

Fill in this information to identify the case:

Debtor 1 Hammons of Lincoln, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-21163

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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. Make such a request according to 11 U.S.C. § 503.

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.

Part 1: Identify the Claim

1. Who is the current creditor? Wells Fargo Vendor Financial Services, LLC
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor GE Capital c/o Ricoh USA Program

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? WFVFS - Bankruptcy
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Name: WFVFS - Bankruptcy
Number: PO Box 13708 Street: _____
City: Macon State: GA ZIP Code: 31208
Contact phone: 800-480-6513
Contact email: _____

Where should payments to the creditor be sent? (if different)
Name: WFVFS - Bankruptcy
Number: PO Box 931093 Street: _____
City: Atlanta State: GA ZIP Code: 31193
Contact phone: 800-480-6513
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 5 0 1

7. How much is the claim? \$ 7,649.24. 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.
Executory Contract/ Unexpired Lease

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. \$ 0.00

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- No
- Yes. Check one:

- 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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 11/21/2016
MM / DD / YYYY


Signature

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

Name Jennifer Susan Presnall-Harpe
First name Middle name Last name

Title Bankruptcy Analyst

Company Wells Fargo Vendor Financial Services, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1738 Bass Rd
Number Street

Macon GA 31210
City State ZIP Code

Contact phone 800-480-6513 Email jennifer.presnall-harpe@leasingconnection.com

**Wells Fargo Vendor Financial Services LLC
 FKA GE Capital Information Technology Solutions LLC**

**Debtor - Hammons of Lincoln, LLC
 Case # 16-21163**

| Customer | Contract | Effective Date | Term | Make | Model | Physical Serial # | Manufacturer Serial # | Pre-Petition | Remaining Lease Balance | Total Claim* |
|----------|----------|----------------|------|----------------|----------------------|------------------------|----------------------------|--------------|-------------------------|--------------|
| 1351255 | 3257501 | 12-10-2014 | 48 | Ricoh Ricoh | MP4002SP MP5002SP | C84093585 C84089884 | W524LB01273 W534LA00444 | \$ - | \$ 7,649.24 | \$ 7,649.24 |

**This is a contingent claim arising from an equipment lease, except for those amounts designated as "Pre-Petition Amounts Due". In the event this lease is rejected, all amounts asserted hereunder become a non-contingent liability of the debtor. The claim reflected herein is consistent with the Claimant's position that the contracts underlying the claims are true leases. In the event the contracts are recharacterized, Claimant reserves the right to amend this proof of claim to, among other things, assert secured claims against the estate for the value of the equipment that remains in the Debtor's possession or control. A portion of this claim may include post-petition property taxes.*

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):**

| | | |
|---|---|---|
| <p><i>Creditor:</i> (8615751) Wells Fargo Vendor Financial Services, LLC PO Box 13708 Macon, GA 31208</p> | <p>Claim No: 280 <i>Original Filed</i> Date: 11/29/2016 <i>Original Entered</i> Date: 11/29/2016</p> | <p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i></p> |
|---|---|---|

Amount claimed: \$7649.24

History:

[Details](#) [280-1](#) 11/29/2016 Claim #280 filed by Wells Fargo Vendor Financial Services, LLC, Amount claimed: \$7649.24 (Marshall, Terri)

Description: (280-1) Contract/Lease

Remarks: (280-1) Filed in Hammons of Lincoln LLC (16-21163)

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* | \$7649.24 |
| 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 | | |