

B 10 (Official Form 10) (12/11)

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>District of South Carolina</b>	<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Cliffs Club &amp; Hospitality Group Inc</b>		Case Number: <b>12-01220</b>	
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): <b>SC Department of Revenue</b>			
Name and address where notices should be sent: <b>SC Department of Revenue PO Box 12265 Columbia, SC 29211</b>		<b>RECEIVED</b>  <b>MAR 26 2012</b>  <b>BMC GROUP</b>	<b>COURT USE ONLY</b>
Telephone number: <b>(803) 898-5130</b> email:			<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):			<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.
Telephone number:		email:	
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>8,596.16</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 checked="" 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.			
<b>2. Basis for Claim:</b> <u>taxes</u> (See instruction #2)			
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>6 3 3 8</u>	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)	
<b>4. Secured Claim (See instruction #4)</b> 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.		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____	
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		<b>Basis for perfection:</b> _____	
<b>Value of Property:</b> \$ _____		<b>Amount of Secured Claim:</b> \$ <u>1,242.32</u>	
<b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		<b>Amount Unsecured:</b> \$ <u>3,461.40</u>	
<b>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.</b>			
<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).	<b>Amount entitled to priority:</b> \$ <u>3,892.44</u>
<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 checked="" 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.			
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

Cliffs POC  
  
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B 10 (Official Form 10) (12/11)

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**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. (See Bankruptcy Rule 3005.)  
 (Attach copy of power of attorney, if any.)     (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: Pamela Opalacz  
 Title: Bankruptcy Specialist  
 Company: SC Department of Revenue  
 Address and telephone number (if different from notice address above): \_\_\_\_\_

/s/ Pamela Opalacz     03/20/2012  
 (Signature)     (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.

**Proof Of Claim**

Date: 19-Mar-12

Case #: 12-01220

Name: Cliffs Club & Hospitality Group Inc

Claim is based on the following taxes:

Tax Type	Priority	Period Covered	Tax	Interest	Subtotal	Penalty	Total	Date of Tax Lien	Date of Assessment
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
SU	S	1/31/2011	\$0.00	\$0.00	\$0.00	\$358.05	\$358.05		
LO	P	1/31/2011	\$41.00	\$1.48	\$42.48	\$0.00	\$42.48		11/21/2011
LO	U	1/31/2011	\$0.00	\$0.00	\$0.00	\$53.91	\$53.91		11/21/2011
SU	S	1/31/2011	\$250.00	\$9.07	\$259.07	\$0.00	\$259.07		
SU	S	2/28/2011	\$0.00	\$0.00	\$0.00	\$366.71	\$366.71		
SU	S	2/28/2011	\$250.00	\$8.49	\$258.49	\$0.00	\$258.49		
LO	P	2/28/2011	\$41.00	\$1.39	\$42.39	\$0.00	\$42.39		11/22/2011
LO	U	2/28/2011	\$0.00	\$0.00	\$0.00	\$53.71	\$53.71		11/22/2011
LO	U	8/30/2011	\$0.00	\$0.00	\$0.00	\$52.48	\$52.48		
SU	P	8/30/2011	\$250.00	\$3.39	\$253.39	\$0.00	\$253.39		
SU	U	8/30/2011	\$0.00	\$0.00	\$0.00	\$320.00	\$320.00		
SU	P	8/30/2011	\$250.00	\$3.39	\$253.39	\$0.00	\$253.39		
AD	P	8/30/2011	\$500.00	\$6.79	\$506.79	\$0.00	\$506.79		
SU	U	8/30/2011	\$0.00	\$0.00	\$0.00	\$320.00	\$320.00		
LO	P	8/30/2011	\$41.00	\$0.55	\$41.55	\$0.00	\$41.55		
AD	U	8/30/2011	\$0.00	\$0.00	\$0.00	\$640.00	\$640.00		
AD	P	9/30/2011	\$500.00	\$5.41	\$505.41	\$0.00	\$505.41		
SU	P	9/30/2011	\$250.00	\$2.70	\$252.70	\$0.00	\$252.70		
SU	U	9/30/2011	\$0.00	\$0.00	\$0.00	\$318.75	\$318.75		
SU	P	9/30/2011	\$250.00	\$2.70	\$252.70	\$0.00	\$252.70		
SU	U	9/30/2011	\$0.00	\$0.00	\$0.00	\$318.75	\$318.75		
LO	U	9/30/2011	\$0.00	\$0.00	\$0.00	\$52.27	\$52.27		
AD	U	9/30/2011	\$0.00	\$0.00	\$0.00	\$637.50	\$637.50		

