| Fill in this                   | informatio   | n to identify th | e case:           |              |      |   |
|--------------------------------|--------------|------------------|-------------------|--------------|------|---|
| Debtor 1                       | Hammo        | ns of Hunts      | ville, LLC        | ·            |      |   |
|                                |              |                  |                   |              |      |   |
| Debtor 2<br>(Spouse, if filing | ng)          |                  |                   | <br><u> </u> | <br> | _ |
| United State                   | s Bankruptcy | Court for the: D | istrict of Kansas |              |      |   |
| Case number                    | er 16-211    | 154              | ./                |              |      |   |

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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.

| 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 |                        |                             |   |             |                                       |  |  |
|--|---|------------------------|-----------------------------|---|-------------|---------------------------------------|--|--|
| Has this claim been acquired from someone else?            | ☑ No<br>☐ Yes. From whom  |                        |                             |   |             |                                       |  |  |
| Where should notices and payments to the creditor be sent? | Where should notice   | es to the creditor     | be sent?                    | Where should payments to the creditor be sent? (if different) |             |                                       |  |  |
|  | WFVFS - Bankru  | ptcy                   |                             | WFVFS - Bankr   | uptcy       | <u> </u>                              |  |  |
| Federal Rule of<br>Bankruptcy Procedure                    | Name  |                        |                             |   | Name        |                                       |  |  |
| (FRBP) 2002(g)   | PO Box 13708  |                        |                             | PO Box 931093   |             |                                       |  |  |
|  | Number Street   |                        |                             | Number Street   |             | 24402                                 |  |  |
|  | Macon   | GA                     | 31208                       | Atlanta   | GA          | 31193<br>ZIP Code                     |  |  |
|  | City  | State                  | ZIP Code                    | City  | State       | ZIP Code                              |  |  |
|  | Contact phone 800-4   | 80-6513                |                             | Contact phone 800-480-6513                                    |             |                                       |  |  |
|  |   |                        |                             | •   |             |                                       |  |  |
|  | Contact email   |                        |                             | Contact email   |             |                                       |  |  |
|  |   |                        |                             |   | :           |                                       |  |  |
|  | Uniform claim identifier t  | for electronic navme   | nts in chapter 13 (if you u | ise one):   |             |                                       |  |  |
|  | Official claim (definite)   | or oloonoriio payiiloi |                             |   |             |                                       |  |  |
|  |   |                        |                             |   | <del></del> |                                       |  |  |
|  |   |                        |                             | 3   | <u> </u>    | · · · · · · · · · · · · · · · · · · · |  |  |
| Does this claim amend<br>one already filed?                |   |                        |                             |   | Print and   |                                       |  |  |
| one arready med r  | Yes. Claim num  | ber on court claim     | s registry (If Known)       | <del></del> .   | Filed on    | / DD / YYYY                           |  |  |
| Do you know if anyone else has filed a proof               | No Yes. Who made  | the earlier filing?    |                             |   |             |                                       |  |  |

