

Fill in this information to identify the case:

Debtor name: _____
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (If known): _____

See Appendix A to bar date notice for list of debtors and case numbers.

ID: 680
MEDCO WHOLESALE DISTRIBUTOR
102A SYLVANIA AVE
FOLSOM, PA 19033-1941

RECEIVED
NOV 30 2016
BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
THIS SPACE IS FOR COURT USE ONLY

04/16

Official Form 410
Proof of Claim

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, except for administrative expenses under 11 U.S.C. § 503(b)(9).

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.

The original of this completed form (faxes not accepted), together with accompanying documentation, must be either (a) delivered to the Claims and Noticing Agent at the address set forth on the Bar Date Notice, or (b) filed using the online Document Filing System (CM/ECF) of the United States Bankruptcy Court for the District of Kansas, in either event so as to be received no later than 5:00 p.m. CST on the December 23, 2016.

Part 1: Identify the Claim

1. Who is the current creditor?
MEDCO WHOLESALE DISTRIBUTOR.
Name of the current creditor (the person or entity to paid for this claim)
Other name the creditor used with the debtor Vendtech Systems, LLC T/A Medco Wholesale Distributor.

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?
Medco Wholesale Distributor.
Name
102 Sylvania Ave. Suite A.
Number Street
Folsom PA 19033
City State ZIP Code
Where should payments to the creditor be sent? (if different)
- Same -
Name
Number Street
City State ZIP Code
Contact phone 610-522-1330
Contact phone _____
Contact email amir2@medcowholesale.com
(amir2@medcowholesale.com)
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 Ct ID
00250

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. How much is the claim? \$ \$ 3967.59. 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.
GOODS SOLD -

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:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* 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.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? No
 Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____

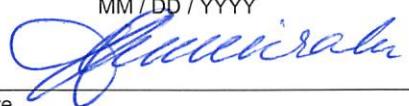
Part 3: Sign Below

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 11/22/2016
 MM/DD/YYYY

Signature 

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

Name AMIR ALI DAWDANI
 First name Middle name Last name

Title PRESIDENT/OWNER

Company Vendtek Systems, LLC TIA Medco Wholesale Distributor
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 102-A, Sylvania Avenue
 Number Street

Folsom PA 19033
 City State ZIP Code

Contact phone 610-522-1330 Email amir@d@medcowholesale.com



39363467000680

MEDCO WHOLESALE DISTRIBUTOR
102A SYLVANIA AVE
FOLSOM, PA 19033-1941

Medco Wholesale Distributor

102-A Sylvania Ave.
Folsom, PA 19033

Invoice

Federal I.D. #: 20-1320696

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Date	Invoice #
6/23/2016	ESRAK1135

Bill To
Embassy Suites Rogers Arkansas 3303 Pinnacle Hills Parkway Rogers, Arkansas 72758 Attn: Andria Masters (Rest.Mgr) Tel :479-254-8400

Ship To
Embassy Suites Rogers Arkansas 3303 Pinnacle Hills Parkway Rogers, Arkansas 72758 Attn: Andria Masters (Rest.Mgr) Tel :479-254-8400

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH859456	Net 30	06/23/2016	6/23/2016	UPS	RD

Quantity	Description	Unit Price	Backordered	Amount
1	Skittles Original Fruit (36ct)	27.00		27.00
3	SmartPhone Digital Earbuds w/mic.	3.95		11.85
6	Android 2pc Data Sync + Wall charger	4.95		29.70
6	I-Phone 6 2pc Data Sync+Wall Charger Carded	4.95		29.70
6	ORB I-Phone5 Data Sync Cable+Wall Charger Blister	6.95		41.70
1	Soft Batch (Keebler) (2oz) (12ct)	7.92		7.92
1	Nabisco Chips Ahoy Single Serve (12ct)	7.08		7.08
1	Nabisco Oreo Single Serve (12ct)	7.08		7.08
1	Nabisco Nutter Butter Single Serve (12ct)	7.08		7.08
6	Dove Go Fresh 0.5oz Blister Pk	2.05		12.30
6	Tresemme Xtra Hold Hairspray (2 oz)	1.34		8.04
6	Jergens Ultra Healing Lotion 1oz Blister Pk	1.29		7.74
6	Nivea Body Lotion 1oz	0.99		5.94
1	Keebler Crackers Cheese & Peanut Butter 1.8oz. (12 ct)	6.60		6.60
1	Kind Pomeg.Blueberry Pistachio+Anti Oxidant (1.4oz) bx/12	20.88		20.88
1	Kind Plus Cranberry Almond + Antioxidants (1.4oz)bx/12	20.88		20.88
12	Advil Tablets 2ct Box-Blister	0.59		7.08
12	Aleve Caplet (1ct) Box-blister	0.64		7.68
1	Nature Valley Granola Bars Oats 'N Honey (1.5oz) (28ct)	12.60		12.60
4	Planters Trail Mix Fruit & Nut 2oz (72/bx)	64.08		256.32
6	Swim Arm Bands Carded	1.39		8.34
6	Swim Goggles Deluxe Carded	1.59		9.54
1	Trident White Spearmint (16 pcs/9pk)	8.82		8.82
1	Extra Spearmint Slim Pack (15 sticks) (10ct.)	10.50		10.50
1	Kind Plus Almond Cashew + Omega-3 (1.4oz) bx/12	20.88		20.88
	Subtotal			593.25
	SHIPPING CHARGED CUSTOMERS	0.00		0.00
	FUEL & INSURANCE	15.13		15.13
	UPS HANDLING FEES	5.00		5.00
	Total # of Boxes (2) 47 lbs, 28 lbs ups tracking # 1Z 186 89W 03 6090 1799			

