B 10 (Official Form 10) (12/11) UNITED STATES BANKRUPTCY COURT District of South Carolina PROOF OF CLAIM Name of Debtor: Case Number: CCHG HOLDINGS, INC 12-01223 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): FAIRWAY OUTDOOR ADVERTISING, LLC **COURT USE ONLY** Name and address where notices should be sent: Check this box if this claim amends a ROBERT A. BROWN previously filed claim. 814 DUNCAN-REIDVILLE ROAD **DUNCAN, SC 29334** Court Claim Number: (If known) Telephone number: (864) 485-1944 email: ROBERT.BROWN@FAIRWAYOUTDOOR.COM Filed on: Name and address where payment should be sent (if different from above): 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: RECEIVED 1. Amount of Claim as of Date Case Filed: 22,710.00 MAR 1 5 2012 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. **BMC GROUP** 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: BILLBOARD ADVERTISING CONTRACT 02/2011 - 09/2011 (See instruction #2) 3. Last four digits of any number 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional): by which creditor identifies debtor: 4 4 5 2 (See instruction #3a) (See instruction #3b) Amount of arrearage and other charges, as of the time case was filed, 4. Secured Claim (See instruction #4) included in secured claim, if any: 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. Basis for perfection: Describe: Value of Property: \$___ Amount of Secured Claim: Amount Unsecured: (when case was filed) 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. ☐ Domestic support obligations under 11 ☐ Wages, salaries, or commissions (up to \$11,725*) Contributions to an U.S.C. § 507 (a)(1)(A) or (a)(1)(B). earned within 180 days before the case was filed or the employee benefit plan debtor's business ceased, whichever is earlier -11 U.S.C. § 507 (a)(5). 11 U.S.C. § 507 (a)(4).

Amount entitled to priority:

☐ 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).

 \Box Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(__).

Cliffs POC

*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's authorized agent. ☐ I am the creditor ☐ 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 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: TERRY GRAVES GENERAL MANAGER - GSA Title: FAIRWAY OUTDOOR ADVERTISING, LLC Company: Address and telephone number (if different from notice address above):

Telephone number: (864) 485-1925 email: TERRY.GRAVES@FAIRWAYOUTDOOR.COM

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

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.



Invoice #:	G/110883	
Invoice Date	1/25/2011	
Contract	0009678	
Terms	NET 30	

Bill To:

Description

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371
Account #:	GSA3514452
Customer Ref #:	PP161

Billboard Inquiries: RICK GLOVER
Phone #: 864-439-6371

Invoiced Period - # of Units Amount

		ertial payment \$3	1/25/20 360°		2/24/2011	1	\$1,375.00
Advertise		·		Face State Control	total		\$1,375.00
Phone:	864-371-1064			1000	ount		A4 075 00
			- <u> </u>	liuvo	ice Total	e gas us	\$1,375.00
PLEASE F	RETURN THIS PORTION Make Checks Payable Fairway Outdoor Adve	To and Mail To:	Invoice A Invoice D Amount E	ate:		1/25/2011	\$1,375.00
	PO Box 60125 Charlotte, NC 28260		Invoice #: Account I		her:	G/110883 GSA3514	
	lease check box to have mail Address:	future invoices sent by email.			Number:		H-02
	Name on Card:	I/ American Express Payments (circ	le card ty	pe)		_	
	Card #: _ Exp. Date (mm/yy):	Amount:				-	
	Address:		Zip Code:			_	
	Signature _	Please FAX to 1 864	485 1888			-	



Invoice #:	G/111660	
Invoice Date	2/1/2011	
Contract	0009671	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	7254	

Description		Invoiced	Period	# of Units	Amount
Becompact.		11.7.0.000	LONG	#:Officering	Announc
Paint-Permanent	Local-000007254	2/1/2011	2/28/2011	1 1	\$1,200.00
TRAVELERS R	EST, 000007254 - HWY 25 ES 1.6mi S/O HWY 11 F/S - 2				
Advertiser:	CLIFFS COMMUNITIES	Sul	ototal 🛴		\$1,200.00
Phone:	864-371-1064	Dis	count		
		lnv	oice Total		\$1,200.00