| 3. | Do you have any number you use to identify the debtor? | No Yes.     | Last 4 digits of the debtor's account   | t or any n  | number you use to ide                          | entify the debtor: 7 4 5 3  |
|----|--|-------------|---|-------------|--|---|
| 7. | How much is the claim?                                 | \$          | 8,166.31 Do   | es this     | amount include inte                            | erest or other charges?   |
|    |  |             |   | No          |  |   |
|    |  |             |   | Yes. At     | tach statement itemi<br>narges required by B   | zing interest, fees, expenses, or other ankruptcy Rule 3001(c)(2)(A).                       |
|    | What is the basis of the claim?                        |             | es: Goods sold, money loaned, lease   |             |  | al injury or wrongful death, or credit card.  |
|    |  |             | closing information that is entitled to   |             |  |   |
|    |  | Execut      | ory Contract/ Unexpired Lea   | se          |  |   |
|    |  |             |   |             |  |   |
| ٠. | Is all or part of the claim secured?                   | ☑ No        | The claim is secured by a lien on p   | roportu     |  |   |
|    |  | 163.        |   | noperty.    |  |   |
|    |  |             | Nature of property:   | urad by t   | ha dahtara arincisal                           | maidana Sla a Maidana Duad of Olaina  |
|    |  |             | Attachment (Offic   |             | 410-A) with this <i>Proc</i>                   | residence, file a Mortgage Proof of Claim<br>of Claim.                                      |
|    |  |             | Motor vehicle Other. Describe:  |             |  |   |
|    |  |             |   |             |  |   |
|    |  |             | Basis for perfection:   |             |  |   |
|    |  |             | Attach redacted copies of documer example, a mortgage, lien, certificate been filed or recorded.) | nts, if any | y, that show evidence<br>e, financing statemen | e of perfection of a security interest (for<br>t, or other document that shows the lien has |
|    |  |             | book mod of roccidod.)  |             |  |   |
|    |  |             | Value of property:  |             | \$   |   |
|    |  |             | Amount of the claim that is secu  | red:        | \$   | <del></del>   |
|    |  |             | Amount of the claim that is unse  | cured:      | \$   | (The sum of the secured and unsecured amounts should match the amount in line 7             |
|    |  |             |   |             |  |   |
|    |  |             | Amount necessary to cure any d  | lefault as  | s of the date of the I                         | petition: \$  |
|    |  |             |   |             |  |   |
|    |  |             | Annual Interest Rate (when case   | was filed   | )%   |   |
|    |  |             | ☐ Fixed ☐ Variable  |             |  |   |
|    |  |             |   |             | · · · · · · · · · · · · · · · · · · ·          |   |
|    | lease?   | ☐ No        |   |             |  |   |
|    |  | Yes.        | Amount necessary to cure any de   | fault as    | of the date of the po                          | etition. \$0.00   |
|    |  |             |   |             |  |   |
| 1. | Is this claim subject to a                             | <b>☑</b> No |   |             |  |   |
| 1. | Is this claim subject to a right of setoff?            |             | dentify the property:   | ro moti     |  |   |