Make all checks payable to Medco Wholesale Distributor
THANK YOU FOR YOUR BUSINESS!

Total \$613.38

*Please inspect the order and report any damages, shortages or errors within 24 hours of delivery.

ALL SALES ARE FINAL. NO REFUNDS. ALL MERCHANDISE COVERED BY MANUFACTURER'S WARRANTY ONLY.
A SERVICE CHARGE OF 1.5% PER MONTH SHALL BE APPLIED TO ALL PAST DUE ACCOUNTS.

A CHARGE SHALL BE APPLIED FOR ALL DISHONORED CHECKS. A RESTOCKING CHARGE MAY BE ADDED FOR RETURNED GOODS.

Invoice

Federal I.D. #: 20-1320696

Medco Wholesale Distributor

102-A Sylvania Ave.

Folsom, PA 19033

Date	Invoice #
6/14/2016	ESRAK1134

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Bill To
Embassy Suites Rogers Arkansas 3303 Pinnacle Hills Parkway Rogers, Arkansas 72758 Attn: Andria Masters (Rest.Mgr) Tel :479-254-8400

Ship To
Embassy Suites Rogers Arkansas 3303 Pinnacle Hills Parkway Rogers, Arkansas 72758 Attn: Andria Masters (Rest.Mgr) Tel :479-254-8400

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH856712	Net 30	06/13/2016	6/14/2016	UPS	DI

Quantity	Description	Unit Price	Backordered	Amount
6	Johnson & Johnson Baby Shampoo 44 ml (Travel Size)	0.75		4.50
1	Mike & Ike Berry Blast (5oz) 12ct/bx	15.00		15.00
4	I-Phone5 Headphone w/case & hang tag	4.95		19.80
6	Android 2pc Data Sync + Wall charger	4.95		29.70
3	ORB I-Phone5 Data Sync Cable+Wall Charger Blister	6.95		20.85
1	Nabisco Ritz Bits Cheese Single Serve(12ct)	7.08		7.08
1	Nabisco Fig Newton Single Serve (12ct)	7.08		7.08
1	Keebler Vienna Fingers (12ct)	8.26		8.26
6	Dove Go Fresh 0.5oz Blister Pk	2.05		12.30
8	Kleenex Pocket Tissue (8ct)	0.40		3.20
6	Umbrella Mini with Pouch (Travel Size)	2.95		17.70
6	Samy Styling Mist DuoH/Spray & Gel (1.75oz)	0.79		4.74
6	Jergens Ultra Healing Lotion 1oz Blister Pk	1.29		7.74
6	Aveeno Daily Moist. Lotion Blister 1oz	1.55		9.30
1	Keebler Crackers Toast & Peanut Butter 1.8oz (12ct)	6.60		6.60
1	Kind Fruit & Nut Bar Delight (1.4oz) bx/12	19.08		19.08
1	Kind Almond & Coconut Bar (1.4oz) bx/12	19.08		19.08
1	Kind Plus Almond Walnut Macadamia + Protein (1.4oz) bx/12	20.88		20.88
2	Kind Dark Choc. Nuts & Sea Salt 1.4oz bx/12	19.08		38.16
12	Carmex Dry Chapped Lips	1.55		18.60
1	Life Savers 5 Flavor (20ct.)	10.40		10.40
1	Tic Tac Big Pack Orange 1oz (12 ct)	12.96		12.96
1	Mentos Singles Mint 15ct	12.75		12.75
1	Mentos Singles Fruit 15ct	12.75		12.75
12	Pantene Shampoo Blister Pk (1.7oz)	1.59		19.08
1	Nature Valley Granola Bars Straw/Yog (1.2oz) (16ct)	10.72		10.72
1	Nature Valley Granola Bars Peanut Butter (1.5oz) (28ct)	12.60		12.60
12	Band Aids Travel Size (8strips)(12/Bx)	1.09		13.08
6	Scope Mouthwash (Green) Original Mint (1.49oz)	0.80		4.80
6	Legal Pads Large	0.85		5.10
6	Legal Pads Medium	0.65		3.90
6	Johnson & Johnson Dental Floss 55 yds	1.57		9.42

Make all checks payable to Medco Wholesale Distributor
THANK YOU FOR YOUR BUSINESS!