PLEASE RETURN THIS PORTION WITH PAYMENT! Make Checks Payable To and Mail To: Fairway Outdoor Advertising, LLC PO Box 60125 Charlotte, NC 28260 Please check box to have future invoices sent by email. Email Address:		Invoice Amount Due: Invoice Date: Amount Enclosed:	\$1,200. 2/1/2011	
		Invoice #: Account Number: Customer Ref Number:	G/111660 GSA3514452 7254	
For VISA/ Master Card Name on Card: Card #:	d/ American Express Payments	(circle card type)	_	
Exp. Date (mm/yy):	Amo	ount:	_	
Address:		Zip Code:	-	
Signature _	Please FAX to	1.864.485.1888	_	



Fairway Outdoor Advertising, LLC PO Box 60125 Charlotte, NC 28260 1-800-849-3247

Date:	March 7, 2012
Account:	GSA3514452

Amount Paid:

CLIFFS COMMUNITIES
ATTN: SCOTT ZIEGLER
PO BOX 1549
TRAVELERS REST, SC 29690

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Document Number	Date	Code		Payments	Amount	Open Invoice Amount
G/110883/0009678	01/25/2011	SLS	G/110883	/0009678	\$995.00	\$995.00
G/111660/0009671	02/01/2011	SLS	G/111660/0009671		\$1,200.00	\$1,200.00
G/111717/0009680	02/17/2011	SLS	G/111717	//0009680	\$945.00	\$945.00
G/111906/0009678	02/25/2011	SLS	G/111906	5/0009678	\$1,375.00	\$1,375.00
G/112483/0009671	03/01/2011	SLS	G/112483	/0009671	\$1,200.00	\$1,200.00
G/112938/0009680	03/17/2011	SLS	G/112938	3/0009680	\$945.00	\$945.00
G/113015/0009678	03/25/2011	SLS	G/113015	6/0009678	\$1,375.00	\$1,375.00
G/113613/0009671	04/01/2011	SLS	G/113613	/0009671	\$1,200.00	\$1,200.00
G/114005/0009680	04/17/2011	SLS	G/114005	/0009680	\$945.00	\$945.00
G/114130/0009678	04/25/2011	SLS	G/114130	/0009678	\$1,375.00	\$1,375.00
G/114753/0009671	05/01/2011	SLS	G/114753	/0009671	\$1,200.00	\$1,200.00
G/115260/0009680	05/17/2011	SLS	G/115260	/0009680	\$945.00	\$945.00
G/115436/0009678	05/25/2011	SLS	G/115436	5/0009678	\$1,375.00	\$1,375.00
G/116027/0009671	06/01/2011	SLS	G/116027	//0009671	\$1,200.00	\$1,200.00
G/116398/0009680	06/17/2011	SLS	G/116398	3/0009680	\$945.00	\$945.00
G/117061/0009671	07/01/2011	SLS	G/117061	./0009671	\$1,200.00	\$1,200.00
G/117414/0009680	07/17/2011	SLS	G/117414/0009680		\$945.00	\$945.00
G/118060/0009671	08/01/2011	SLS	G/118060/0009671		\$1,200.00	\$1,200.00
G/118551/0009680	08/17/2011	SLS	G/118551/0009680		\$945.00	\$945.00
G/119253/0009671	09/01/2011	SLS	G/119253	3/0009671	\$1,200.00	\$1,200.00
	<u>. </u>	<u> </u>	<u> </u>		Total Amount Due:	\$22,710.00
Current	1-30 Days	<u>31 -</u>	60 Days	<u>61 - 90 Days</u>	91 - 120 Days	<u> 121 + Days</u>
\$0.00	\$0.00	\$(0.00	\$0.00	\$0.00	\$22,710.00

Sales Executive: RICK GLOVER
Advertiser's Phone # 864-371-1064

Codes: SLS = Sales/Invoice
SCP = Scheduled Payment
DR = Debit Memo

FIN = Finance Charge SVC = Service/Repair WRN = Warranty CR = Credit Memo RTN =Return PMT = Payment



Invoice #:	G/111717	
Invoice Date	2/17/2011	
Contract	0009680	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371
Account #:	GSA3514452
Customer Ref #:	PP595

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Description		Invoiced Period	# of Units	· Amount
Paint-Permanent	Local-0000PP595	2/17/2011 3/16/20	1 1	\$945.00
TRAVELERS REST, 0000PP595 - HWY 25 ES 0.6mi N/O HWY 11 F/N - 1				
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Advertiser:	CLIFFS COMMUNITIES	Subtotal		\$945.00
Phone:	864-371-1064	Discount		
		Invoice Tot	al '	\$945.00

