

Fill in this information to identify the case:

Debtor 1 John Q. Hammons Fall 2006, LLC
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: District of Kansas
Case number 16-21142

RECEIVED
NOV 28 2016
BMC GROUP

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

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>WFVFS - Bankruptcy</u>	<u>WFVFS - Bankruptcy</u>
Name _____	Name _____
<u>PO Box 13708</u>	<u>PO Box 931093</u>
Number _____ Street _____	Number _____ Street _____
<u>Macon</u> <u>GA</u> <u>31208</u>	<u>Atlanta</u> <u>GA</u> <u>31193</u>
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
Contact phone <u>800-480-6513</u>	Contact phone <u>800-480-6513</u>
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? _____



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: 4 0 0 7

7. How much is the claim? \$ 37,272.64 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)?

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.

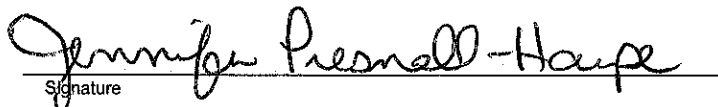
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 - John Q. Hammons Fall 2006, LLC
Case # 16-21142**

Customer	Contract	Effective Date	Term	Make	Model	Physical Serial #	Manufacturer Serial #	Pre-Petition	Remaining Lease Balance	Total Claim*
1351255	2984007	03-10-2013	48	Ricoh	MP301SPF	C85010883	W912PB03630	\$ -	\$ 2,777.27	\$ 2,777.27
1351255	2984007			Ricoh	MP2852SP	C85009429	W422LA01087			
1351255	2984007			Ricoh	MPC2051	C85009688	V9725900283			
1351255	2984007			Ricoh	MP3352SP	C85009437	W431LB00288			
1351255	3067634	07-10-2013	48	Ricoh	MPC3502	C85020900	W503L600197	\$ -	\$ 4,036.47	\$ 4,036.47
1351255	3067634			Ricoh	MP3352SP	C85020938	W433L400211			
1351255	3258174	11-10-2014	48	Ricoh	MPC5503	C82048073	E184M410386	\$ -	\$ 24,755.35	\$ 24,755.35
1351255	3258174			Ricoh	MP5002SP	C82048992	W534L901335			
1351255	3258174			Ricoh	MP301SPF	C82048614	W914P902168			
1351255	3258174			Ricoh	MP301SPF	C85057964	W914P901785			
1351255	3258174			Ricoh	MPC3503	C85057944	E164M910553			
1351255	3258174			Ricoh	MP5002SP	C85058796	W534LA00180			
1351255	3258174			Ricoh	MP301SPF	C84087028	W914P805640			
1351255	3258174			Ricoh	MP5002SP	C85058795	W534LA00548			
1351255	3428063	01-10-2016	48	Ricoh	MP4054SP	C85088383	G175R231616	\$ -	\$ 5,703.55	\$ 5,703.55
							Totals:	\$ -	\$ 37,272.64	\$ 37,272.64

**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: 287 <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: \$37272.64

History:

[Details](#) [287-1](#) 11/29/2016 Claim #287 filed by Wells Fargo Vendor Financial Services, LLC, Amount claimed: \$37272.64 (Marshall, Terri)

Description: (287-1) Contract/Lease

Remarks:

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*	\$37272.64
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		