Total

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A CHARGE SHALL BE APPLIED FOR ALL DISHONORED CHECKS. A RESTOCKING CHARGE MAY BE ADDED FOR RETURNED GOODS.

Medco Wholesale Distributor
 102-A Sylvania Ave.
 Folsom, PA 19033

Invoice

Federal I.D. #: 20-1320696

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Date	Invoice #
6/14/2016	ESRAK1134

Bill To
Embassy Suites Rogers Arkansas 3303 Pinnacle Hills Parkway Rogers, Arkansas 72758 Attn: Andria Masters (Rest.Mgr) Tel :479-254-8400

Ship To
Embassy Suites Rogers Arkansas 3303 Pinnacle Hills Parkway Rogers, Arkansas 72758 Attn: Andria Masters (Rest.Mgr) Tel :479-254-8400

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH856712	Net 30	06/13/2016	6/14/2016	UPS	DI

Quantity	Description	Unit Price	Backordered	Amount
6	Kotex Maxi Plus 10ct (soft & smooth)	1.09		6.54
6	Tampax Regular (10ct)	2.49		14.94
	Subtotal			438.69
	SHIPPING CHARGED CUSTOMERS	0.00		0.00
	FUEL & INSURANCE	9.37		9.37
	UPS HANDLING FEES	5.00		5.00
	TOTAL # OF BOXES (1) 48.4lbs ups tracking # 1Z 186 89W 03 5858 2246			

Make all checks payable to Medco Wholesale Distributor THANK YOU FOR YOUR BUSINESS!	Total \$453.06
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*Please inspect the order and report any damages, shortages or errors within 24 hours of delivery.

Invoice

Federal I.D. #: 20-1320696

Medco Wholesale Distributor

102-A Sylvania Ave.

Folsom, PA 19033

Date	Invoice #
6/2/2016	ESRAK1133

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Bill To
Embassy Suites Rogers Arkansas 3303 Pinnacle Hills Parkway Rogers, Arkansas 72758 Attn: Andria Masters (Rest.Mgr) Tel :479-254-8400

Ship To
Embassy Suites Rogers Arkansas 3303 Pinnacle Hills Parkway Rogers, Arkansas 72758 Attn: Andria Masters (Rest.Mgr) Tel :479-254-8400

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH853413	Net 30	06/01/2016	6/2/2016	UPS	AD

Quantity	Description	Unit Price	Backordered	Amount
1	Bite Size Sour Patch Kids (5oz)/12	23.76		23.76
1	Hershey Milk Chocolate (36ct)	27.00		27.00
1	M & M Milk Chocolate (36ct)	27.00		27.00
1	M & M Peanut Chocolate (48ct)	36.00		36.00
1	Nestle Butter Finger (36 ct)	27.00		27.00
1	Nestle Crunch (36ct)	27.00		27.00
1	York Peppermint Patties (36ct)	27.00		27.00
3	I-Phone5 Headphone w/case & hang tag	4.95		14.85
1	Nabisco Ritz Bits Cheese Single Serve (12ct)	7.08		7.08
1	Nabisco Ritz Bits Peanut Butter Single Serve (12ct)	7.08		7.08
1	Nabisco Fig Newton Single Serve (12ct)	7.08		7.08
8	Kleenex Pocket Tissue (8ct)	0.40		3.20
6	Lighter Electronic 2 pk Asst.	1.49		8.94
6	Hair Brush Small Asstd. Blister Pk.	1.59		9.54
6	Tresemme Xtra Hold Hairspray (2 oz)	1.34		8.04
6	St Ives Apricot Face Scrub (1oz) Blister	1.69		10.14
1	Keebler Crackers Cheese & Peanut Butter 1.8oz (12 ct)	6.60		6.60
1	Keebler Crackers Club & Cheddar 1.8oz (12ct)	6.60		6.60
1	Easy Mac Triple Cheese (2.5oz) (10ct.)	14.90		14.90
1	Kind Fruit & Nut Bar Delight (1.4oz) bx/12	19.08		19.08
1	Kind Almond & Coconut Bar (1.4oz) bx/12	19.08		19.08
1	Kind Plus Almond Walnut Macadamia + Protein (1.4oz) bx/12	20.88		20.88
1	Kind Dark Choc. Nuts & Sea Salt 1.4oz bx/12	19.08		19.08
6	Gas -X Xtra Strength Soft Gel (10ct) Box	3.63		21.78
12	Tylenol Xt.Strength 2ct Box-Blister	0.68		8.16
1	Nature Valley Granola Bars Straw/Yog (1.2oz) (16ct)	10.72		10.72
12	Band Aids Travel Size (8strips)(12/Bx)	1.09		13.08
6	Renu Multi Purpose Solution (2oz)	2.09		12.54
12	Q-Tips Carded (30ct)	1.18		14.16
6	Swim Rings Carded	1.59		9.54
	(SEE NEXT PAGE)			