PO Box 60125 Invoice #: Charlotte, NC 28260 Account Num	G/111717 ber: GSA3514452
Please check box to have future invoices sent by email. Email Address: Customer Ref	Number: PP595
For VISA/ Master Card/ American Express Payments (circle card type) Name on Card: Card #:	
Exp. Date (mm/yy): Amount:	
Address: Zip Code:	
Signature Please FAX to 1.864.485.1888	



Invoice #:	G/111906	
Invoice Date	2/25/2011	
Contract	0009678	_
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	PP161	

Description		Invoiced	Period %	# of Units	Amount
	Local-0000PP161	2/25/2011	3/24/2011		\$1,375.00
ASHEVILLE, 0000PP161 - HWY 19/23 (I-26) WS 1.1mi S/O BROADWAY ST F/N - 2					
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Advertiser:	CLIFFS COMMUNITIES		ototal		\$1,375.00
Phone:	864-371-1064		count		44
		inv	oice Total	MBERG.	\$1,375.00

PLEASE RETURN THIS PORTION WITH PAYMENT! Make Checks Payable To and Mail To: Fairway Outdoor Advertising, LLC	Invoice Amount Due: Invoice Date: Amount Enclosed:	\$1,375.00 2/25/2011		
PO Box 60125 Charlotte, NC 28260	Invoice #: Account Number:	G/111906 GSA3514452		
Please check box to have future invoices sent by email. Email Address:	Customer Ref Number:	PP161		
For VISA/ Master Card/ American Express Paymer	nts (circle card type)			
Name on Card:		_		
Card #: Exp. Date (mm/yy):	A	-		
Exp. Date (IIIIVyy).	Amount:	-		
Address:	Zip Code:	-		
Signature		_		
Please FAX	to 1.864.485.1888			



Invoice #:	G/112483	
Invoice Date	3/1/2011	
Contract	0009671	
Terms	NET 30	

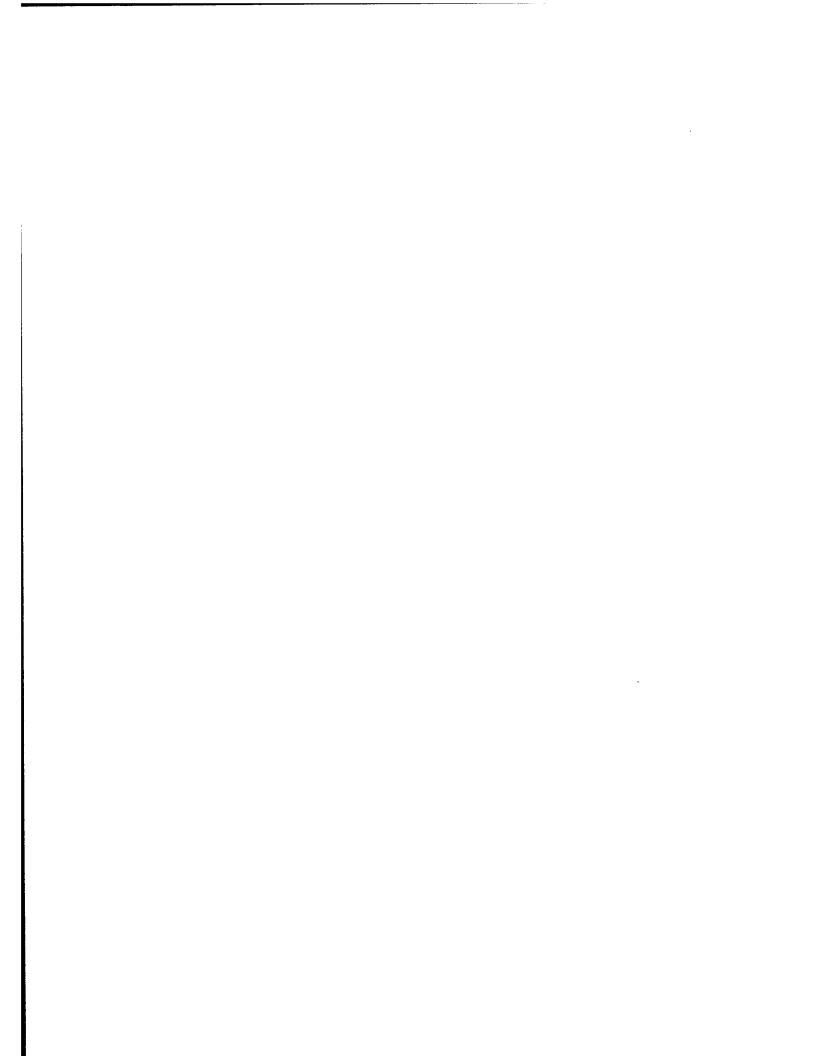
Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	7254	

