


UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: The Cliffs Club & Hospitality Group	Case Number: 12-01220	
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): Eckberg Enterprises, Inc DBA Roto-Rooter Plumbers		
Name and address where notices should be sent: Eckberg Enterprises, Inc DBA Roto-Rooter Plumbers 145a Verdin Road Greenville, SC 29607 Telephone number: (864) 288-7686 email: rotogreenville@msn.com		<div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">MAR 13 2012</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BMC GROUP</div> <div style="text-align: right; font-weight: bold; font-size: 0.8em;">COURT USE ONLY</div> <div style="padding-top: 10px;"> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ </div>
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		<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.
1. Amount of Claim as of Date Case Filed: \$ <u>8,486.80</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 checked="" 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>Services performed, goods sold</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">0 0 B P</div>	3a. Debtor may have scheduled account as: <u>Roto-Rooter Sewer-Drain</u> (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: \$ _____
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.		
<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)(____).
		Amount entitled to priority: \$ _____
Cliffs POC  00021		
*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)		

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, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

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: Abby E. Zaffuto
Title: President
Company: Eckberg Enterprises, Inc DBA Roto-Rooter
Address and telephone number (if different from notice address above):


(Signature)

(Date)

814 288 7686 aczaffuto@msn.com
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.

DEFINITIONS**INFORMATION****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.

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.



STATEMENT

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Statement Date 03/06/12

I-23-10-J-46-11

Total Due 8486.80

Invoice	Inv Date	PO Number	Payments	Balance	Job Site Address
I-23-10	09/01/10	33696		246.50	7 GATES EDGE TRL
I-45-10	09/03/10	39167	05/31/11	1600.00	10 ROAD OF VINES
L-381-10	12/17/10			389.78	143 BUTTON BUSH TRL
F-216-11	06/14/11	40756		1648.23	99 DARK CORNER
F-462-11	06/28/11			1200.00	1712 HWY 11
H-48-11	08/03/11	41071		2122.75	1851 CLEO CHAPMAN HWY
J-46-11	10/04/11	MUST HAVE		125.00	250 KNIGHTSRIDGE RD
Fees	03/06/12			1154.54	Late Fees

Current	Over 30	Over 60	Over 90	Late Fees	Total Due
0.00	0.00	0.00	7332.26	1154.54	8486.80

Please detach and return with your payment

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Acct # 000BP

Remit to: ROTO-ROOTER OF GREENVILLE
145A VERDIN RD
GREENVILLE SC 29607

I-23-10-J-46-11

864-288-7686
Fax 864-288-9870

Total Due 8486.80



GREENVILLE
FED ID 57-0848460
MYRTLE BEACH
FED ID 13-4281911

Greenville 864-288-7686
Myrtle Beach 843-626-7314
Fax 864-288-9870
www.rotorooter.com

INVOICE

Invoice #: I-23-10
Inv. Date: 09/01/10

P/O # : 33696

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Service at: 7 GATES EDGE TRL TRAVE

REPAIRED BROKEN WATER LINE AT METER
PARTS

220.00
25.00

SUBTOTAL 245.00
TAX 1.50

TOTAL 246.50

PLEASE REMIT TO:
Roto-Rooter
145a Verdin Road
Greenville, SC 29607

Thank You!



If you have a question about
your bill, please call our office
between 8am-5pm
Monday-Friday

SERVICE CHARGE of 1 1/2% per month (APR 18%) on all invoices over 30 days old.

(Please detach and return with your payment)

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Invoice #: I-23-10
Inv. Date: 09/01/10
P/O # : 33696

7 GATES EDGE TRL TRAVE

BALANCE DUE: 246.50

For credit card payments, please complete the following:

Cardholder Name _____

Card Number _____

Exp Date _____ Billing Zip _____ Sec Code _____

Signature _____

ROTO-ROOTER®

GREENVILLE • MYRTLE BEACH

145a Verdin Road
Greenville, SC 29607

Greenville, SC 864-288-7686
Myrtle Beach, SC 843-626-7314

AND AWAY GO TROUBLES DOWN THE DRAIN®



GREENVILLE
FED ID 57-0848460
MYRTLE BEACH
FED ID 13-4281911

Greenville 864-288-7686
Myrtle Beach 843-626-7314
Fax 864-288-9870
www.rotorooter.com

I N V O I C E

Invoice #: I-45-10
Inv. Date: 09/03/10

P/O # : 39167

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Service at: 10 ROAD OF VINES TRAVE

TERRALIFT; 12 MO WARRANTY OF REOCCURANCE OF DF SURFACING 3500.00
IF PROBLEM PERSISTS \$1750 TO BE APPLIED TO THE COST OF
INSTALLATION OF NEW DF PROVIDED WE DO THE WORK
CREDIT (GOLF TEE TIMES 9/23/11) -400.00

SUBTOTAL 3100.00
=====

TOTAL 3100.00
RECEIVED 1500.00
BALANCE DUE 1600.00

PLEASE REMIT TO:
Roto-Rooter
145a Verdin Road
Greenville, SC 29607

Thank You!



