

UNITED STATES BANKRUPTCY COURT		District of South Carolina	PROOF OF CLAIM
Name of Debtor: THE CLIFFS CLUB & HOSPITALITY GROUP, INC., ET AL		Case Number: 12-01220	<p>COURT USE ONLY</p> <p><input type="checkbox"/> Check this box if this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p> <p><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.</p>
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): LAIRD INTERNATIONAL CORP.			
Name and address where notices should be sent: LAIRD INTERNATIONAL 4651 SW 51 ST SUITE 809 DAVIE, FL 33314		Telephone number: (954) 530-1199 email: AGATHA@CUTLESPORTS.COM	
Name and address where payment should be sent (if different from above):		Telephone number: _____ email: _____	
1. Amount of Claim as of Date Case Filed: \$ <u>4,930.22</u>		<p>RECEIVED</p> <p>MAR 19 2012</p> <p>BMC GROUP</p>	
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 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>GOODS SOLD INTO THE PRO SHOPS</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: 5 0 9 4	3a. Debtor may have scheduled account as: _____ (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.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		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).	<p>Amount entitled to priority:</p> <p>\$ _____</p>
<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)(____).	
*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:

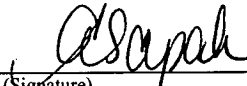
8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, 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: AGATA SAPAK
Title: GENERAL MANAGER
Company: LAIRD INTERNATIONAL CORP.
Address and telephone number (if different from notice address above):


(Signature)

03/13/2012
(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.

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 of Account**Laird International Corp.**

4651 SW 51, St. # 809
 Davle, FL
 USA, 33314
 Tel: (954) 530-1199 Toll Free:-
 Fax: (954) 530-1224 Email: customerservice@lairdinternational.com

Statement Date : 13-Mar-2012

Term Days : 30

Customer ID : 5094

Statement of Account For:

THE CLIFFS GOLF & COUNTRY CLUB
 PO BOX 1549,
 TRAVELERS REST, SOUTH CAROLINA
 USA, 29690

Invoice No	Type	Invoice Date	Invoice Amt.	30 Days Above Interest	60 Days Above	90 Days Above	Interest Am	Total Amount	Days
IN-6599	Invoice	Mar/15/2011	\$1,809.25			16.70%	\$302.14	\$2111.39	364
CR-6821	Credit Note	Mar/31/2011	(\$62.50)					\$(62.50)	348
IN-6746	Invoice	Apr/1/2011	\$293.75			15.85%	\$46.56	\$340.31	347
IN-6747	Invoice	Apr/1/2011	\$1,153.75			15.85%	\$182.87	\$1336.62	347
IN-6751	Invoice	Apr/1/2011	\$996.57			15.85%	\$157.96	\$1154.53	347
IN-7205	Invoice	Jun/9/2011	\$44.37			12.40%	\$5.50	\$49.87	278
Total			\$4,235.19				\$695.03	\$4,930.22	

Please Pay : \$4,930.22


Cutler Bags

INVOICE

Invoice No. : IN-6599

Pick Slip No. : 2719

Laird International Corp.

4651 SW 51, St. # 809

Davie, FL
USA, 33314

Tel: (954) 530-1199 **Toll Free:-**

Fax: (954) 530-1224 **Email:** customerservice@lairdinternational.com

Sold To:

THE CLIFFS GOLF & COUNTRY CLUB
PO BOX 1549,
TRAVELERS REST, SOUTH CAROLINA
USA, 29690

Ship To:

THE CLIFFS AT WALNUT COVE
41 CLUB VILLAGE WAY ,
ARDEN, NORTH CAROLINA
USA, 28704

NOTE :

