

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

RECEIVED

MAR 12 2012

BMC GROUP

Cliffs POC



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7. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

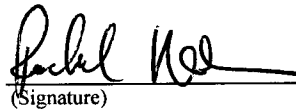
8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, I am a guarantor, surety, indorser, or other codebtor.
 (Attach copy of power of attorney, if any.) or their authorized agent. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Rachel Woodhams
 Title: Owner
 Company: Bella Blooms
 Address and telephone number (if different from notice address above):


 (Signature)

03/06/2012
 (Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
 Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
 State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
 State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
 State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
 Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
 Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a):
 If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
 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.

7. Documents:
 Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
 The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



Invoice

Cliffs Valley
 250 Knightsbridge Road
 Travelers Rest, SC
 29690

Date 9/30/2010
 Invoice # 10-149
 Delivery 10/7/2010
 P.O. # 20407
 Terms Net 30

Description	Amount
12 cocktail tables with simple elegant design of white flowers. Each at 15.00.	180.00T
8 - 48" round elegant guest table arrangements all in whites and greens. Each at 45.00.	360.00T
Large show piece arrangement in whites and greens.	200.00T
Delivery, Set-up and Removal	100.00T

One week's notice required for cancellation without a 30% cancellation/restocking fee.

Mountain Park Village delivery before 6pm

Subtotal	\$840.00
Sales Tax (6.0%)	\$50.40
Total	\$890.40
Payments/Credits	\$0.00
Balance Due	\$890.40

Make Checks Payable to Bella Blooms
 302 E Standing Springs Rd
 Simpsonville, SC 29680
 864-483-1453
 rachel@bellabloomdesigns.com
 www.bellabloomdesigns.com



Invoice

Cliffs Valley
 250 Knightsbridge Road
 Travelers Rest, SC
 29690

Date 9/30/2010
 Invoice # 10-150
 Delivery 10/8/2010
 P.O. # 20406
 Terms Net 30

Description	Amount
20 - 48" round guest tables with a casual natural feel for breakfast and lunch under the tent. Each at 40.00	800.00T
Delivery, Set-up and Removal	75.00T

One week's notice required for cancellation without a 30% cancellation/restocking fee.

Mountain Park Village delivery before 8am

Subtotal	\$875.00
Sales Tax (6.0%)	\$52.50
Total	\$927.50
Payments/Credits	\$0.00
Balance Due	\$927.50

Make Checks Payable to Bella Blooms
 302 E Standing Springs Rd
 Simpsonville, SC 29680
 864-483-1453
 rachel@bellabloomsdesigns.com
 www.bellabloomsdesigns.com



Invoice

Bill To:

Cliffs Valley
250 Knightsbridge Road
Travelers Rest, SC
29690

Date 3/8/2012

Invoice # 12-003

Event Date 3/8/2012

Description	Amount										
18 months interest compounded monthly at 1.25% per month. Original invoices 10-149, 10-150 dated 09/30/10. Original principle amount \$1817.90.	455.52										
A \$200 non-refundable deposit is required to book date of event; 50% of balance due 6 weeks prior to event; Remaining balance due 2 weeks prior to delivery. Make checks payable to Bella Blooms at address below.	<table border="1"><tr><td data-bbox="927 1549 1252 1598">Subtotal</td><td data-bbox="1252 1549 1524 1598">\$455.52</td></tr><tr><td data-bbox="927 1598 1252 1646">Sales Tax (6.0%)</td><td data-bbox="1252 1598 1524 1646">\$0.00</td></tr><tr><td data-bbox="927 1646 1252 1694">Total</td><td data-bbox="1252 1646 1524 1694">\$455.52</td></tr><tr><td data-bbox="927 1694 1252 1743">Payments/Credits</td><td data-bbox="1252 1694 1524 1743">\$0.00</td></tr><tr><td data-bbox="927 1743 1252 1787">Balance Due</td><td data-bbox="1252 1743 1524 1787">\$455.52</td></tr></table>	Subtotal	\$455.52	Sales Tax (6.0%)	\$0.00	Total	\$455.52	Payments/Credits	\$0.00	Balance Due	\$455.52
Subtotal	\$455.52										
Sales Tax (6.0%)	\$0.00										
Total	\$455.52										
Payments/Credits	\$0.00										
Balance Due	\$455.52										

302 E Standing Springs Rd
Simpsonville, SC 29680

rachel@bellabloomsgdesigns.com

864-483-1453

www.bellabloomsgdesigns.com

Bella Blooms
Rachel Woodhams
302 E Standing Springs Rd
Simpsonville SC 29680

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

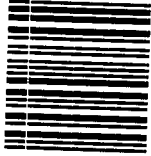
CERTIFIED MAIL™



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55317

U.S. POSTAGE
PAID
SIMPSONVILLE, SC
29680
MAR 09, 12
AMOUNT

\$5.75

00099280-09

**RETURN RECEIPT
REQUESTED**

BMC Group, Inc.
Attn: The Cliffs Club & Hospitality Group,
Inc., et al, Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

**RECEIVED
MAR 12 2012/
BMC GROUP**

**RETURN RECEIPT
REQUESTED**

553173020 8050

