


UNITED STATES BANKRUPTCY COURT		District of South Carolina	▼	PROOF OF CLAIM
Name of Debtor: The Cliffs Club & Hospitality Group, Inc.		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): Peter Burwash International, Inc.				COURT USE ONLY
Name and address where notices should be sent: John Reade Peter Burwash International, 4200 Research Forest Drive, #250 The Woodlands, TX 77381 Telephone number: 281-363-4707 email: John.Reade@pbtennis.com				<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: email:				<div style="text-align: center;"> RECEIVED MAR 22 2012 BMC GROUP </div> <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>32,118.80</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 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 Rendered</u> (See instruction #2)				
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: <u>PBI</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 checked="" 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).		Amount entitled to priority: \$ <u>32,118.80</u> Cliffs POC  00064
<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"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <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:

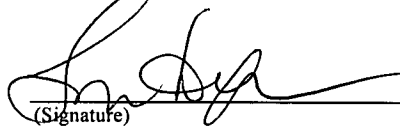
8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.) (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: Tom Dyer
 Title: Vice-President
 Company: Peter Burwash International, Inc.
 Address and telephone number (if different from notice address above):


 (Signature)

MARCH 21, 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.



INVOICE

The Cliffs Communities

Invoice Date
30 Jun 2011

Invoice Number
INV-0322

Reference
June salary

Peter Burwash Intern
76-0611874

Peter Burwash
International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX
77381
USA

Description	Quantity	Unit Price	Tax	Amount USD
June salary	1.00	5,000.00	No Tax	5,000.00
DeAndrade: \$3,500.00				
			Subtotal	5,000.00
			TOTAL TAX	0.00
			TOTAL USD	5,000.00

Due Date: 15 Jul 2011

PAYMENT ADVICE

To: Peter Burwash International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX 77381
USA

Customer	The Cliffs Communities
Invoice Number	INV-0322
Amount Due	5,000.00
Due Date	15 Jul 2011
Amount Enclosed	

Enter the amount you are paying above



INVOICE

The Cliffs Communities
Attention: Steve Seaman
3597 Highway 11
TRAVELERS REST SC 29689

Invoice Date
31 Jul 2011

Invoice Number
INV-0402

Reference
June/July 2011 Lessons

Peter Burwash Intern
76-0611874

Peter Burwash
International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX
77381
USA

Description	Quantity	Unit Price	Tax	Amount USD
Valley Lessons July 2011	1.00	1,360.00	No Tax	1,360.00
Lessons Walnut Cove July 2011	1.00	1,720.00	No Tax	1,720.00
Falls Lessons June 2011	1.00	280.00	No Tax	280.00
Falls Lesson July 2011	1.00	1,065.00	No Tax	1,065.00
DeAndrade 68%: \$3009				
Lessons adjusted off report by Cliffs	1.00	(295.00)	No Tax	(295.00)
			Subtotal	4,130.00
			TOTAL TAX	0.00
			TOTAL USD	4,130.00
			LESS Amount Paid	2,895.00
			AMOUNT DUE	1,235.00

Due Date: 30 Aug 2011



INVOICE

The Cliffs Communities
Attention: Steve Seaman
3597 Highway 11
TRAVELERS REST SC 29689

Invoice Date
31 Jul 2011

Invoice Number
INV-0409

Reference
July salary

Peter Burwash Intern
76-0611874

Peter Burwash
International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX
77381
USA

Description	Quantity	Unit Price	Tax	Amount USD
July salary	1.00	5,000.00	No Tax	5,000.00
DeAndrade: \$3,500.00				
			Subtotal	5,000.00
			TOTAL TAX	0.00
			TOTAL USD	5,000.00
			LESS Amount Paid	2,500.00
			AMOUNT DUE	2,500.00

Due Date: 31 Aug 2011

PAYMENT ADVICE

To: Peter Burwash International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX 77381
USA

Customer	The Cliffs Communities
Invoice Number	INV-0409
Amount Due	2,500.00
Due Date	31 Aug 2011
Amount Enclosed	

Enter the amount you are paying above



INVOICE

The Cliffs Communities
Attention: Steve Seaman
3597 Highway 11
TRAVELERS REST SC 29689

Invoice Date
16 Aug 2011

Invoice Number
INV-0413

Reference
AM airfare

Peter Burwash Intern
76-0611874

Peter Burwash
International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX
77381
USA

Description	Quantity	Unit Price	Tax	Amount USD
DeAndreade AM airfare	1.00	342.30	No Tax	342.30
			Subtotal	342.30
			TOTAL TAX	0.00
			TOTAL USD	342.30

Due Date: 30 Sep 2011

PAYMENT ADVICE

To: Peter Burwash International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX 77381
USA

Customer The Cliffs Communities
Invoice Number INV-0413
Amount Due **342.30**
Due Date 30 Sep 2011
Amount Enclosed

Enter the amount you are paying above



INVOICE

The Cliffs Communities
Attention: Steve Seaman
3597 Highway 11
TRAVELERS REST SC 29689

Invoice Date
31 Aug 2011

Invoice Number
INV-0410

Reference
Aug salary

Peter Burwash Intern
76-0611874

Peter Burwash
International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX
77381
USA