Inv. Date	Salesman	Order No.	Ship Via	Cust. Order No.								Customer ID	Terms		
Mar/15/2011	NANCY LE CLAIRE	SO-2718	UPS	2352w								5094	30 DAYS		
Item	Color	Description	N/A										Qty	Price	Exten.
143/609	590	STRAW HAT	3										3	15.00	45.00
Item	Color	Description	XXS	XS	S	M	L	XL	2XL	3XL			Qty	Price	Exten.
143/119	310	S/S POLO W/O EMB			1	1	1						3	35.00	105.00
143/119	590	S/S POLO W/O EMB				1	1	1					3	35.00	105.00
143/121	100	S/S POLO QUICKDRY			1	1	1	1					4	37.50	150.00
143/157	100	S/L POLO			1	1	1						3	32.50	97.50
143/157	525	S/L POLO			1	1	1	1					4	32.50	130.00
143/505	590	PULLOVER W/O EMBR					1	1					2	42.50	85.00
143/515	590	PULLOVER W/O EMBR				1	1						2	50.00	100.00
Item	Color	Description	30	32	34	36	38	40	42	44	46	48	Qty	Price	Exten.
143/210	310	SKORT 45 CM		1	1								2	47.50	95.00
143/210	590	SKORT 45 CM		1	1								2	47.50	95.00
143/211	310	SKORT 52 CM					1	2	1				4	47.50	190.00
143/213	310	SHORTS/CAPRI 62 CM			1	1	1	1					4	50.00	200.00
143/214	310	CAPRI 74 CM			1	1	1	1					4	50.00	200.00
143/214	590	CAPRI 74 CM				1	1	1	1				4	50.00	200.00
Total Units													44		

Merchandise Sub-Total:	1,797.50
Discount (0.00%):	-0.00
Freight:	11.75
Subtotal:	1,809.25
FL Tax :	0.00
:	0.00
:	\$0.00
Invoice Total :	\$1,809.25



Cutler Bags

FED ID: 06-1828659

* All certificates of conformity are found on www.lairdinternational.com/COC/

ALL DISCREPANCIES PERTAINING TO PACKING SLIPS OR INVOICE MUST BE REPORTED WITHIN 14 DAYS OF THE RECEIPT OF THE SHIPMENT. 2.00 % PER MONTH CHARGEABLE ON OVER DUE ACCOUNTS. NO RETURN WITHOUT AUTHORIZATION NUMBER.

CREDIT NOTE

Laird International Corp.

4651 SW 51, St. # 809

Davle, FL
USA, 33314

Tel: (954) 530-1199 **Toll Free:-**
Fax: (954) 530-1224 **Email:** customerservice@lairdinternational.com

Cr. Note No. : CR-6821

Date : Mar/31/2011

Return Type : Credits Inventory

Sold To:

THE CLIFFS GOLF & COUNTRY CLUB
PO BOX 1549 ,
TRAVELERS REST, SOUTH CAROLINA
USA, 29690

Ship To:

THE CLIFFS AT WALNUT COVE
41 CLUB VILLAGE WAY,
ARDEN, NORTH CAROLINA
USA, 28704

Remarks

Date		Salesman		Customer ID		Terms		Cust. PO					
Mar/31/2011		HSACC		5094		30 DAYS							
Item ID	Color	Description	XXS	XS	S	M	L	XL	2XL	3XL	Qty	Price	Exten.
143/111	999	S/L POLO					1				1	30.00	30.00
143/127	100	S/L POLO W/O EMB			1						1	32.50	32.50
Total											2		

Merchandise Sub-Total	62.50
Discount(0.00%)	0.00
Freight	0.00
Sub Total	62.50



Cutler Bags

Total Credit \$62.50

INVOICE

Laird International Corp.

4651 SW 51, St. # 809

Davie, FL

USA, 33314

Tel: (954) 530-1199 **Toll Free:-****Fax:** (954) 530-1224 **Email:** customerservice@lairdinternational.com**Invoice No. :** IN-6746**Pick Slip No. :** 2721**Sold To:**

THE CLIFFS GOLF & COUNTRY CLUB

PO BOX 1549,

TRAVELERS REST, SOUTH CAROLINA

USA, 29690

Ship To:

THE CLIFFS AT WALNUT COVE

41 CLUB VILLAGE WAY ,

ARDEN, NORTH CAROLINA

USA, 28704

NOTE :

Inv. Date	Salesman	Order No.	Ship Via	Cust. Order No.	Customer ID	Terms								Qty	Price	Exten.
Apr/1/2011	NANCY LE CLAIRE	SO-2720	UPS	2304w	5094	30 DAYS										
Item	Color	Description	N/A													
143/609	100	STRAW HAT	3										3	15.00	45.00	
143/609	310	STRAW HAT	3										3	15.00	45.00	
143/609	800	STRAW HAT	3										3	15.00	45.00	
143/609	862	STRAW HAT	3										3	15.00	45.00	
143/632	100	HAT	3										3	17.50	52.50	
143/632	310	HAT	3										3	17.50	52.50	
Total Units												18				