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Description		Invoiced I	Period	# of Units	Amount
	Local-000007254 EST, 000007254 - HWY 25 ES 1.6mi S/O HWY 11 F/S - 2	3/1/2011	3/31/2011	1	\$1,200.00
Advertiser: Phone:	CLIFFS COMMUNITIES 864-371-1064	Disc	total ount ice Total		\$1,200.00 \$1,200.00

PLEASE RETURN THIS PORTION WITH PAYME Make Checks Payable To and Mail T Fairway Outdoor Advertising, LLC		\$1,200.00 3/1/2011
PO Box 60125 Charlotte, NC 28260 Please check box to have future invoices	Account Number:	G/112483 GSA3514452
Email Address:	Customer Ref Number:	7254
		
For VISA/ Master Card/ American Ex Name on Card: Card #:	ress Payments (circle card type)	
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Name on Card: Card #:		





Invoice #:	G/112938
Invoice Date	3/17/2011
Contract	0009680
Terms	NET 30

of Units

Amount

\$945.00

Bill To:

Paint-Permanent Local-0000PP595

Description

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

TRAVELERS REST, 0000PP595 - HWY 25 ES 0.6mi N/O HWY 11 F/N - 1

Billing Inquiries:	1.864.439.6371
Account #:	GSA3514452
Customer Ref #:	PP595

Billboard Inquiries: RICK GLOVER
Phone #: 864-439-6371

4/16/2011

Invoiced Period

3/17/2011

Advertiser:	CLIFFS COMMUNITIES			Subtotal		\$945.00
Phone:	864-371-1064			Discount 💮 💥		
			Invoice Total			\$945.00
	URN THIS PORTION WITH ike Checks Payable To an		Invoice Invoice	Amount Due: Date:	3/17/2011	\$945.00
Fa	irway Outdoor Advertising		Amoun	t Enclosed:	<u> </u>	
	9 Box 60125 parlotte, NC 28260		Invoice Accour	#: nt Number:	G/112938 GSA3514452	
	e check box to have future i I Address:	nvoices sent by email.	Custon	ner Ref Number:	PP595	
	r VISA/ Master Card/ Ame	rican Express Payments	(circle card	type)		
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Invoice #:	G/113015	
Invoice Date	3/25/2011	
Contract	0009678	
Terms	NET 30	

Bill To:

Paint-Permanent Local-0000PP161

Signature

Description

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	PP161	

Billboard Inquiries: RICK GLOVER
Phone #: 864-439-6371

4/24/2011

3/25/2011

Invoiced Period # of Units Amount

\$1,375.00

ASHEVILLE, 00	000PP161 - HWY 19/23 (I-26) WS 1.1mi S/O BROADWAY ST F/N	1-2		
Advertiser: Phone:	CLIFFS COMMUNITIES 864-371-1064	Subtotal Discount		\$1,375.00
		Invoice Total		\$1,375.00
Ма	JRN THIS PORTION WITH PAYMENT! ke Checks Payable To and Mail To: irway Outdoor Advertising, LLC	Invoice Amount Due: Invoice Date: Amount Enclosed:	3/25/2011	\$1,375.00
PO	PBox 60125 arlotte, NC 28260	Invoice #:	G/113015	
	e check box to have future invoices sent by email.	Account Number:	GSA351445	52
Email Address:		Customer Ref Number:	: PP161	
	r VISA/ Master Card/ American Express Payments me on Card:	s (circle card type)		
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Ex	p. Date (mm/yy): An	nount:		
Ad	dress:	Zip Code:	_	