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your bill, please call our office
between 8am-5pm
Monday-Friday

SERVICE CHARGE of 1 1/2% per month (APR 18%) on all invoices over 30 days old.

(Please detach and return with your payment)

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

10 ROAD OF VINES TRAVE

Invoice #: I-45-10
Inv. Date: 09/03/10
P/O # : 39167

BALANCE DUE: 1600.00

For credit card payments, please complete the following:

Cardholder Name _____

Card Number _____

Exp Date _____ Billing Zip _____ Sec Code _____

Signature _____

ROTO-ROOTER®

GREENVILLE • MYRTLE BEACH

145a Verdin Road
Greenville, SC 29607

Greenville, SC 864-288-7686
Myrtle Beach, SC 843-626-7314

AND AWAY GO TROUBLES DOWN THE DRAIN®



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FED ID 57-0848460
MYRTLE BEACH
FED ID 13-4281911

Greenville 864-288-7686
Myrtle Beach 843-626-7314
Fax 864-288-9870
www.rotorooter.com

INVOICE

Invoice #: L-381-10
Inv. Date: 12/17/10

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Service at: 143 BUTTON BUSH TRL SIX M

REPLACED SHOWER CARTRIDGE AND DIVERTER
PARTS

225.00
154.00

SUBTOTAL 379.00
TAX 10.78

TOTAL 389.78

PLEASE REMIT TO:
Roto-Rooter
145a Verdin Road
Greenville, SC 29607

Thank You!



If you have a question about
your bill, please call our office
between 8am-5pm
Monday-Friday

SERVICE CHARGE of 1 1/2% per month (APR 18%) on all invoices over 30 days old.

(Please detach and return with your payment)

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Invoice #: L-381-10
Inv. Date: 12/17/10

143 BUTTON BUSH TRL SIX M

BALANCE DUE: 389.78

For credit card payments, please complete the following:

Cardholder Name _____

Card Number _____

Exp Date _____ Billing Zip _____ Sec Code _____

Signature _____

ROTO-ROOTER®
GREENVILLE • MYRTLE BEACH

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Greenville, SC 29607

Greenville, SC 864-288-7686
Myrtle Beach, SC 843-626-7314

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FED ID 57-0848460
MYRTLE BEACH
FED ID 13-4281911

Greenville 864-288-7686
Myrtle Beach 843-626-7314
Fax 864-288-9870
www.rotorooter.com

INVOICE

Invoice #: F-216-11
Inv. Date: 06/14/11

P/O # : 40756

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Service at: 99 DARK CORNER LANDR

REEPAIRED LEAK IN WATER LINE UNDER PARKING LOT
PARTS
EQUIPMENT FEE

1450.00
116.25
75.00

SUBTOTAL 1641.25
TAX 6.98
=====
TOTAL 1648.23

PLEASE REMIT TO:
Roto-Rooter
145a Verdin Road
Greenville, SC 29607

Thank You!



If you have a question about
your bill, please call our office
between 8am-5pm
Monday-Friday

SERVICE CHARGE of 1 1/2% per month (APR 18%) on all invoices over 30 days old.

(Please detach and return with your payment)

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Invoice #: F-216-11
Inv. Date: 06/14/11
P/O # : 40756

99 DARK CORNER LANDR

BALANCE DUE: 1648.23

For credit card payments, please complete the following:

Cardholder Name _____

Card Number _____

Exp Date _____ Billing Zip _____ Sec Code _____

Signature _____

ROTO-ROOTER®

GREENVILLE • MYRTLE BEACH

145a Verdin Road
Greenville, SC 29607

Greenville, SC 864-288-7686
Myrtle Beach, SC 843-626-7314

AND AWAY GO TROUBLES DOWN THE DRAIN



GREENVILLE
FED ID 57-0848460
MYRTLE BEACH
FED ID 13-4281911

Greenville 864-288-7686
Myrtle Beach 843-626-7314
Fax 864-288-9870
www.rotorooter.com

INVOICE

Invoice #: F-462-11
Inv. Date: 06/28/11

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Service at: 1712 HWY 11 LANDR

REPLACED PUMP ON WELL, WIRE, PEX, FITTING, AND SWITCH
PARTS

488.74
671.00

SUBTOTAL 1159.74
TAX 40.26

TOTAL 1200.00

PLEASE REMIT TO:
Roto-Rooter
145a Verdin Road
Greenville, SC 29607

Thank You!



