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**Fill in this information to identify the case:**

Debtor 1 John Q. Hammons Hotels Management, LLC

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-21153

**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> Name <u>PO Box 13708</u> Number Street <u>Macon GA 31208</u> City State ZIP Code Contact phone <u>800-480-6513</u> Contact email _____	<u>WFVFS - Bankruptcy</u> Name <u>PO Box 931093</u> Number Street <u>Atlanta GA 31193</u> City State ZIP Code Contact phone <u>800-480-6513</u> 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: 0 9 0 9

7. How much is the claim? \$ 24,056.07. 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

Jennifer Presnall-Harpe  
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 Hotels Management, LLC  
Case # 16-21153**

Customer	Contract	Effective Date	Term	Make	Model	Physical Serial #	Manufacturer Serial #	Pre-Petition	Remaining Lease Balance	Total Claim*
1351255	2920909	07-10-2012	48	Ricoh	MPC3002	C84004649	W492L600312	\$ -	\$ 158.26	\$ 158.26
1351255	2983923	01-10-2013	48	Ricoh	MP2550B	C84011953	M6425800034	\$ -	\$ 557.94	\$ 557.94
1351255	3067344	07-10-2013	48	Ricoh	MPC4502	C84030901	W513L600862	\$ -	\$ 2,704.71	\$ 2,704.71
1351255	3067357	07-10-2013	48	Ricoh	MPC5502	C84031010	W543L600199	\$ -	\$ 3,026.16	\$ 3,026.16
1351255	3067395	07-10-2013	48	Ricoh	MPC2051	C84030771	V9735400213	\$ -	\$ 1,970.38	\$ 1,970.38
1351255	3120341	11-10-2013	48	Ricoh	MPC2551	C84045698	V9835800691	\$ -	\$ 2,195.61	\$ 2,195.61
1351255	3427376	01-10-2016	48	Ricoh	MP4054SP	C84143211	G175RA31389	\$ -	\$ 13,443.01	\$ 13,443.01
1351255	3427376			Ricoh	MPC4503	C84139320	E175MA10464			
							<b>Totals:</b>	<b>\$ -</b>	<b>\$ 24,056.07</b>	<b>\$ 24,056.07</b>

*\*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):**

<i>Creditor:</i> (8615751)	<b>Claim No:</b> 289	<i>Status:</i>
Wells Fargo Vendor Financial Services, LLC	<i>Original Filed</i>	<i>Filed by:</i> CR
PO Box 13708	<i>Date:</i> 11/29/2016	<i>Entered by:</i> Terri Marshall
Macon, GA 31208	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 11/29/2016	

Amount claimed: \$24056.07

*History:*

[Details](#)    [289-1](#)    11/29/2016 Claim #289 filed by Wells Fargo Vendor Financial Services, LLC, Amount claimed: \$24056.07 (Marshall, Terri )

*Description:* (289-1) Contract/Lease

*Remarks:* (289-1) filed in JQH-Hotels Management LLC (16-21153)

## 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>	\$24056.07
<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>		
<b>Administrative</b>		