Please FAX to 1.864.485.1888



Invoice #:	G/113613	
Invoice Date	4/1/2011	
Contract	0009671	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	7254	

		Industry programme and a second			*
Description **		Invoiced	Period	# of Units	Amount
	Local-000007254 REST, 000007254 - HWY 25 ES 1.6mi S/O HWY 11 F/S - 2	4/1/2011	4/30/2011	1	\$1,200.00
TIVAVELENSIN	1251, 000007254 - HWY 25 ES 1.6ml S/O HWY 11 F/S - 2				
			1		
Advertiser:	CLIFFS COMMUNITIES	Sut	total	7.	\$1,200.00
Phone:	864-371-1064	Dis	Discount		
		lnv	oice Total		\$1,200.00

Make Checks Payable To and Mail To: Fairway Outdoor Advertising, LLC	Invoice Amount Due: Invoice Date: Amount Enclosed:	4/1/2011	\$1,200.00
PO Box 60125 Charlotte, NC 28260	Invoice #: Account Number:	G/113613 GSA3514452	
Please check box to have future invoices sent by email. Email Address:	Customer Ref Number:	7254	
For VISA/ Master Card/ American Express Payments	(circle card type)		
Name on Card:		_	
Card #:		_	
Exp. Date (mm/yy): Amo	ount:	_	
Address:	Zip Code:	-	
Signature		_	
Please FAX to 1	1.864.485.1888		



Invoice #:	G/114005	
Invoice Date	4/17/2011	
Contract	0009680	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref#:	PP595	

Description		Invoiced	Period	# of Units	Amount
Paint-Permanent	Local-0000PP595	4/17/2011	5/16/2011	1	\$945.00
TRAVELERS F	TRAVELERS REST, 0000PP595 - HWY 25 ES 0.6mi N/O HWY 11 F/N - 1				
Advertiser:	CLIFFS COMMUNITIES	Sut	itotal		\$945.00
Phone:	864-371-1064	10000	Discount		
		Inv	oice Total	Martina.	\$945.00

Please check box to have future invoices sent by email.	Date: 4. Enclosed:	/17/2011	
For VISA/ Master Card/ American Express Payments (circle card ty	_	6/114005 GSA3514452	
· · · · · · · · · · · · · · · · · ·	er Ref Number: P	P595	
Card #: Exp. Date (mm/yy): Amount:			
Address: Zip Code:			
Signature Please FAX to 1.864.485.188	8		



Invoice #:	G/114130	
Invoice Date	4/25/2011	
Contract	0009678	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	PP161	

Description		Invoiced	Period	# of Units	Amount
Paint-Permanen	t Local-0000PP161 0000PP161 - HWY 19/23 (I-26) WS 1.1mi S/O BROADWAY ST F/N - 2	4/25/2011	5/24/2011		\$1,375.00
Advertiser: Phone:	CLIFFS COMMUNITIES 864-371-1064	Dis	btotal count oice Total		\$1,375.00 \$1,375.00

PLEASE RETURN THIS PORTION WITH PAYMENT! Make Checks Payable To and Mail To: Fairway Outdoor Advertising, LLC	Invoice Amount Due: Invoice Date: Amount Enclosed:	\$1,375.00 4/25/2011
PO Box 60125 Charlotte, NC 28260	Invoice #: Account Number:	G/114130 GSA3514452
Please check box to have future invoices sent by email. Email Address:	Customer Ref Number:	PP161
For VISA/ Master Card/ American Express Payments Name on Card:	(circle card type)	_
Card #: An	nount:	_
Address:	Zip Code:	-
Signature		_
Please FAX to	1.864.485.1888	



Invoice #:	G/114753	
Invoice Date	5/1/2011	
Contract	0009671	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Account #: GSA3514452	
Customer Ref #: 7254	

Description		Invoiced	Period 🕝	# of Units	Amount	
Paint-Permanent	Local-000007254	5/1/2011	5/31/2011	1	\$1,200.00	
TRAVELERS F	REST, 000007254 - HWY 25 ES 1.6mi S/O HWY 11 F/S - 2					
A.L. 4	OUEEO OOMANINITIEO	 each			\$1,200.00	
Advertiser: Phone:	CLIFFS COMMUNITIES 864-371-1064	\$40.5	Subtotal Discount		\$1,200.00	
		Invo	ice Total	re archie	\$1,200.00	