Merchandise Sub-Total:	285.00
Discount (0.00%)	-0.00
Freight:	8.75
Subtotal:	293.75
FL Tax :	0.00
:	0.00
:	\$0.00
Invoice Total :	\$293.75

**Daily
SPORTS****Cutler Bags**

FED ID: 06-1828659

* All certificates of conformity are found on www.lairdinternational.com/COC/

ALL DISCREPANCIES PERTAINING TO PACKING SLIPS OR INVOICE MUST BE REPORTED WITHIN 14 DAYS OF THE RECEIPT OF THE SHIPMENT. 2.00 % PER MONTH CHARGEABLE ON OVER DUE ACCOUNTS. NO RETURN WITHOUT AUTHORIZATION NUMBER.

Software by GuruComputers Phone : (647) 898-4878

INVOICE

Laird International Corp.

4651 SW 51, St. # 809
 Davie, FL
 USA, 33314
Tel: (954) 530-1199 **Toll Free:-**
Fax: (954) 530-1224 **Email:** customerservice@lairdinternational.com

Invoice No. : IN-6747

Pick Slip No. : 2718

Sold To:

THE CLIFFS GOLF & COUNTRY CLUB
 PO BOX 1549,
 TRAVELERS REST, SOUTH CAROLINA
 USA, 29690

Ship To:

THE CLIFFS AT WALNUT COVE
 41 CLUB VILLAGE WAY ,
 ARDEN, NORTH CAROLINA
 USA, 28704

NOTE :

Inv. Date	Salesman	Order No.	Ship Via	Cust. Order No.							Customer ID	Terms			
Apr/1/2011	NANCY LE CLAIRE	SO-2717	UPS	2350w							5094	30 DAYS			
Item	Color	Description	S	M								Qty	Price	Exten.	
143/801	800	LOW ANKLE SOCK 3 PAIR	1									1	18.00	18.00	
143/801	999	LOW ANKLE SOCK 3 PAIR	1									1	18.00	18.00	
Item	Color	Description	XXS	XS	S	M	L	XL	2XL	3XL		Qty	Price	Exten.	
143/101	999	S/S POLO QICK DRY			1	1	1	1				4	35.00	140.00	
143/111	999	S/L POLO				1	1	1				3	30.00	90.00	
143/113	800	S/S POLO			1	1	1					3	32.50	97.50	
143/127	100	S/L POLO W/O EMB			1	1	1					3	32.50	97.50	
143/127	800	S/L POLO W/O EMB			1	1	1	1				4	32.50	130.00	
Item	Color	Description	30	32	34	36	38	40	42	44	46	48	Qty	Price	Exten.
143/211	999	SKORT 52 CM				1	1	1	1				4	47.50	190.00
143/229	800	SKORT 45 CM		1	1								2	45.00	90.00
143/229	999	SKORT 45 CM		1	1								2	45.00	90.00
143/230	800	SKORT 52 CM					1	1					2	45.00	90.00
143/230	999	SKORT 52 CM					1	1					2	45.00	90.00
Total Units												31			

Merchandise Sub-Total:	1,141.00
Discount (0.00%):	-0.00
Freight:	12.75
Subtotal:	1,153.75
FL Tax :	0.00
:	0.00
:	\$0.00
Invoice Total :	\$1,153.75



Cutler Bags

FED ID: 06-1828659

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ALL DISCREPANCIES PERTAINING TO PACKING SLIPS OR INVOICE MUST BE REPORTED WITHIN 14 DAYS OF THE RECEIPT OF THE SHIPMENT. 2.00 % PER MONTH CHARGEABLE ON OVER DUE ACCOUNTS. NO RETURN WITHOUT AUTHORIZATION NUMBER.

INVOICE

Laird International Corp.