Make all checks payable to Medco Wholesale Distributor
THANK YOU FOR YOUR BUSINESS!

Total

*Please inspect the order and report any damages, shortages or errors within 24 hours of delivery.

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A CHARGE SHALL BE APPLIED FOR ALL DISHONORED CHECKS. A RESTOCKING CHARGE MAY BE ADDED FOR RETURNED GOODS.

Invoice

Federal I.D. #: 20-1320696

Medco Wholesale Distributor
 102-A Sylvania Ave.
 Folsom, PA 19033

Date	Invoice #
6/2/2016	ESRAK1133

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholcsale.com

Bill To
Embassy Suites Rogers Arkansas 3303 Pinnacle Hills Parkway Rogers, Arkansas 72758 Attn: Andria Masters (Rest.Mgr) Tel :479-254-8400

Ship To
Embassy Suites Rogers Arkansas 3303 Pinnacle Hills Parkway Rogers, Arkansas 72758 Attn: Andria Masters (Rest.Mgr) Tel :479-254-8400

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH853413	Net 30	06/01/2016	6/2/2016	UPS	AD

Quantity	Description	Unit Price	Backordered	Amount
6	Tampax Super Plus (10ct)	2.54		15.24
	Subtotal			482.15
	SHIPPING CHARGED CUSTOMERS	0.00		0.00
	FUEL & INSURANCE	9.61		9.61
	UPS HANDLING FEES	5.00		5.00
	Total # of Boxes = 1 (59.4 lbs)			
	ups tracking # 1Z 186 89W 03 5826 4858			

Make all checks payable to Medco Wholesale Distributor THANK YOU FOR YOUR BUSINESS!	Total \$496.76
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*Please inspect the order and report any damages, shortages or errors within 24 hours of delivery.

Invoice

Federal I.D. #: 20-1320696

Medco Wholesale Distributor
 102-A Sylvania Ave.
 Folsom, PA 19033

Date	Invoice #
6/13/2016	ESNOK1089

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Bill To
Embassy Suites Norman 2501 Conference Drive Norman, OK 73069 Tel # 405-364-8040 Attn: Rudy (Rest Mgr)

Ship To
Embassy Suites Norman 2501 Conference Drive Norman, OK 73069 Tel # 405-364-8040 Attn: Rudy (Rest Mgr)

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH856375	Net 30	06/13/2016	6/13/2016	UPS	DI

Quantity	Description	Unit Price	Backordered	Amount
6	I-Phone 6 2pc Data Sync+Wall Charger Carded	4.95		29.70
6	Android 2pc Data Sync + Wall charger	4.95		29.70
3	L.A.Colors Eyes Mascara Carded	2.69		8.07
6	Bobby Pins Jumbo Carded	0.69		4.14
6	Tresemme Xtra Hold H.Spray2oz Blister	1.77		10.62
6	Aveeno Daily Moist. Lotion Blister1oz	1.55		9.30
6	Pantene Conditioner 1.7 oz Blister Pk	1.59		9.54
6	Pantene Shampoo Blister Pk (1.7oz)	1.59		9.54
6	Trim Nail Clippers Carded	0.79		4.74
	Subtotal			115.35
	SHIPPING CHARGED CUSTOMERS	9.83		9.83
	TOTAL # OF BOXES 91) 7.0lbs			
	ups tracking # 1Z 186 89W 03 60223192			

Make all checks payable to Medco Wholesale Distributor THANK YOU FOR YOUR BUSINESS!	Total \$125.18
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*Please inspect the order and report any damages, shortages or errors within 24 hours of delivery.

Invoice

Federal I.D. #: 20-1320696

Medco Wholesale Distributor

102-A Sylvania Ave.

