/DD/YYYY


Signature

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

Name X Jason Königberg
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 Foothill Blvd.
Number Street

Sylmar, CA 91342-5316
City State ZIP Code

Contact phone (818) 493-5802 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

Commercial Invoice

Date

Invoice #

6/8/16

55024

Bill To

Embassy Suites NW Arkansas
Attn: Accts Payable
3303 Pinnacle Hills Parkway
Rogers, AR 72758

Ship To

Embassy Suites NW Arkansas
████████████████████
3303 Pinnacle Hills Parkway
Rogers, AR 72758

| | | | | | | | | |
|--------------|---|--------|----------|---------|----------------|----------|---------|--------------|
| S.O. No. | P.O. No. | Terms | Due Date | Rep | Ship Date | Ship Via | Project | Phone Number |
| 53315 | 856240 | Net 30 | 7/8/16 | JQH | 6/10/16 | FedEx | | |
| Item | Description | | | Ordered | Prev. Invoiced | Invoiced | Rate | Amount |
| | **CUSTOMER PO# 856240 | | | | | | | |
| 15-tcc.6... | Trash Can Cover, 32 Gal, Spandex, Black. Opening Top & Bottom With 1/2" Black Elastic. Price per Each | | | 10 | 0 | 10 | 32.76 | 327.60 |
| 15-tcc.6... | Trash Can Cover- 23 Gallon - Slim Jim Standard Size, Spandex, Black. Price per each. | | | 10 | 0 | 10 | 32.381 | 323.81 |
| Freight -... | Freight | | | | | | 19.87 | 19.87 |
| | FedEx Package 1 Tracking #: 783309165218 | | | | | | | |
| Subtotal | | | | | | \$671.28 | | |

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.

Sales Tax (0.0%) \$0.00

Total \$671.28

Payments/Credits \$0.00

Balance Due - USD. \$671.28

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):

Creditor: (8509337)
DRAPES 4 SHOW INC
12811 FOOTHILL ROAD
SYLMAR CA 91342

Claim No: 273
Original Filed
Date: 11/23/2016
Original Entered
Date: 11/23/2016

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

Amount claimed: \$671.28

Priority claimed: \$671.28

History:

[Details](#) [273-1](#) 11/23/2016 Claim #273 filed by DRAPES 4 SHOW INC, Amount claimed: \$671.28 (Marshall, Terri)

Description: (273-1) Services Performed

Remarks: (273-1) claimant indicated case is Embassy Suites NW Arkansas, 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

| | |
|------------------------------|----------|
| Total Amount Claimed* | \$671.28 |
| 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 | \$671.28 | |
| Administrative | | |