PLEASE RETURN THIS PORTION WITH PAYMENT! Make Checks Payable To and Mail To: Fairway Outdoor Advertising, LLC	Invoice Amount Due: Invoice Date: Amount Enclosed:	\$1,200.00 5/1/2011
PO Box 60125 Charlotte, NC 28260	Invoice #: Account Number:	G/114753 GSA3514452
Please check box to have future invoices sent by email. Email Address:	Customer Ref Number:	7254
For VISA/ Master Card/ American Express Payments Name on Card:	(circle card type)	
Card #:		-
Exp. Date (mm/yy): Am	ount:	_
Address:	Zip Code:	_
Signature		_
Please FAX to	1.864.485.1888	



Invoice #:	G/115260
Invoice Date	5/17/2011
Contract	0009680
Terms	NET 30

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref#:	PP595	

Description		Invoiced	Period	# of Units	Amount
Paint-Permanent	Local-0000PP595	5/17/2011	6/16/2011	1	\$945.00
TRAVELERS F	EST, 0000PP595 - HWY 25 ES 0.6mi N/O HWY 11 F/N - 1				
A de continuo	CLIFFS COMMUNITIES	Sut	ototal 📑		\$945.00
Advertiser: Phone:	864-371-1064		count		
		Inv	oice Total	FKE'S	\$945.00

PLEASE RETURN THIS PORTION WITH PAYMENT! Make Checks Payable To and Mail To:	Invoice Amount Due: Invoice Date:	5/17/2011	\$945.00
Fairway Outdoor Advertising, LLC PO Box 60125 Charlotte, NC 28260	Amount Enclosed: Invoice #: Account Number:	G/115260 GSA3514452	
Please check box to have future invoices sent by email. Email Address:	Customer Ref Number:	PP595	
For VISA/ Master Card/ American Express Payments Name on Card: Card #:	(circle card type)	_	
Exp. Date (mm/yy):	nount:		
Address:	Zip Code:	_	
Signature		_	
Please FAX to	1.864.485.1888		



Invoice #:	G/115436	
Invoice Date	5/25/2011	
Contract	0009678	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	PP161	

Description		Invoiced	Period	# of Units	Amount
Paint-Permanent	Local-0000PP161 000PP161 - HWY 19/23 (I-26) WS 1.1mi S/O BROADWAY ST F/N - 2	5/25/2011	6/24/2011		\$1,375.00
Advertiser:	CLIFFS COMMUNITIES	Sub	total		\$1,375.00
Phone:	864-371-1064	Disc	count.		
		Invo	oice Total	表情も似め	\$1,375,00

PLEASE RETURN THIS PORTION WITH PAYMENT! Make Checks Payable To and Mail To: Fairway Outdoor Advertising, LLC	Invoice Amount Due: Invoice Date: Amount Enclosed:	\$1,375.00 5/25/2011
PO Box 60125 Charlotte, NC 28260	Invoice #: Account Number:	G/115436 GSA3514452
Please check box to have future invoices sent by email. Email Address:	_ Customer Ref Number:	PP161
For VISA/ Master Card/ American Express Paymen Name on Card:	ts (circle card type)	_
Card #: Exp. Date (mm/yy):	mount:	-
Address:	Zip Code:	_ -
Signature Please FAX	o 1.864.485.1888	_



Invoice #:	G/116027	
Invoice Date	6/1/2011	
Contract	0009671	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	7254	

			F		
Description		Invoiced	Period	# of Units	Amount
Paint-Permanent	Local-000007254	6/1/2011	6/30/2011	1	\$1,200.00
TRAVELERS R	REST, 000007254 - HWY 25 ES 1.6mi S/O HWY 11 F/S - 2				
Advertiser:	CLIFFS COMMUNITIES	Su	btotal		\$1,200.00
Phone:	864-371-1064	Dis	count		
		Inv	oice Total	化为线电压	\$1,200,00

PLEASE RETURN THIS PORTION WITH PAYMENT! Make Checks Payable To and Mail To: Fairway Outdoor Advertising, LLC	Invoice Amount Due: Invoice Date: Amount Enclosed:	6/1/2011	\$1,200.00
PO Box 60125 Charlotte, NC 28260	Invoice #: Account Number:	G/116027 GSA3514452	
Please check box to have future invoices sent by email. Email Address:	Customer Ref Number:	7254	
For VISA/ Master Card/ American Express Payments Name on Card:	s (circle card type)	_	
Card #:	nount:	_	
Address:	Zip Code:	_	
Signature		_	
Signature		_ i	