Folsom, PA 19033

Date	Invoice #
6/13/2016	ESNOK1088

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Bill To
Embassy Suites Norman 2501 Conference Drive Norman, OK 73069 Tel # 405-364-8040 Attn: Rudy (Rest Mgr)

Ship To
Embassy Suites Norman 2501 Conference Drive Norman, OK 73069 Tel # 405-364-8040 Attn: Rudy (Rest Mgr)

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH856351	Net 30	06/13/2016	6/13/2016	UPS	DI

Quantity	Description	Unit Price	Backordered	Amount
1	3 Musketeers (36ct.)	27.00		27.00
1	Hershey Almond Chocolate (36ct)	27.00		27.00
1	Hershey Milk Chocolate (36ct)	27.00		27.00
1	M & M Milk Chocolate (36ct)	27.00		27.00
1	Reeses Peanut Butter Cups (36ct/bx)	27.00		27.00
1	Skittles Original Fruit (36ct)	27.00		27.00
1	Twix Caramel Cookie Bars (36ct)	27.00		27.00
24	Aleve Caplet (1ct) Box-blister	0.64		15.36
12	Claritin Non Drowsy 1ct Tab Box-Blister	1.59		19.08
12	Motrin Caplet 2ct Box-Blister	0.64		7.68
12	Peptobismol Caplets 2ct box-Blister	0.64		7.68
24	Tylenol Xt.Strength 2ct Box-Blister	0.68		16.32
12	Zantac 75 1ct Tab. Box-Blister	0.66		7.92
1	Mentos Singles Fruit 15ct	12.75		12.75
1	Altoids Peppermint 12pk/box 1.76oz	21.84		21.84
1	Altoids Spearmint 12pk/box 1.76 oz	21.84		21.84
1	Altoids Wintergreen 12pk/box 1.76oz	21.84		21.84
	Subtotal			341.31
	SHIPPING CHARGED CUSTOMERS	0.00		0.00
	FUEL & INSURANCE	8.56		8.56
	UPS HANDLING FEES	5.00		5.00
	TOTAL # OF BOXES (1) 43.6lbs			
	ups tracking # 1Z 186 89W 03 6061 0835			

Make all checks payable to Medco Wholesale Distributor
THANK YOU FOR YOUR BUSINESS!

Total \$354.87

*Please inspect the order and report any damages, shortages or errors within 24 hours of delivery.

Invoice

Federal I.D. #: 20-1320696

Medco Wholesale Distributor
 102-A Sylvania Ave.
 Folsom, PA 19033

Date	Invoice #
6/2/2016	ESNOK1087

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Bill To
Embassy Suites Norman 2501 Conference Drive Norman, OK 73069 Tel # 405-364-8040 Attn: Rudy (Rest Mgr)

Ship To
Embassy Suites Norman 2501 Conference Drive Norman, OK 73069 Tel # 405-364-8040 Attn: Rudy (Rest Mgr)

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH853609	Net 30	06/02/2016	6/2/2016	UPS	RD

Quantity	Description	Unit Price	Backordered	Amount
2	Starburst Original Fruit Chews (36ct)	27.00		54.00
	Subtotal			54.00
	SHIPPING CHARGED CUSTOMERS Total # of Boxes = 1 (10.6 lbs) ups tracking # 1Z 186 89W 03 6095 5286	10.46		10.46

Make all checks payable to Medco Wholesale Distributor THANK YOU FOR YOUR BUSINESS!	Total \$64.46
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*Please inspect the order and report any damages, shortages or errors within 24 hours of delivery.

Medco Wholesale Distributor
 102-A Sylvania Ave.
 Folsom, PA 19033

Invoice

Federal I.D. #: 20-1320696

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Date	Invoice #
6/6/2016	ESLNE1054

Bill To
Embassy Suites La Vista 12520 Westport La Vista, NE 68128 Tel : (402)331-7400 Attn: Justin Lemonds (GM)

Ship To
Embassy Suites La Vista 12520 Westport La Vista, NE 68128 Tel : (402)331-7400 Attn: Justin Lemonds (GM)

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH854396	Net 30	06/05/2016	6/6/2016	UPS	DI