**Proof Of Claim**

Date: 19-Mar-12

LO	P	9/30/2011	\$41.00	\$0.44	\$41.44	\$0.00	\$41.44
AD	P	10/31/2011	\$500.00	\$4.12	\$504.12	\$0.00	\$504.12
SU	U	10/31/2011	\$0.00	\$0.00	\$0.00	\$305.00	\$305.00
AD	P	10/31/2011	\$0.00	\$0.00	\$0.00	\$610.00	\$610.00
SU	P	10/31/2011	\$250.00	\$2.06	\$252.06	\$0.00	\$252.06
LO	P	10/31/2011	\$41.00	\$0.34	\$41.34	\$0.00	\$41.34
LO	U	10/31/2011	\$0.00	\$0.00	\$0.00	\$50.02	\$50.02
LO	U	11/30/2011	\$0.00	\$0.00	\$0.00	\$47.76	\$47.76
SU	U	11/30/2011	\$0.00	\$0.00	\$0.00	\$291.25	\$291.25
LO	P	11/30/2011	\$41.00	\$0.24	\$41.24	\$0.00	\$41.24
SU	P	11/30/2011	\$250.00	\$1.44	\$251.44	\$0.00	\$251.44

\$3,746.00      \$54.00      \$3,800.00      \$4,796.16      \$8,596.16

**Priority \$3,892.44**

**Secured \$1,242.32**

**Unsecured \$3,461.40**

**Tax Types:**

- AB Abandoned Property
- AC Accomodations
- AD Admissions
- AV Alcoholic Beverage Violati
- BI Bingo Tax
- BW Beer and Wine
- CD Corporate Declaration
- CI Corporate Income
- CL Corporate License
- CO Coin Operated
- CP Capital Project
- CS Cigarette Stamps
- CT Cigarette Tax
- ES Estate
- GS Gasoline
- HU Highway Use
- II Individual Income
- LO Local Option Sales Tax
- LQ Liquor by Drink Exec
- MC Motor Carrier
- OT Other Tax
- PT Property Tax

**Priority Types:**

- P Priority
- S Secured
- U Unsecured

**Proof Of Claim**

**Date:** *19-Mar-12*

PU Public Utility  
RL Retail License Fee  
RP Responsible Party  
RS Responsible Party Sales  
RW Responsible Party Withhol  
SD Soft Drink Reports  
SP Special Fuel  
ST School District Tax  
SU Sales and Use  
SW Swamp Tax  
TP Tobacco Product  
TT Transportation Tax  
WH Employer Withholding