4651 SW 51, St. # 809
 Davie, FL
 USA, 33314

Tel: (954) 530-1199 **Toll Free:-**
Fax: (954) 530-1224 **Email:** customerservice@lairdinternational.com

Invoice No. : IN-6751

Pick Slip No. : 2826

Sold To:

THE CLIFFS GOLF & COUNTRY CLUB
 PO BOX 1549,
 TRAVELERS REST, SOUTH CAROLINA
 USA, 29690

Ship To:

CLIFFS AT GLASSY MOUNTAIN
 200 FIRE PINK WAY ,
 LANDRUM, SOUTH CAROLINA
 USA, 29356

NOTE :

Inv. Date	Salesman	Order No.	Ship Via	Cust. Order No.										Customer ID	Terms	
Apr/1/2011	NANCY LE CLAIRE	SO-2825	UPS	2210G										5094	30 DAYS	
Item	Color	Description	XXS	XS	S	M	L	XL	2XL	3XL				Qty	Price	Exten.
143/166	210	S/L POLO W/O EMB			1	2	2							5	27.50	137.50
143/168	999	S/S POLO W/O EMB			1	2	2	1						6	30.00	180.00
143/408	392	VEST QUILTED			1	2	1							4	57.50	230.00
Item	Color	Description	30	32	34	36	38	40	42	44	46	48		Qty	Price	Exten.
143/255	320	SKORT 45 CM			1	2	1							4	52.50	210.00
143/257	392	SHORTS/CAPRI 62 CM				1	2	1						4	55.00	220.00
Total Units													23			

Merchandise Sub-Total:	977.50
Discount (0.00%):	-0.00
Freight:	19.07
Subtotal:	996.57
FL Tax :	0.00
:	0.00
:	\$0.00
Invoice Total :	\$996.57



Cutler Bags

FED ID: 06-1828659

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ALL DISCREPANCIES PERTAINING TO PACKING SLIPS OR INVOICE MUST BE REPORTED WITHIN 14 DAYS OF THE RECEIPT OF THE SHIPMENT. 2.00 % PER MONTH CHARGEABLE ON OVER DUE ACCOUNTS. NO RETURN WITHOUT AUTHORIZATION NUMBER.

INVOICE

Laird International Corp.

4651 SW 51, St. # 809
 Davie, FL
 USA, 33314
Tel: (954) 530-1199 **Toll Free:-**
Fax: (954) 530-1224 **Email:** customerservice@lairdinternational.com

Invoice No. : IN-7205

Pick Slip No. : 4425

Sold To:

THE CLIFFS GOLF & COUNTRY CLUB
 PO BOX 1549,
 TRAVELERS REST, SOUTH CAROLINA
 USA, 29690

Ship To:

THE CLIFFS GOLF & COUNTRY CLUB
 250 KNIGHTSRIDGE RD ,
 TRAVELERS REST, SOUTH CAROLINA
 USA, 29690

NOTE :

Inv. Date	Salesman	Order No.	Ship Via	Cust. Order No.	Customer ID	Terms									
Jun/9/2011	NANCY LE CLAIRE	SO-4424	UPS	PO 9239V	5094	30 DAYS									
Item	Color	Description	30	32	34	36	38	40	42	44	46	48	Qty	Price	Exten.
143/211	999	SKORT 52 CM								1			1	47.50	47.50
Total Units													1		

Merchandise Sub-Total:	47.50
Discount (25.00%)	-11.88
Freight:	8.75
Subtotal:	44.37
FL Tax :	0.00
:	0.00
:	\$0.00
Invoice Total :	\$44.37



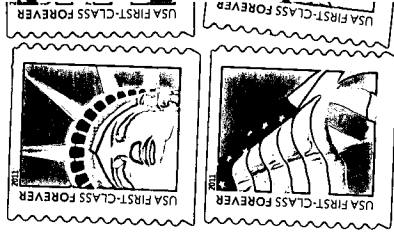
Cutler Bags

FED ID: 06-1828659

* All certificates of conformity are found on www.lairdinternational.com/COC/

ALL DISCREPANCIES PERTAINING TO PACKING SLIPS OR INVOICE MUST BE REPORTED WITHIN 14 DAYS OF THE RECEIPT OF THE SHIPMENT. 2.00 % PER MONTH CHARGEABLE ON OVER DUE ACCOUNTS. NO RETURN WITHOUT AUTHORIZATION NUMBER.

Laird International
4651 SW 51 St. Suite 809
Davie, FL 33314



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

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