Quantity	Description	Unit Price	Backordered	Amount
12	Secret Ladies (1.7oz)	2.09		25.08
12	Playing Cards Aviator Poker 12/Bx	1.48		17.76
6	Safety Pins Carded (25ct)Asst.Sizes	1.04		6.24
6	Tide to GO Pen (Stain & Spot Remover) Blister PK	2.99		17.94
6	Tresemme Xtra Hold H.Spray2oz Blister	1.77		10.62
6	Vaseline Lip Therapy (0.35 oz)	1.17		7.02
12	Advil Congestion 1ct Box-Blister	0.91		10.92
12	Advil Caplets (tubes) Vials (10ct)	2.69		32.28
1	Mentos Singles Fruit 15ct	12.75		12.75
1	Mentos Singles Mint 15ct	12.75		12.75
1	Nature Valley Granola Bars Straw/Yog (1.2oz) (16ct)	10.72		10.72
6	Renu Multi Purpose Solution Blister Pk (2oz)	2.39		14.34
6	Q-Tips Carded (30ct)	1.18		7.08
6	Gillette Foamy Travel Size Blister Pk (2oz)	1.54		9.24
12	Super Max Razor for Women (2ct)	0.99		11.88
6	Sun Block SPF30 Pure-Aid Face & Body waterproof (3.5oz)	1.89		11.34
12	Sunscreen SPF40 UVA/UVB (2oz)	1.69		20.28
12	Sunblock Gator Gubba spf 15 1.75 oz	0.89		10.68
1	Original Trail Mix (Kar's) (2oz) (48ct)	28.32		28.32
18	Colgate T/Brush & T/Paste (Blister Pk)	1.29		23.22
6	Tampax Regular (10ct)	2.49		14.94
	Subtotal			315.40
	SHIPPING CHARGED CUSTOMERS	0.00		0.00
	FUEL & INSURANCE	9.39		9.39
	UPS HANDLING FEES	0.00		0.00
	TOTAL # OF BOXES - 1 (33.8lbs)			
	ups tracking # 1Z 186 89W 03 5978 0100			

Make all checks payable to Medco Wholesale Distributor
 THANK YOU FOR YOUR BUSINESS!

Total \$324.79

*Please inspect the order and report any damages, shortages or errors within 24 hours of delivery.

Invoice

Federal I.D. #: 20-1320696

Medco Wholesale Distributor

102-A Sylvania Ave.

Folsom, PA 19033

Date	Invoice #
6/2/2016	ESFTX1090

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Bill To
Embassy Suites Dallas-Frisco 7600 John Q. Hammons Drive Frisco, TX 75034 Attn:Paul Cordova (AGM) Tel # 972-712-7200

Ship To
Embassy Suites Dallas-Frisco 7600 John Q. Hammons Drive Frisco, TX 75034 Attn:Paul Cordova (AGM) Tel # 972-712-7200

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH853340	Net 30	06/01/2016	6/2/2016	UPS	RD

Quantity	Description	Unit Price	Backordered	Amount
10	Duracell Alkaline 9V (1-Pk) Box /12	3.15		31.50
12	Duracell Alkaline AA (2-Pk)	1.19		14.28
12	Duracell Alkaline AA (4-Pk)	1.94		23.28
6	Duracell D, COOPERTOP USA (2-Pk)(Pack of 6)	3.19		19.14
1	Halls Cherry (9Drops) (20ct) Box/Display	16.40		16.40
1	Ludens Honey Lemon (20ct)	17.00		17.00
1	Ludens Menthol (20ct)	17.00		17.00
1	Ludens Wild Cherry (20ct)	17.00		17.00
6	Condom Lifestyle Lubricated (3 pk)	1.47		8.82
6	Condom Lifestyle Ultra Sensitive (3-pk)	1.47		8.82
3	L.A.Colors Eyes Mascara Carded	2.69		8.07
3	L.A.Colors 12 Eye Shadow Carded	2.69		8.07
6	Degree Invisible Solid Antiperspirant for Men (1.7oz)	2.09		12.54
6	Dove Ladies Powder Fresh (1.6oz)	2.09		12.54
6	Ladies Speed Stick (1.4oz)	1.89		11.34
6	Old Spice Deod. Trave size Blister Pk (0.5oz)	1.61		9.66
6	Dove Go Fresh 0.5oz Blister Pk	2.05		12.30
6	Degree A/P Inv. Solid Womens 1.6 oz	2.09		12.54
6	Old Spice High Endurance (2.25oz)	2.29		13.74
6	Krazy Glue Pens Carded	1.02		6.12
6	Umbrella Mini with Pouch (Travel Size)	2.95		17.70
6	Umbrella with Pouch Deluxe (Travel Size)	4.75		28.50
6	Hair Brush Large Styling (poly carded).	1.89		11.34
6	Hair Brush Large Asstd. (Blister)	1.99		11.94
6	Tresemme Xtra Firm Hold Gel 2oz	1.69		10.14
6	Tresemme Xtra Hold Hairspray (2 oz)	1.34		8.04
6	Tresemme Xtra Hold H.Spray2oz Blister	1.77		10.62
6	Nexus Comb Thru Hair spray 1.5oz	2.01		12.06
6	Samy Styling Mist DuoH/Spray & Gel (1.75oz)	0.79		4.74
6	L.A Looks Xtreme Sports (3oz)	1.79		10.74
6	Dep Sport Styling Gel Travel Size (2oz)	1.59		9.54
0	Dep Sports Styling Gel Blister Pk 2oz	1.79	out of stock-reorder	0.00

Make all checks payable to Medco Wholesale Distributor
THANK YOU FOR YOUR BUSINESS!