Description	Quantity	Unit Price	Tax	Amount USD
Aug salary	1.00	5,000.00	No Tax	5,000.00
DeAndrade: \$3,500.00				
			Subtotal	5,000.00
			TOTAL TAX	0.00
			TOTAL USD	5,000.00

Due Date: 20 Sep 2011

PAYMENT ADVICE

To: Peter Burwash International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX 77381
USA

Customer	The Cliffs Communities
Invoice Number	INV-0410
Amount Due	5,000.00
Due Date	20 Sep 2011
Amount Enclosed	

Enter the amount you are paying above



INVOICE

The Cliffs Communities
Attention: Steve Seaman
3597 Highway 11
TRAVELERS REST SC 29689

Invoice Date 31 Aug 2011
Invoice Number INV-0409 Aug lessons
Reference Aug 2011 Lessons
Peter Burwash Intern 76-0611874
Peter Burwash
International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX
77381
USA

Description	Quantity	Unit Price	Tax	Amount USD
Valley Lessons Aug 2011	1.00	1,771.50	No Tax	1,771.50
Lessons Walnut Cove Aug 2011	1.00	770.00	No Tax	770.00
Falls Lessons Aug 2011	1.00	500.00	No Tax	500.00
DeAndrade 68%: \$2116.50				
			Subtotal	3,041.50
			TOTAL TAX	0.00
			TOTAL USD	3,041.50

Due Date: 25 Sep 2011

PAYMENT ADVICE

To: Peter Burwash International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX 77381
USA

Customer	The Cliffs Communities
Invoice Number	INV-0409 Aug lessons
Amount Due	3,041.50
Due Date	25 Sep 2011
Amount Enclosed	

Enter the amount you are paying above



INVOICE

The Cliffs Communities
Attention: Steve Seaman
3597 Highway 11
TRAVELERS REST SC 29689

Invoice Date
30 Sep 2011

Invoice Number
INV-0456

Reference
Sept salary and lessons

Peter Burwash Intern
76-0611874

Peter Burwash
International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX
77381
USA

Description	Quantity	Unit Price	Tax	Amount USD
Sept salary	1.00	5,000.00	No Tax	5,000.00
Lessons	1.00	2,105.00	No Tax	2,105.00
DeAndrade: 4931.40				
Check over report total	1.00	5.00	No Tax	5.00
Subtotal				7,110.00
TOTAL TAX				0.00
TOTAL USD				7,110.00
LESS Amount Paid				2,110.00
AMOUNT DUE				5,000.00

Due Date: 20 Oct 2011



INVOICE

The Cliffs Communities
Attention: Steve Seaman
3597 Highway 11
TRAVELERS REST SC 29689

Invoice Date
31 Jan 2012

Invoice Number
INV-0700

Reference
Jan 2012 salary and
lessons

Peter Burwash Intern
76-0611874

Peter Burwash
International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX
77381
USA

Description	Quantity	Unit Price	Tax	Amount USD
Jan salary	1.00	5,000.00	No Tax	5,000.00
Lessons	1.00	1,280.00	No Tax	1,280.00
DeAndrade: \$4370.40+629.60=5000.00				
Check less than report total	1.00	0.00	No Tax	0.00
Subtotal				6,280.00
TOTAL TAX				0.00
TOTAL USD				6,280.00
LESS Amount Paid				1,280.00
AMOUNT DUE				5,000.00

Due Date: 28 Feb 2012



INVOICE

The Cliffs Communities
Attention: Steve Seaman
3597 Highway 11
TRAVELERS REST SC 29689

Invoice Date
29 Feb 2012

Invoice Number
INV-0722

Reference
Feb 2012 salary and
lessons

Peter Burwash Intern
76-0611874

Peter Burwash
International
4200 Research Forest Dr
Ste. 250
THE WOODLANDS TX
77381
USA

Description	Quantity	Unit Price	Tax	Amount USD
Feb salary	1.00	5,000.00	No Tax	5,000.00
Lessons	1.00	1,980.00	No Tax	1,980.00
DeAndrade: \$4846.40+153.60=5000.00				
			Subtotal	6,980.00
			TOTAL TAX	0.00
			TOTAL USD	6,980.00
			LESS Amount Paid	1,810.00
			AMOUNT DUE	5,170.00

Due Date: 25 Mar 2012



Worldwide Destinations

North America

Desert Springs, A JW Marriotts Resort & Spa, CA
Rancho Las Palmas Resort & Spa, CA
Park Hyatt Aviara Resort, CA
Carmel Valley Ranch, CA
The Ritz-Carlton Half Moon Bay, CA
The Lodge at Ventana Canyon, AZ
Harbour Ridge, FL
Naples Grande Beach Resort, FL
Windstar Club on Naples Bay, FL
Sports Core, WI
The Lake George Club, NY
Reynolds Plantation and Ritz-Carlton Lodge, GA
Four Seasons Resort Punta Mita, MEXICO
Las Ventanas al Paraiso, MEXICO