**Proof Of Claim**

**Date:** 19-Mar-12

**Case #:** 12-01220

**Name:** Cliffs at Keowee Vineyards Golf & Country

**Claim is based on the following taxes:**

Tax Type	Priority	Period Covered	Tax	Interest	Subtotal	Penalty	Total	Date of Tax Lien	Date of Assessment
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
SU	S	1/31/2011	\$0.00	\$0.00	\$0.00	\$358.05	\$358.05		
LO	P	1/31/2011	\$41.00	\$1.48	\$42.48	\$0.00	\$42.48		11/21/2011
LO	U	1/31/2011	\$0.00	\$0.00	\$0.00	\$53.91	\$53.91		11/21/2011
SU	S	1/31/2011	\$250.00	\$9.07	\$259.07	\$0.00	\$259.07		
SU	S	2/28/2011	\$0.00	\$0.00	\$0.00	\$366.71	\$366.71		
SU	S	2/28/2011	\$250.00	\$8.49	\$258.49	\$0.00	\$258.49		
LO	P	2/28/2011	\$41.00	\$1.39	\$42.39	\$0.00	\$42.39		11/22/2011
LO	U	2/28/2011	\$0.00	\$0.00	\$0.00	\$53.71	\$53.71		11/22/2011
LO	U	8/30/2011	\$0.00	\$0.00	\$0.00	\$52.48	\$52.48		
SU	P	8/30/2011	\$250.00	\$3.39	\$253.39	\$0.00	\$253.39		
SU	U	8/30/2011	\$0.00	\$0.00	\$0.00	\$320.00	\$320.00		
SU	P	8/30/2011	\$250.00	\$3.39	\$253.39	\$0.00	\$253.39		
AD	P	8/30/2011	\$500.00	\$6.79	\$506.79	\$0.00	\$506.79		
SU	U	8/30/2011	\$0.00	\$0.00	\$0.00	\$320.00	\$320.00		
LO	P	8/30/2011	\$41.00	\$0.55	\$41.55	\$0.00	\$41.55		
AD	U	8/30/2011	\$0.00	\$0.00	\$0.00	\$640.00	\$640.00		
AD	P	9/30/2011	\$500.00	\$5.41	\$505.41	\$0.00	\$505.41		
SU	P	9/30/2011	\$250.00	\$2.70	\$252.70	\$0.00	\$252.70		
SU	U	9/30/2011	\$0.00	\$0.00	\$0.00	\$318.75	\$318.75		
SU	P	9/30/2011	\$250.00	\$2.70	\$252.70	\$0.00	\$252.70		
SU	U	9/30/2011	\$0.00	\$0.00	\$0.00	\$318.75	\$318.75		
LO	U	9/30/2011	\$0.00	\$0.00	\$0.00	\$52.27	\$52.27		
AD	U	9/30/2011	\$0.00	\$0.00	\$0.00	\$637.50	\$637.50		

**Proof Of Claim**

Date: 19-Mar-12

LO	P	9/30/2011	\$41.00	\$0.44	\$41.44	\$0.00	\$41.44
AD	P	10/31/2011	\$500.00	\$4.12	\$504.12	\$0.00	\$504.12
SU	U	10/31/2011	\$0.00	\$0.00	\$0.00	\$305.00	\$305.00
AD	P	10/31/2011	\$0.00	\$0.00	\$0.00	\$610.00	\$610.00
SU	P	10/31/2011	\$250.00	\$2.06	\$252.06	\$0.00	\$252.06
LO	P	10/31/2011	\$41.00	\$0.34	\$41.34	\$0.00	\$41.34
LO	U	10/31/2011	\$0.00	\$0.00	\$0.00	\$50.02	\$50.02
LO	U	11/30/2011	\$0.00	\$0.00	\$0.00	\$47.76	\$47.76
SU	U	11/30/2011	\$0.00	\$0.00	\$0.00	\$291.25	\$291.25
LO	P	11/30/2011	\$41.00	\$0.24	\$41.24	\$0.00	\$41.24
SU	P	11/30/2011	\$250.00	\$1.44	\$251.44	\$0.00	\$251.44

\$3,746.00      \$54.00      \$3,800.00      \$4,796.16      \$8,596.16

**Priority \$3,892.44**

**Secured \$1,242.32**

**Unsecured \$3,461.40**

**Tax Types:**

- AB Abandoned Property
- AC Accomodations
- AD Admissions
- AV Alcoholic Beverage Violati
- BI Bingo Tax
- BW Beer and Wine
- CD Corporate Declaration
- CI Corporate Income
- CL Corporate License
- CO Coin Operated
- CP Capital Project
- CS Cigarette Stamps
- CT Cigarette Tax
- ES Estate
- GS Gasoline
- HU Highway Use
- II Individual Income
- LO Local Option Sales Tax
- LQ Liquor by Drink Exec
- MC Motor Carrier
- OT Other Tax
- PT Property Tax