Invoice #:	G/116398
Invoice Date	6/17/2011
Contract	0009680
Terms	NET 30

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	PP595	

Description		Invoiced	Period	# of Units	Amount
Paint-Permanent	Local-0000PP595	6/17/2011	7/16/2011	1	\$945.00
	EST, 0000PP595 - HWY 25 ES 0.6mi N/O HWY 11 F/N - 1				
Advertiser:	CLIFFS COMMUNITIES	Sut	ototal	No. of the second secon	\$945.00
Phone:	864-371-1064	Dis	count		
		lnv	oice Total		\$945.00

PLEASE RETURN THIS PORTION WITH PAYME Make Checks Payable To and Mail To Fairway Outdoor Advertising, LLC		6/17/2011	\$945.00
PO Box 60125 Charlotte, NC 28260	Invoice #: Account Number:	G/116398 GSA3514452	
Please check box to have future invoices : Email Address:	sent by email. Customer Ref Number:	PP595	
For VISA/ Master Card/ American Ex	press Payments (circle card type)		
Name on Card:		- [
Card #:		_	
Exp. Date (mm/yy):	Amount:	_	
Address:	Zip Code:	-	
Signature		_ [
	Please FAX to 1.864.485.1888	1	



Invoice #:	G/117061	
Invoice Date	7/1/2011	* .
Contract	0009671	
Terms	NET 30	

Amount

Bill To:

Description

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	7254	

Billboard Inquiries: RICK GLOVER
Phone #: 864-439-6371

Invoiced Period # of Units

Paint-Permanent Local-000007254		7/1/2011 7/31/201	1 1	\$1,200.00
TRAVELERS	REST, 000007254 - HWY 25 ES 1.6mi S/O HWY 11 F/S - 2			
Advertiser:	CLIFFS COMMUNITIES	Subtotal .		\$1,200.00
Phone:	864-371-1064	Discount		
		Invoice Tota		\$1,200.00
	URN THIS PORTION WITH PAYMENT! Ike Checks Payable To and Mail To:	Invoice Amount Due:	7/1/2011	\$1,200.00
	irway Outdoor Advertising, LLC	Amount Enclosed:		
	D Box 60125 parlotte, NC 28260	Invoice #:	G/117061	
		Account Number:	GSA35144	52
	e check box to have future invoices sent by email. I Address:	Customer Ref Number	: 7254	

For VISA/ Master Card/ American Express Payments (circle card type)

Name on Card:

Card #:

Exp. Date (mm/yy):

Address:

Zip Code:

Signature

Please FAX to 1.864.485.1888



Invoice #:	G/117414	***************************************
Invoice Date	7/17/2011	
Contract	0009680	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	PP595	

Description		Invoiced	Period	# of Units	Amount
Paint-Permanent	Local-0000PP595	7/17/2011	8/16/2011	1	\$945.00
TRAVELERS F	REST, 0000PP595 - HWY 25 ES 0.6mi N/O HWY 11 F/N - 1				
				:	
Advertiser:	CLIFFS COMMUNITIES	Sub	total		\$945.00
Phone:	864-371-1064	Disc	count		
		Invo	oice Total		\$945.00

PLEASE RETURN THIS PORTION WITH PAYMENT! Make Checks Payable To and Mail To: Fairway Outdoor Advertising, LLC	Invoice Amount Due: Invoice Date: Amount Enclosed:	7/17/2011	\$945.00
PO Box 60125 Charlotte, NC 28260	Invoice #: Account Number:	G/117414 GSA3514452	
Please check box to have future invoices sent by email. Email Address:	Customer Ref Number:	PP595	
For VISA/ Master Card/ American Express Payments	s (circle card type)		
Name on Card:		_ [
Card #:		_	
Exp. Date (mm/yy):	mount:	_	
Address:	Zip Code:	_	
Signature		_	
Please FAX to	1.864.485.1888		



Invoice #:	G/118060	
Invoice Date	8/1/2011	
Contract	0009671	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	7254	