Caribbean

Rio Mar Beach Resort & Spa, a Wyndham Grand Resort PR
Rosewood Little Dix Bay, BVI
Caneel Bay, USVI
Four Seasons Resort Nevis, WI
La Samanna, ST. MARTIN
Four Seasons Resort Costa Rica at Peninsula Papagayo, COSTA RICA

Europe, Middle East & Indian Ocean

Bio-Hotel Stanglwirt, AUSTRIA
Hotel Residence Poiano, ITALY
Films Mountain Resort & Spa, SWITZ.
Badrutt's Palace Hotel, SWITZ.
Al Bustan Palace Muscat, OMAN
InterContinental Muscat, OMAN
Jumeirah Beach Hotel, UAE
Madinat Jumeirah, UAE
Four Seasons Hotel Doha, QATAR
Four Seasons Resort Sharm El Sheikh, EGYPT
Seaside Hotel Los Jameos Playa, CANARY IS
Yarze Country Club, LEBANON
One & Only Le Saint Géran, MAURITIUS
Four Seasons Resort Maurisius at Anahita, MAURITIUS
One & Only Reethi Rah, MALDIVES

Asia

Tokyo Lawn Tennis Club, JAPAN
Aberdeen Marina Club, HONG KONG
The American Club, HONG KONG
The American Club, SINGAPORE
Four Seasons Hotel Singapore, SINGAPORE
Grand Hyatt Seoul, KOREA

Pacific

Four Seasons Resort Lana'i at Manele Bay, HI
Four Seasons Resort Lana'i, The Lodge at Koele, HI
Makena Beach & Golf Resort, HI
Kapalua Resort, HI
Turtle Bay Resort, HI

Peter Burwash International
4200 Research Forest Drive, Suite 250
The Woodlands, TX 77381-4339
Tel: (281) 363-4707 Fax: (281) 292-7783
www.pbtennis.com

March 21, 2012

BMC Group, Inc.
Attn: The Cliffs Club & Hospitality Group, Inc., et al, Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317-3020

To whom It May Concern,

Enclosed is our claim for monies owed to our company, Peter Burwash International, inc. for services rendered to the Cliffs Club & Hospitality in accordance with our contractual agreement.

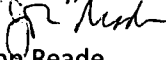
If necessary we can send a copy of our agreement. We did not see anywhere that this is required so are not including it at this time.

Attached also are the unpaid invoices which are still outstanding and document what it owed to us.

If there are any questions about this claim or this matter please contact me at 281-363-4707. I would appreciate someone verifying receipt of this claim document.

Thank you.

Sincerely,


John Reade
Director of Development
John.Reade@pbtennis.com

FedEx® US Airbill

Express

8673 1407 7177

0200

Form ID No.

FedEx Retrieval Copy

1 From
 Date: MAR 21, 2012 Sender's FedEx Account Number: 7016-4500-1

Sender's Name
SCOTT REYNOLDS Phone: 301 265 4761

Company
REYNOLDS & REYNOLDS HOLDING CORPORATION

Address
4000 REYNOLDS CORPORATE BLVD # 250 Dept./Floor/Room/Box

City
THE WOODBRIDGE State: TX ZIP: 77351

2 Your Internal Billing Reference

RECEIVED

3 To
 Recipient's Name: ISRAEL GARZA, JR. Phone:
THE CENTRAL COMMUNICATIONS / BMCGROUP INC
 Address: CELESTINS PARK
186715 E. ALA. DRIVE City: HOUSTON State: TX ZIP: 77058

MAR 22 2012

Recipient's Address
 We cannot deliver to PO boxes or PO ZIP codes. Dept./Floor/Room/Box

Address
 To request a package be held at a specific FedEx location, print FedEx address here.

City: HOUSTON State: TX ZIP: 77058



8673 1407 7177

4a Express Package Service

Packages up to 150 lbs.

- 1** FedEx Priority Overnight
- 2** FedEx Standard Overnight
- 3** FedEx 2Day
- 4** FedEx Express Saver
- 5** FedEx Standard Overnight
- 6** FedEx First Overnight

- 3** Second business day* Thursday
- 20** FedEx Express Saver
- 8** FedEx 2Day Freight
- 83** FedEx 3Day Freight

- 7** Next business day* Friday
- 8** Second business day* Thursday
- 83** Third business day* Thursday

- 4b Express Freight Service**
- 5** Packaging
- 6** FedEx
- 2** FedEx Pak*
- 3** FedEx Box
- 4** FedEx Tube
- 1** Other

- 3** SATURDAY Delivery
- 1** HOLD Weekday at FedEx Location
- 31** HOLD Saturday at FedEx Location

- 4** No
- 4** Yes
- 6** Dry Ice

- 7** Payment Bill to:
- 1** Sender
- 2** Recipient
- 3** Third Party
- 4** Credit Card
- 5** Cash/Check

- 8** Residential Delivery Signature Options
- 10** Direct Signature
- 34** Indirect Signature

Total Packages 1 **Total Weight** 1

1 **2** **3** **4** **5**

520

Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

Rev. Date 10/07/11 15201-90-104-2008 FedEx-PRINTED IN U.S.A. SMY