**Priority Types:**

- P Priority
- S Secured
- U Unsecured

## **Proof Of Claim**

**Date:** *19-Mar-12*

PU Public Utility  
RL Retail License Fee  
RP Responsible Party  
RS Responsible Party Sales  
RW Responsible Party Withhol  
SD Soft Drink Reports  
SP Special Fuel  
ST School District Tax  
SU Sales and Use  
SW Swamp Tax  
TP Tobacco Product  
TT Transportation Tax  
WH Employer Withholding



B10 (Official Form 10)  
(Rev 6/91)

**United States Bankruptcy Court**  
District of South Carolina

**PROOF OF CLAIM**

PLEASE CIRCLE  
CORRECT CHAPTER  
7 (11) 12 13

(Name of Debtor)  
**Cliffs Club & Hospitality Group Inc**

Case Number  
**12-01220**

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

Name of Creditor  
*(The person or entity to whom the debtor owes money or property)*  
**S.C. Department of Revenue**

Name and Addresses where Notices Should Be Sent  
**S.C. Department of Revenue  
P.O. Box 12265  
Columbia, S. C. 29211**

Telephone No. **803-898-5130**

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 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.

THIS SPACE FOR  
COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

Check here if this claim: replaces amends a previously filed claim, dated: \_\_\_\_\_

**1. BASIS FOR CLAIM:**

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (Describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries, and compensations (Fill out below)

Your social security number \_\_\_\_\_

Unpaid compensations for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date)

(date)

**2. DATE DEBT WAS INCURRED:**

See attached summary

**3. IF COURT JUDGMENT, DATE OBTAINED:**

See attached summary

**4. CLASSIFICATION OF CLAIM.** Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

**SECURED CLAIM \$** \$1,242.32  
Attach evidence of perfection of security interest  
Brief Description of Collateral:  
 Real Estate  Motor Vehicle  Other (Describe briefly)

Wages, salaries, or commissions (up to \$4,000)\*, earned not more than 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 - U.S.C § 507(a)(4)

Up to \$1,800\* of the 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 of 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 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ \_\_\_\_\_

**UNSECURED NONPRIORITY CLAIM \$** \$3,461.40  
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

**UNSECURED PRIORITY CLAIM \$** \$3,892.44  
Specify the priority of the claim.

<b>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b>	\$ <u>3,461.40</u>	\$ <u>1,242.32</u>	\$ <u>3,892.44</u>	\$ <u>8,596.16</u>
	(Unsecured)	(Secured)	(Priority)	(Total)

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

THIS SPACE FOR  
COURT USE ONLY

**6. CREDITS AND SETOFFS:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

**7. SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**8. TIME-STAMPED COPY:** To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.

Date \_\_\_\_\_  
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

March 19, 2012

Pamela Opalacz - Revenue Litigation

## District of South Carolina Claims Register

12-01220-jw The Cliffs Club & Hospitality Group, Inc.

**Chief Judge:** John E. Waites      **Chapter:** 11  
**Office:** Spartanburg              **Last Date to file claims:**  
**Trustee:**                              **Last Date to file (Govt):** 08/27/2012

**Creditor:** (541959651)    **Claim No:** 5      **Status:**  
 SC Department of Revenue    **Original Filed:**      **Filed by:** CR  
 PO Box 12265              **Date:** 03/20/2012    **Entered by:** South Carolina  
 Columbia, SC 29211      **Original Entered:**    Department of Revenue  
    **Date:** 03/20/2012    **Modified:**

Amount claimed: \$8596.16

Secured claimed: \$1242.32

Priority claimed: \$3892.44

*History:*

Details    5-1    03/20/2012 Claim #5 filed by SC Department of Revenue, Amount claimed: \$8596.16 (South Carolina Department of Revenue)

*Description:*

*Remarks:*

### Claims Register Summary

**Case Name:** The Cliffs Club & Hospitality Group, Inc.  
**Case Number:** 12-01220-jw  
**Chapter:** 11  
**Date Filed:** 02/28/2012  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$8596.16
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>	\$1242.32	
<b>Priority</b>	\$3892.44	
<b>Administrative</b>		