Description	Invoiced	Period 💮	# of Units	Amount
Paint-Permanent Local-000007254 TRAVELERS REST, 000007254 - HWY 25 ES 1.6mi S/O HWY 11 F/S - 2	8/1/2011	8/31/2011	1	\$1,200.00
Advertiser: CLIFFS COMMUNITIES Phone: 864-371-1064	Disc	ototal count pice Total		\$1,200.00 \$1,200.00

PLEASE RETURN THIS PORTION WITH PAYMENT! Make Checks Payable To and Mail To: Fairway Outdoor Advertising, LLC	Invoice Amount Due: Invoice Date: Amount Enclosed:	\$1,200.00 8/1/2011
PO Box 60125 Charlotte, NC 28260	Invoice #: Account Number:	G/118060 GSA3514452
Please check box to have future invoices sent by email. Email Address:	_ Customer Ref Number:	7254
For VISA/ Master Card/ American Express Payment Name on Card: Card #:	s (circle card type)	_
	mount:	_
Address:	Zip Code:	_
Signature		_
Please FAX to	o 1.864.485.1888	



Invoice #:	G/118551	
Invoice Date	8/17/2011	
Contract	0009680	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	PP595	

Description		Invoiced	Period	# of Units	Amount
Paint-Permanent	Local-0000PP595	8/17/2011	9/16/2011	1	\$945.00
TRAVELERS F	REST, 0000PP595 - HWY 25 ES 0.6mi N/O HWY 11 F/N - 1			·	\$5.55
				•	· -
Advertiser:	CLIFFS COMMUNITIES	Sul	ototal		\$945.00
Phone:	864-371-1064	Dis	count		
		linv	oice Total		\$945.00

PLEASE RETURN THIS PORTION WITH PAYMENT! Make Checks Payable To and Mail To: Fairway Outdoor Advertising, LLC		Invoice Amount Due: Invoice Date: Amount Enclosed:	8/17/2011	\$945.00
PO Box 60125 Charlotte, NC 28260	-	Invoice #: Account Number:	G/118551 GSA3514452	
Please check box to have futu Email Address:	re invoices sent by email.	Customer Ref Number:	PP595	
For VISA/ Master Card/ And Name on Card: Card #:	merican Express Payments	(circle card type)	_	
Exp. Date (mm/yy):	Ame	ount:	_	
Address:		Zip Code:	-	
Signature	Please FAX to	I.864.485.1888	-	



Invoice #:	G/119253	
Invoice Date	9/1/2011	
Contract	0009671	
Terms	NET 30	

Bill To:

SCOTT ZIEGLER CLIFFS COMMUNITIES P.O. BOX 1549 3850 HWY. 11 TRAVELERS REST, SC 29690

Billing Inquiries:	1.864.439.6371	
Account #:	GSA3514452	
Customer Ref #:	7254	

Description		Invoiced	Period	# of Units	Amount
	Local-000007254 REST, 000007254 - HWY 25 ES 1.6mi S/O HWY 11 F/S - 2	9/1/2011	9/30/2011		\$1,200.00
					1
Advertiser:	CLIFFS COMMUNITIES	Sub	total 🗀 🖟	La La	\$1,200.00
Phone:	864-371-1064	Disc	ount		
		Invo	ice Total		\$1,200.00

PLEASE RETURN THIS PORTION WITH PAYMENT! Make Checks Payable To and Mail To: Fairway Outdoor Advertising, LLC	Invoice Amount Due: Invoice Date: Amount Enclosed:	9/1/2011	\$1,200.00
PO Box 60125 Charlotte, NC 28260 Please check box to have future invoices sent by email.	Invoice #: Account Number:	G/119253 GSA3514452	
Email Address:	_ Customer Ref Number:	7254	
For VISA/ Master Card/ American Express Paymen Name on Card: Card #:	ts (circle card type)	_	
Exp. Date (mm/yy):	mount:	_	
Address:	Zip Code:	_	
Signature		_	
Please FAX	to 1.864.485.1888		



FAIRWAY OUTDOOR ADVERTISING OF THE GSA

J. BOX 1900 • DUNCAN • SOUTH CAROLINA • 29334



03/08/2012 Exited From 29365

\$00.600 03/08/2012 03/08/2012

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N046J3509775

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Group, Inc. Claims Processing
PO Box 3020
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