


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 16-21190

FILED
Kansas City, KS
NOV 07 2016
Clerk
U.S. Bankruptcy Court

Official Form 410

Proof of Claim

12/15

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? Dow Jones & Company Inc
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

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)
Name <u>Dow Jones & Co Inc</u>	Name _____
Number Street <u>PO Box 300</u>	Number Street _____
City State ZIP Code <u>Princeton NJ 08543</u>	City State ZIP Code _____
Contact phone <u>609-520-4000</u>	Contact phone _____
Contact email <u>accountsreceivable@dowjones.com</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? _____

JQH Ctl ID

00233

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 0

7. How much is the claim? \$ 412.80. 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.
services performed

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. \$ _____

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:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$2,775* 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 \$12,475*) 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 4/01/16 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 10/28/2016
MM / DD / YYYY


Signature

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

Name Karyn Greco
First name Middle name Last name

Title Sr. Director Global Finance

Company Dow Jones & Company Inc
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 300
Number Street

Princeton NJ 08543
City State ZIP Code

Contact phone 609-520-4000 Email accountsreceivable@dowjones.com

INVOICE

Page 1 of 3

INVOICE NUMBER	INVOICE DATE
96714701	07/11/2016
ACCOUNT NUMBER	PO NUMBER
0849984000	
INVOICING PERIOD	
06/01/2016 TO 06/30/2016	

SHERATON SIOUX FALLS & CONV CT
1211 WEST AVENUE NORTH
SIOUX FALLS, SD 57104

AMOUNT DUE

USD 211.20

NET DUE 30 DAYS

AMENITY INVOICE SUMMARY

GROSS AMOUNT: USD 211.20 **RETURN/S/NA CREDIT:** USD 0.00 **TERMS:** NET DUE 30 DAYS
TAX: USD 0.00 **AMOUNT DUE:** USD 211.20

THE WALL STREET JOURNAL						
DATE	DRAW	S/NA	RETURNS	RATE (USD)	SALE	AMOUNT (USD)
Acct: 0849984000 - SHERATON SIOUX FALLS & CONV CT						
06/01/2016	20	0	0	0.4800	20	9.60
06/02/2016	20	0	0	0.4800	20	9.60
06/03/2016	20	0	0	0.4800	20	9.60
06/06/2016	20	0	0	0.4800	20	9.60
06/07/2016	20	0	0	0.4800	20	9.60
06/08/2016	20	0	0	0.4800	20	9.60
06/09/2016	20	0	0	0.4800	20	9.60
06/10/2016	20	0	0	0.4800	20	9.60
06/13/2016	20	0	0	0.4800	20	9.60
06/14/2016	20	0	0	0.4800	20	9.60

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SEE REVERSE SIDE FOR INSTRUCTIONS AND DOW JONES RETURN POLICY

PLEASE NOTE YOUR ACCOUNT NUMBER AND INVOICE NUMBER ON THE REMITTANCE

BILL - TO NAME	
SHERATON SIOUX FALLS & CONV CT	
ACCOUNT NUMBER	
0849984000	
INVOICE NUMBER	INVOICE DATE
96714701	07/11/2016

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AMOUNT DUE: USD 211.20

PLEASE SEND YOUR REMITTANCE TO:
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DOW JONES & CO.
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NEW YORK NY 10261-4137

WIRE INSTRUCTIONS:
JP MORGAN CHASE ABA#: 021000021
DOW JONES & CO. ACCT NO. 140024880
WIRE TRANSFER SWIFT: CHASUS33

4 02 11 000008499842 96714701 5 000021120

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06/17/2016	20	0	0	0.4800	20	9.60
06/20/2016	20	0	0	0.4800	20	9.60
06/21/2016	20	0	0	0.4800	20	9.60
06/22/2016	20	0	0	0.4800	20	9.60
06/23/2016	20	0	0	0.4800	20	9.60
06/24/2016	20	0	0	0.4800	20	9.60
06/27/2016	20	0	0	0.4800	20	9.60
06/28/2016	20	0	0	0.4800	20	9.60
06/29/2016	20	0	0	0.4800	20	9.60
06/30/2016	20	0	0	0.4800	20	9.60
	440	0	0		440	211.20
TOTAL	440	0	0		440	211.20

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05/05/2016	20	0	0	0.4800	20	9.60
05/06/2016	20	0	0	0.4800	20	9.60
05/09/2016	20	0	0	0.4800	20	9.60
05/10/2016	20	0	0	0.4800	20	9.60
05/11/2016	20	0	0	0.4800	20	9.60
05/12/2016	20	0	0	0.4800	20	9.60
05/13/2016	20	0	0	0.4800	20	9.60

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05/16/2016	20	0	0	0.4800	20	9.60
05/17/2016	20	0	0	0.4800	20	9.60
05/18/2016	20	0	0	0.4800	20	9.60
05/19/2016	20	0	0	0.4800	20	9.60
05/20/2016	20	0	0	0.4800	20	9.60
05/23/2016	20	0	0	0.4800	20	9.60
05/24/2016	20	0	0	0.4800	20	9.60
05/25/2016	20	0	0	0.4800	20	9.60
05/26/2016	20	0	0	0.4800	20	9.60
05/27/2016	20	0	0	0.4800	20	9.60
05/31/2016	20	0	0	0.4800	20	9.60
	420	0	0		420	201.60
TOTAL	420	0	0		420	201.60

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4 02 11 000008499842 96709187 5 000020160

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: (8616030) **Claim No:** 296 *Status:*
Dow Jones & Co Inc. *Original Filed* *Filed by:* CR
PO Box 300 *Date:* 11/29/2016 *Entered by:* Terri Marshall
Princeton, NJ 08543 *Original Entered* *Modified:*
Date: 11/29/2016

Amount claimed: \$412.80

History:

[Details](#) [296-1](#) 11/29/2016 Claim #296 filed by Dow Jones & Co Inc., Amount claimed: \$412.80 (Marshall, Terri)

Description: (296-1) Services Performed

Remarks: (296-1) KSB Filed 11/07/16; ECF by Claims Agent 11/29/16, main case indicated but case number is 16-21190

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*	\$412.80
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		