

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA PROOF OF CLAIM

Name of Debtor: The Cliffs Valley Golf & Country Club  
 Case Number: 12-01236

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property): NuCO2  
 Name and address where notices should be sent: NuCO2, 2800 S.E. Market Place, Stuart, Florida 34997, Telephone number: 772-221-1754  
 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  
 Check box if you have never received any notices from the bankruptcy court in this case.  
 Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor: XX8506  
 Check here if this claim replaces a previously filed claim, dated: \_\_\_\_\_  
 Check here if this claim amends a previously filed claim, dated: \_\_\_\_\_

1. Basis for Claim  
 Goods sold  
 Services performed  
 Money loaned  
 Personal injury/wrongful death  
 Taxes  
 Other LEASE EQUIPMENT  
 Retiree benefits as defined in 11 U.S.C. § 1114(a)  
 Wages, salaries, and compensation (fill out below)  
 Your SS #: \_\_\_\_\_  
 Unpaid compensation for services performed  
 From \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

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2. Date debt was incurred: 2/1/2012  
 3. If court judgment, date obtained: \_\_\_\_\_

4. Total Amount of Claim at Time Case Filed: \$ 219.88  
 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.  
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.  
 Check this box if your claim is secured by collateral (including a right of setoff).  
 Brief Description of Collateral:  
 Real Estate  Motor Vehicle  
 Other   
 Value of Collateral: \$ \_\_\_\_\_  
 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

6. Unsecured Priority Claim.  
 Check this box if you have an unsecured priority claim.  
 Amount entitled to priority \$ \_\_\_\_\_  
 Specify the priority of the claim:  
 Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).  
 Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).  
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).  
 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)( ).  
 \*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  
 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  
 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE FOR COURT USE ONLY

Date: 3/12/12  
 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach a copy of power of attorney, if any): CREDIT ADMIN



Customer Number	Customer Name	Reference	Document Number	Doc Type	Invoice Date	Open Amount
138506	The Cliffs Valley		33088162	RI	2/1/2012	219.88
						219.88
National account 139931						

NOCO  
BEVERAGE CARBINATION MADE EASY

P.O. Box 9011, Stuart, Florida 34995-9011



UNITED STATES POSTAGE  
FITNEY BOWES  
02 1M \$ 01.30<sup>0</sup>  
0004279249 MAR 16 2012  
MAILED FROM ZIP CODE 34997

West Palm Beach PDG 134  
FRI 16 MAR 2012 8M

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MAR 19 2012  
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BMC Group, Inc.

Attn: THE CLIFFS CLUB & HOSPITALITY GROUP INC  
CLAIMS PROCESSING

P.O. Box 3020

CHANITASSEN, MN 55317-3020