

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA **PROOF OF CLAIM**

Name of Debtor: **The Cliffs at Keowee Springs Golf & Country** Case Number: **12-01230**

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: **XX1087**
 Check here replaces if this claim a previously filed claim, dated: _____
 amends

1. Basis for Claim
 Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other LEASE EQUIPMENT

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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)

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

4. Total Amount of Claim at Time Case Filed: \$ 151.41
 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.

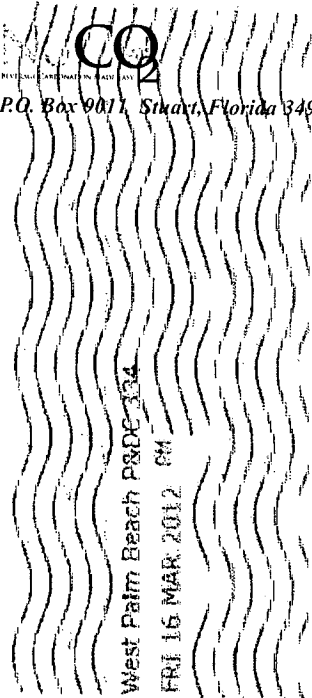
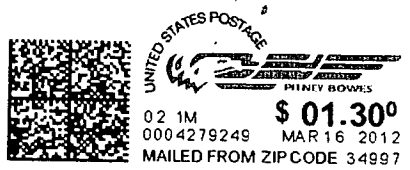
THIS SPACE FOR COURT USE ONLY

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



Customer Number	Customer name	Reference	Document Number	Doc Type	Invoice Date	Open Amount
281087	The Cliffs @ Keowee Spigs TH		33031187	RI	2/1/2012	151.41
						151.41

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



West Palm Beach PSDC 334
FRI 16 MAR 2012 04

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BMC Group, Inc.
Attn: THE CLIFFS Club & HOSPITALITY GROUP INC
~~CLAIMS PROCESSING~~

P.O. Box 3020
CHANITASSEN, MN 55317-3020