If you have a question about
your bill, please call our office
between 8am-5pm
Monday-Friday

SERVICE CHARGE of 1 1/2% per month (APR 18%) on all invoices over 30 days old.

(Please detach and return with your payment)

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

1712 HWY 11 LANDR

Invoice #: F-462-11
Inv. Date: 06/28/11

BALANCE DUE: 1200.00

For credit card payments, please complete the following:

Cardholder Name _____

Card Number _____

Exp Date _____ Billing Zip _____ Sec Code _____

Signature _____

ROTO-ROOTER®
GREENVILLE • MYRTLE BEACH

145a Verdin Road
Greenville, SC 29607

Greenville, SC 864-288-7686
Myrtle Beach, SC 843-626-7314

AND AWAY GO TROUBLES DOWN THE DRAIN®



GREENVILLE
FED ID 57-0848460
MYRTLE BEACH
FED ID 13-4281911

Greenville 864-288-7686
Myrtle Beach 843-626-7314
Fax 864-288-9870
www.rotorooter.com

INVOICE

Invoice #: H-48-11
Inv. Date: 08/03/11

P/O # : 41071

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Service at: 1851 CLEO CHAPMAN HWY SUNSE

REPLACED PUMP #2; REC REPLACING PUMP #1 SOON
PARTS

1200.00
862.38

SUBTOTAL
TAX

2062.38
60.37

TOTAL

2122.75

PLEASE REMIT TO:
Roto-Rooter
145a Verdin Road
Greenville, SC 29607

Thank You!



If you have a question about
your bill, please call our office
between 8am-5pm
Monday-Friday

SERVICE CHARGE of 1 1/2% per month (APR 18%) on all invoices over 30 days old.

(Please detach and return with your payment)

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Invoice #: H-48-11
Inv. Date: 08/03/11
P/O # : 41071

1851 CLEO CHAPMAN HWY SUNSE

BALANCE DUE: 2122.75

For credit card payments, please complete the following:

Cardholder Name _____

Card Number _____

Exp Date _____ Billing Zip _____ Sec Code _____

Signature _____

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145a Verdin Road
Greenville, SC 29607

Greenville, SC 864-288-7686
Myrtle Beach, SC 843-626-7314

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FED ID 57-0848460
MYRTLE BEACH
FED ID 13-4281911

Greenville 864-288-7686
Myrtle Beach 843-626-7314
Fax 864-288-9870
www.rotorooter.com

INVOICE

Invoice #: J-46-11
Inv. Date: 10/04/11

P/O # : MUST HAVE

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Service at: 250 KNIGHTSRIDGE RD TRAVE

MOVED PUMP OVER

125.00

SUBTOTAL	125.00
TOTAL	125.00

PLEASE REMIT TO:
Roto-Rooter
145a Verdin Road
Greenville, SC 29607

Thank You!



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between 8am-5pm
Monday-Friday

SERVICE CHARGE of 1 1/2% per month (APR 18%) on all invoices over 30 days old.

(Please detach and return with your payment)

THE CLIFFS COMMUNITIES
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST SC 29690

Invoice #: J-46-11
Inv. Date: 10/04/11
P/O # : MUST HAVE

250 KNIGHTSRIDGE RD TRAVE

BALANCE DUE: 125.00

For credit card payments, please complete the following:

Cardholder Name _____

Card Number _____

Exp Date _____ Billing Zip _____ Sec Code _____

Signature _____

ROTO-ROOTER®
GREENVILLE • MYRTLE BEACH

145a Verdin Road
Greenville, SC 29607

Greenville, SC 864-288-7686
Myrtle Beach, SC 843-626-7314

AND AWAY GO TROUBLES DOWN THE DRAIN

Eckberg Enterprises DBA

Roto-Rooter Plumbers

145a Verdin Road

Greenville, SC 29607

RECEIVED

MAY 12 2002

BMC GROUP

BMC Group, Inc.

Attn: Cliffs Club & Hospitality Group, Inc. Claims Processing

PO Box 3020

Chanhassen, MN 55317-3020