Total

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ALL SALES ARE FINAL. NO REFUNDS. ALL MERCHANDISE COVERED BY MANUFACTURER'S WARRANTY ONLY.
A SERVICE CHARGE OF 1.5% PER MONTH SHALL BE APPLIED TO ALL PAST DUE ACCOUNTS.

A CHARGE SHALL BE APPLIED FOR ALL DISHONORED CHECKS. A RESTOCKING CHARGE MAY BE ADDED FOR RETURNED GOODS.

Invoice

Federal I.D. #: 20-1320696

Medco Wholesale Distributor
 102-A Sylvania Ave.
 Folsom, PA 19033

Date	Invoice #
6/2/2016	ESFTX1090

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Bill To
Embassy Suites Dallas-Frisco 7600 John Q. Hammons Drive Frisco, TX 75034 Attn:Paul Cordova (AGM) Tel # 972-712-7200

Ship To
Embassy Suites Dallas-Frisco 7600 John Q. Hammons Drive Frisco, TX 75034 Attn:Paul Cordova (AGM) Tel # 972-712-7200

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH853340	Net 30	06/01/2016	6/2/2016	UPS	RD

Quantity	Description	Unit Price	Backordered	Amount
6	Nivea Hand & Body Creme 1oz	0.99		5.94
6	St Ives Apricot Face Scrub (1oz) Blister	1.69		10.14
1	Chapstick Variety Pk 13 ct. asst .blistered	18.85		18.85
24	Chapet Lip Balm Sleeves (24ct)	0.89		21.36
24	Chap Ice by Oral Labs 24 ct	0.89		21.36
6	Gas -X Xtra Strength Soft Gel (10ct) Box	3.63		21.78
1	Tums Antacid Fruit (12 ct) Box Display	10.08		10.08
1	Tums Antacid Peppermint (12 ct) Box Display	10.08		10.08
12	Visine Advance Relief Blister Pk (.28oz)	2.26		27.12
12	Visine Advance Relief (.5oz)	5.09		61.08
12	Visine Contact (.5oz)	4.75		57.00
6	Visine Original (.5oz)	4.75		28.50
1	Rolaids Rapid release Fruit (12pk) Box Display	9.96		9.96
12	Advil Congestion 1ct Box-Blister	0.91		10.92
12	Aleve Caplet (1ct) Box-blister	0.64		7.68
12	Bayer Aspirin 2ct Box-Blister	0.54		6.48
12	Claritin Non Drowsy 1ct Tab Box-Blister	1.59		19.08
12	Mucinex DM 2ct Tab. Box-Blister	1.98		23.76
12	Peptobismol Caplets 2ct box-Blister	0.64		7.68
12	Vicks Dayquill Gel 2ct Box-Blister	0.94		11.28
12	Vicks Nyquil Liqui Caps (2ct) Box-blister	0.87		10.44
12	Zantac 75 1ct Tab. Box-Blister	0.66		7.92
12	Dramamine Chewable (2ct) Box-Blister	0.89		10.68
2	Advil Tablets Dispenser Box (50/2)	15.53		31.06
2	Advil Congestion Relief DispenserBox (50/1)	22.50		45.00
1	Advil P.M. Dispenser box (50/2)	20.93		20.93
2	Aleve Caplets Dispenser Box (48/1)	14.25		28.50
2	Alka Seltzer Plus Cold Dispenser (25/2)	10.50		21.00
2	Bayer Tablets Dispenser Box (50/2)	11.25		22.50
2	Motrin Caplets Dispenser Box (50/2)	13.25		26.50
2	Pepto Bismol Chewable Dispenser (25/2)	12.88		25.76
2	Tylenol Extra Strength Dispenser Box(50/2)	16.88		33.76

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Total

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Invoice

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Medco Wholesale Distributor

102-A Sylvania Ave.

Folsom, PA 19033

Date	Invoice #
6/2/2016	ESFTX1090

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Bill To
Embassy Suites Dallas-Frisco 7600 John Q. Hammons Drive Frisco, TX 75034 Attn:Paul Cordova (AGM) Tel # 972-712-7200

Ship To
Embassy Suites Dallas-Frisco 7600 John Q. Hammons Drive Frisco, TX 75034 Attn:Paul Cordova (AGM) Tel # 972-712-7200

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH853340	Net 30	06/01/2016	6/2/2016	UPS	RD