|   | <u> </u>  |   | <u> 1818 ya kata kata kata kata kata kata kata k</u>   |                                       |  |  |  |  |  |
|---|---|---|--|---------------------------------------|--|--|--|--|--|
| 12. Is all or part of the claim   | ☑ No  |   |  |                                       |  |  |  |  |  |
| entitled to priority under 11 U.S.C. § 507(a)?  | Yes. Check  | one:  |  | Amount entitled to priority           |  |  |  |  |  |
| A claim may be partly priority and partly   |   | c support obligations (including alimony and<br>C. § 507(a)(1)(A) or (a)(1)(B).                                   | \$   |                                       |  |  |  |  |  |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | 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). |   |  |                                       |  |  |  |  |  |
| ,   | bankrup   | salaries, or commissions (up to \$12,850*) e<br>toy petition is filed or the debtor's business<br>C. § 507(a)(4). | earned within 180 days before the ends, whichever is earlier.  | \$                                    |  |  |  |  |  |
| ·   | Taxes o   | r penalties owed to governmental units. 11  | U.S.C. § 507(a)(8).  | \$                                    |  |  |  |  |  |
|   | ☐ Contribu  | itions to an employee benefit plan. 11 U.S.C  | C. § 507(a)(5).  | \$ <u></u>                            |  |  |  |  |  |
|   | Other. S  | pecify subsection of 11 U.S.C. § 507(a)(  | ) that applies.  | \$                                    |  |  |  |  |  |
|   | * Amounts a   | re subject to adjustment on 4/01/19 and every 3 y   | ears after that for cases begun on or aff  | er the date of adjustment.            |  |  |  |  |  |
|   |   |   |  | <u> </u>                              |  |  |  |  |  |
| Part 3: Sign Below  |   |   | na salah |                                       |  |  |  |  |  |
| The person completing   | Check the appro   | priate box:   |  |                                       |  |  |  |  |  |
| this proof of claim must  |   |   |  |                                       |  |  |  |  |  |
| sign and date it.<br>FRBP 9011(b).  |   |   |  |                                       |  |  |  |  |  |
| If you file this claim  |   |   |  |                                       |  |  |  |  |  |
| electronically, FRBP  |   | stee, or the debtor, or their authorized agen   | • •  |                                       |  |  |  |  |  |
| 5005(a)(2) authorizes courts  | ☐ I am a guar   | antor, surety, endorser, or other codebtor. E   | sankrupicy Rule 3005.  |                                       |  |  |  |  |  |
| to establish local rules specifying what a signature  | I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the                       |   |  |                                       |  |  |  |  |  |
| is.   | amount of the cla   |   |  |                                       |  |  |  |  |  |
| A person who files a  |   | , and discussed gard and access of control of   | <b>,</b> ,,  |                                       |  |  |  |  |  |
| fraudulent claim could be<br>fined up to \$500,000,<br>imprisoned for up to 5                 | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.                |   |  |                                       |  |  |  |  |  |
| years, or both.<br>18 U.S.C. §§ 152, 157, and   | l declare under p   | I declare under penalty of perjury that the foregoing is true and correct.  |  |                                       |  |  |  |  |  |
| 3571.   | Executed on date 11/21/2016 MM / DD / YYYY  |   |  |                                       |  |  |  |  |  |
|   | Signature   | iputresnall Hay   |  |                                       |  |  |  |  |  |
|   | •   |   |  |                                       |  |  |  |  |  |
|   | Print the name  | of the person who is completing and sig   | ning this claim:   |                                       |  |  |  |  |  |
|   | Name Jennifer Susan Presnall-Harpe  |   |  |                                       |  |  |  |  |  |
|   | First name Middle name Last name  |   |  |                                       |  |  |  |  |  |
|   | Title Bankruptcy Analyst  |   |  |                                       |  |  |  |  |  |
|   | Company   | Wells Fargo Vendor Financial Se   | <u></u>  | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
|   |   | Identify the corporate servicer as the company  | if the authorized agent is a servicer.   |                                       |  |  |  |  |  |
|   | Addrogo   | 1738 Bass Rd  |  |                                       |  |  |  |  |  |
|   | Address   | Number Street   |  | <u></u>                               |  |  |  |  |  |
|   |   | Macon   | GA 31210   |                                       |  |  |  |  |  |
|   |   | City  | State ZIP Code   |                                       |  |  |  |  |  |
|   | 0-14-   |   | iennifer prespall-h  | arpe@leasingconnection.com            |  |  |  |  |  |
|   | Contact phone   | 800-480-6513  | Email Francisco Email  |                                       |  |  |  |  |  |

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

## Debtor - Hammons of Huntsville, LLC Case # 16-21154

|     |          |          | Effective  |      |       |          | Physical    | Manufacturer |              | Remaining     |              |
|-----|----------|----------|------------|------|-------|----------|-------------|--------------|--------------|---------------|--------------|
|     | Customer | Contract | Date       | Term | Make  | Model    | Serial #    | Serial #     | Pre-Petition | Lease Balance | Total Claim* |
|     | 1351255  | 3257453  | 11-10-2014 | 48   | Ricoh | MP2553SP | C83075573   | E744LA50028  | \$ -         | \$ 2,941.49   | \$ 2,941.49  |
| . [ | 1351255  | 3425005  | 01-10-2016 | 48   | Ricoh | MPC2503  | E215MA60394 | E215MA60394  | \$ -         | \$ 5,224.82   | \$ 5,224.82  |
| ſ   |          |          |            |      |       |          |             | Totals:      | \$ -         | \$ 8,166.31   | \$ 8,166.31  |

\*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):

Creditor: (8615751) Claim No: 290 Status: Wells Fargo Vendor Financial Original Filed Filed by: CR

Services, LLC Date: 11/29/2016 Entered by: Terri Marshall

PO Box 13708 Original Entered Modified:

Macon, GA 31208 Date: 11/29/2016

Amount claimed: \$8166.31

History:

<u>Details</u> <u>290-</u> 11/29/2016 Claim #290 filed by Wells Fargo Vendor Financial Services, LLC, Amount claimed:

\$8166.31 (Marshall, Terri)

Description: (290-1) Contract/Lease

Remarks: (290-1) Filed in Hammons of Huntsville (16-21154)

### **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*        | \$8166.31 |
|------------------------------|-----------|
| <b>Total Amount Allowed*</b> |           |

<sup>\*</sup>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 |         |         |