

UNITED STATES BANKRUPTCY COURT District of South Carolina		PROOF OF CLAIM						
Name of Debtor: The Cliffs at Keowee Falls Golf & Country Club		Case Number: 12-01229						
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the debtor owes money or property): Jofit LLC		COURT USE ONLY						
Name and address where notices should be sent: 1957 Pioneer Rd Bldg H Huntingdon Valley PA 19006		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____						
Telephone number: (215) 682-7500 email: maureen@jofit.com								
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.						
Telephone number: _____ email: _____								
1. Amount of Claim as of Date Case Filed: \$ <u>1,348.83</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.								
2. Basis for Claim: <u>goods sold</u> (See instruction #2)								
3. Last four digits of any number by which creditor identifies debtor: 6 7 2 7	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)						
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>1348.83</u>						
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). </td> </tr> </table> <p style="text-align: right;">Amount entitled to priority: \$ _____</p>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input type="checkbox"/> Up to \$2,600* 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"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
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*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.								
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)								

RECEIVED
MAR 12 2012
BMC GROUP



From:
Jofit, LLC
1957 Pioneer Rd., Bldg H
Huntingdon Valley, PA 19006

1-866-99-JOFIT
Office fax: 215-682-7509



Invoice 6988

Order **5700**
 Cust PO **F18731**
 Pick Ticket
 Division **Golf**
 Dept
 Date **8/17/10**
 Due **9/16/10**
 Terms **Net 30**
 AR / Factor **AR - House**
 Approval No

Bill To Acct: 6727
The Cliffs Golf & CC
PO Box 1549
Travelers Rest SC 29690

Ship To
Cliffs at Keowee Falls
770 S. Cherry Laurel Way
Salem SC 29676, United States

Ship Via UPS Ground	B.O.L.	Contact Christine	Phone 864-944-8721	Fax 864-836-1123	Salesperson Miriam Webb
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J051116	Taupe	Taupe	Knit Jacket	5	245.00
S	M	L	XL		
1	2	1	1		
49.00	49.00	49.00	49.00		

J051116	White	White	Knit Jacket	4	196.00
S	M	L	XL		
1	1	1	1		
49.00	49.00	49.00	49.00		

SS10-7102T	Lt Pink	Light Pink	Vivian	4	132.00
M	L	XL			
2	1	1			
33.00	33.00	33.00			

SS10-7102T	White	White	Vivian	5	165.00
S	M	L	XL		
1	2	1	1		
33.00	33.00	33.00	33.00		

Payment Instructions: Please make all checks payable to: Jofit, LLC 1957 Pioneer Road, Bldg H Huntingdon Valley, PA 19006 215-682-7500 215-682-7509 fax	Terms & Conditions: collections	Notes: Savannah group ***** Per phone call from Christine shorted 1Med J051116 size medium. Revised invoice to reflect. Zcp	<table border="1"> <tr> <td>Qty</td> <td>18</td> </tr> <tr> <td>Subtotal</td> <td>\$738.00</td> </tr> <tr> <td>Disc.</td> <td>\$0.00</td> </tr> <tr> <td>Tax</td> <td></td> </tr> <tr> <td>Freight</td> <td>\$17.08</td> </tr> <tr> <td>Total</td> <td>\$755.08</td> </tr> <tr> <td>Paid</td> <td></td> </tr> <tr> <td>Balance</td> <td>\$755.08</td> </tr> </table>	Qty	18	Subtotal	\$738.00	Disc.	\$0.00	Tax		Freight	\$17.08	Total	\$755.08	Paid		Balance	\$755.08
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Disc.	\$0.00																		
Tax																			
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Total	\$755.08																		
Paid																			
Balance	\$755.08																		

From:
Jofit, LLC
1957 Pioneer Rd., Bldg H
Huntingdon Valley, PA 19006

1-866-99-JOFIT
Office fax: 215-682-7509



Invoice 6761

Order **5527**
 Cust PO **F18731**
 Pick Ticket
 Division **Golf**
 Dept
 Date **8/4/10**
 Due **9/3/10**
 Terms **Net 30**
 AR / Factor **AR - House**
 Approval No

Bill To Acct: 6727
The Cliffs Golf & CC
PO Box 1549
Travelers Rest SC 29690

Ship To
Cliffs at Keowee Falls
770 S. Cherry Laurel Way
Salem SC 29676, United States

Ship Via UPS Ground	B.O.L.	Contact Christine	Phone 864-944-8721	Fax 864-836-1123	Salesperson Miriam Webb
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J051116	Black	Black	Knit Jacket	5	245.00
S	M	L	XL		
1	2	1	1		
49.00	49.00	49.00	49.00		

SS10-7102T	Black	Black	Vivian	5	165.00
S	M	L	XL		
1	2	1	1		
33.00	33.00	33.00	33.00		

SS10-7102T	White	White	Vivian	5	165.00
S	M	L	XL		
1	2	1	1		
33.00	33.00	33.00	33.00		

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1957 Pioneer Road, Bldg H
Huntingdon Valley, PA 19006
215-682-7500
215-682-7509 fax

Terms & Conditions:
collections

Notes:
Manhattan group
In Hand by 9-1

Cartons Weight

Qty	15
Subtotal	\$575.00
Disc.	\$0.00
Tax	
Freight	\$18.75
Total	\$593.75
Paid	
Balance	\$593.75

Jofit, LLC

1957 Pioneer Rd. Building H
Huntingdon Valley, PA 19006

\$0.45

US POSTAGE

PAID

POST CLASS

071V00894221

19006

00001146

PHILADELPHIA PA 191

09 MAR 2012 PM 3 L

BMC Group Inc.
Attn Cliffs Club+Hospitality Group
Claims Processing
PO Box 3020
BMC GROUP

MAR 12 2012

BMC GROUP

PO Box 3020

Cliffhassen MN 55317-3020