Quantity	Description	Unit Price	Backordered	Amount
1	Tylenol PM Xtra Strength Caps Dispenser Box(50/2)	21.75		21.75
2	Vicks Dayquil Liquid Caps Dispenser(25/2)	18.25		36.50
2	Vicks Nyquil Liquid Caps Dispenser(25/2)	18.25		36.50
2	Zantac 75 Tablets Dispenser(25/1)	11.07		22.14
2	Claritin Non Drowsy 24hr Relief Dispenser (25/1)	25.35		50.70
2	Alka Seltzer Original 36x2ct Dispenser	12.96		25.92
6	Dove Hair Therapy Conditioner 2.7 oz	0.69		4.14
6	Dove Hair Therapy Shampoo 3oz	0.69		4.14
6	Nail Polish Remover Cutex (2oz)	1.04		6.24
6	Trim Nail Clippers Carded	0.79		4.74
6	Trim Toe Nail Clippers Carded	1.04		6.24
12	Band Aids Travel Size (8strips)(12/Bx)	1.09		13.08
8	First Aid Go Kit Handy Solutions (11 pc)- 8pk	0.70		5.60
12	Listerine Cool mint mouthwash (3.2 oz)	1.42		17.04
12	Listerine Original Mouthwash. (3oz)	1.42		17.04
6	Q-Tips Carded (30ct)	1.18		7.08
6	Gillette Foamy Travel Size Blister Pk (2oz)	1.54		9.24
6	Gillette Gel S/Cream Travel Blister Pk (2.25oz)	1.87		11.22
6	Gillette Razor with Shaving Cream (T/Pk) Blister Pk	1.95		11.70
6	Super Max Razor for Women (2ct)	0.99		5.94
6	Sun Block SPF30 Pure-Aid Face & Body waterproof (3.5oz)	1.89		11.34
24	Colgate Total T.Paste (0.75oz)	0.69		16.56
6	Colgate Toothbrush USA (Medium)	0.79		4.74
6	Colgate Toothbrush USA (Soft)	0.79		4.74
12	Colgate T/Brush Classic deep clean 12pk	0.49		5.88
12	Oral B Shiny Clean Tooth Brush (12 ct) Blister	0.59		7.08
6	Kotex Maxi Plus 10ct (soft & smooth)	1.09		6.54
6	Tampax Regular (10ct)	2.49		14.94
6	Tampax Super (10ct)	2.49		14.94
(SEE NEXT PAGE)				

Make all checks payable to Medco Wholesale Distributor
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Total

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A CHARGE SHALL BE APPLIED FOR ALL DISHONORED CHECKS. A RESTOCKING CHARGE MAY BE ADDED FOR RETURNED GOODS.

Medco Wholesale Distributor
 102-A Sylvania Ave.
 Folsom, PA 19033

Invoice

Federal I.D. #: 20-1320696

Phone #	Fax #	E-mail
(610) 522-1330	(610) 522-1440	medco@medcowholesale.com

Date	Invoice #
6/2/2016	ESFTX1090

Bill To
Embassy Suites Dallas-Frisco 7600 John Q. Hammons Drive Frisco, TX 75034 Attn:Paul Cordova (AGM) Tel # 972-712-7200

Ship To
Embassy Suites Dallas-Frisco 7600 John Q. Hammons Drive Frisco, TX 75034 Attn:Paul Cordova (AGM) Tel # 972-712-7200

P.O. Number	Terms	Order Date	Ship Date	Via	Rep
JQH853340	Net 30	06/01/2016	6/2/2016	UPS	RD

Quantity	Description	Unit Price	Backordered	Amount
6	Tampax Super Plus (10ct)	2.54		15.24
	Subtotal			1,508.65
	SHIPPING CHARGED CUSTOMERS	0.00		0.00
	FUEL & INSURANCE	16.44		16.44
	UPS HANDLING FEES	10.00		10.00
	Total # of Boxes = 2 (46.2 lbs, 46 lbs) ups tracking # 1Z 186 89W 03 5842 0232			

Make all checks payable to Medco Wholesale Distributor THANK YOU FOR YOUR BUSINESS!	Total \$1,535.09
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*Please inspect the order and report any damages, shortages or errors within 24 hours of delivery.

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: (8510274)
MEDCO WHOLESALE
DISTRIBUTOR
102 A SYLVANIA AVE
FOLSOM PA 19033

Claim No: 313
Original Filed
Date: 12/01/2016
Original Entered
Date: 12/01/2016

Status:
Filed by: CR
Entered by: Terri Marshall
Modified:

Amount claimed: \$3967.59

History:

[Details](#) [313-1](#) 12/01/2016 Claim #313 filed by MEDCO WHOLESALE DISTRIBUTOR, Amount claimed: \$3967.59 (Marshall, Terri)

Description: (313-1) Goods Sold

Remarks: (313-1) did not indicate a debtor name/case number

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*	\$3967.59
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		