


UNITED STATES BANKRUPTCY COURT District of South Carolina		PROOF OF CLAIM
Name of Debtor: The Cliff Communities -The Cliffs at Glassy Golf and Country Club	Case Number: 12-01234	
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): NIVEL PARTS AND MANUFACTURING / FORE-PAR		
Name and address where notices should be sent: Nivel Parts and Manufacturing 3510-1 Port Jacksonville Parkway Jacksonville FL 32226 Telephone number: (877) 713-8094 email: marci_macedo@nivelparts.com		<div style="text-align: center;">COURT USE ONLY</div> <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): <div style="text-align: center;">RECEIVED MAR 26 2012 BMC GROUP</div> Telephone number: _____ email: _____		<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>3,324.26</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.		
2. Basis for Claim: <u>Goods Sold</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 3 7 8 9	3a. Debtor may have scheduled account as: <u>FORE-PAR</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 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"/> 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"/> 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)().
		Cliffs POC  00076 Amount entitled to priority: \$ _____
*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.		

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 3005.)
(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: Marci Macedo
Title: Accounts Receivable Supervisor
Company: Nivel Parts and Manufacturing
Address and telephone number (if different from notice address above):

(Signature) Marci Macedo (Date) 3/22/12

Telephone number: (877) 713-8094 email: marci_macedo@nivelparts.com

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.

CL23789

UNITED STATES BANKRUPTCY COURT, DISTRICT OF SOUTH CAROLINA**Notice of Chapter 11 Bankruptcy Cases, Meeting of Creditors and Deadlines**

Chapter 11 bankruptcy cases concerning the debtors listed below were filed on February 28, 2012. You may be a creditor of the debtors. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. **You are not being sued or forced into bankruptcy.** All documents filed, including lists of the debtors' properties and debts, are available for inspection at the office of the Clerk of the Bankruptcy Court. NOTE: The staff of the bankruptcy clerk's office and the U.S. Trustee cannot give legal advice. Information is also available at: www.bmcgroup.com/cliffs.

<u>Names and Addresses of Debtors</u>	<u>Case Number</u>	<u>Tax ID Number</u>
The Cliffs Club & Hospitality Group, Inc. 3598 Highway 11 Travelers Rest, SC 29690	12-01220	27-1396338
CCHG Holdings, Inc. 3598 Highway 11 Travelers Rest, SC 29690	12-01223	27-2431356
The Cliffs at Mountain Park Golf & Country Club, LLC 3598 Highway 11 Travelers Rest, SC 29690	12-01225	20-5732842
The Cliffs at Keowee Vineyards Golf & Country Club, LLC 3598 Highway 11 Travelers Rest, SC 29690	12-01226	56-2045319
The Cliffs at Walnut Cove Golf & Country Club, LLC 3598 Highway 11 Travelers Rest, SC 29690	12-01227	01-0599879
The Cliffs at Keowee Falls Golf & Country Club, LLC 3598 Highway 11 Travelers Rest, SC 29690	12-01229	82-0573230
The Cliffs at Keowee Springs Golf & Country Club, LLC 3598 Highway 11 Travelers Rest, SC 29690	12-01230	20-5732898
The Cliffs at High Carolina Golf & Country Club, LLC 3598 Highway 11 Travelers Rest, SC 29690	12-01231	26-0534293
The Cliffs at Glassy Golf & Country Club, LLC 3598 Highway 11 Travelers Rest, SC 29690	12-01234	27-1396559
The Cliffs Valley Golf & Country Club, LLC 3598 Highway 11 Travelers Rest, SC 29690	12-01236	27-1396486
Cliffs Club & Hospitality Service Company, LLC 3598 Highway 11 Travelers Rest, SC 29690	12-01237	27-1889665

Attorneys for Debtors

MCKENNA LONG & ALDRIDGE LLP
Gary W. Marsh
J. Michael Levensgood
Bryan E. Bates
303 Peachtree Street, Suite 5300
Atlanta, GA 30308
Telephone: (404) 527-4000

LAW OFFICE OF DÄNA WILKINSON
Däna Wilkinson
365-C East Blackstock Road
Spartanburg, SC 29301
Telephone: (864) 574-7944

Meeting of Creditors

April 13, 2012 at 1:00 PM Eastern / DONALD STUART RUSSELL FEDERAL COURTHOUSE, 201 Magnolia Street, Spartanburg, SC 29306

Deadline to File a Proof of Claim

Notice of deadline will be sent at a later time

Claims may be submitted to:

If by regular mail

BMC Group, Inc.

Attn: The Cliffs Club & Hospitality Group, Inc. Claims Processing

PO Box 3020

Chanhassen, MN 55317-3020

If by messenger or overnight delivery

BMC Group, Inc.

Attn: The Cliffs Club & Hospitality Group, Inc. Claims Processing

18675 Lake Drive East

Chanhassen, MN 55317

Claim form may be downloaded at: www.bmcgroup.com/cliffs

Creditor with a Foreign Address:

A creditor to whom this notice is sent at a foreign address should read the information under "Claims" on the reverse side.

Deadline to File a Complaint to Determine Dischargeability of Certain Debts: N/A

Creditors May Not Take Certain Actions:

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

Address of the Bankruptcy Clerk's Office:

Clerk of the United States Bankruptcy Court
J. Bratton Davis U.S. Bankruptcy Courthouse
1100 Laurel Street

Columbia, South Carolina 29201-2423

Telephone number:

803-765-5436

For the Court:

Acting Clerk of the Bankruptcy Court:
L. Jefferson Davis, IV

Hours Open: Monday – Friday 9:00 am-5:00 p.m.

Date: 3/1/2012

ACCOUNTING DEPARTMENT

1-877-713-8094

Nivel Parts and Manufacturing
6358 Paysphere Circle
Chicago, Illinois 60674

Phone: 800-959-0852

Fax #: 800-676-0789



Page 1

FLEET

STATEMENT

Please Detach and Return
This Portion with your payment

Page 1

Statement Date	Customer No.
03/15/12	CL23789

Attention To / Phone #
PATRICK CLARK
Tel: 864-371-1085

THE CLIFF COMMUNITIES
PO BOX 1549
**2/28/12 BANKRUPTCY CHP 11 **
TRAVELERS REST, SC 29690
USA

Start Date	Customer No.
03/15/12	CL23789

Date Paid _____ Check No. _____ Amount _____

Invoice #	Invoice Date	Due Date	Amount	Finance Charge	Balance
0	04/10/11	04/10/11	1,508.88	0.00	839.85
FCHG	04/30/11	04/30/11	0.00	22.63	22.63
1880025	05/18/11	06/17/11	24.98	0.00	24.98
FCHG	05/31/11	05/31/11	0.00	41.84	41.84
1920338	06/21/11	07/21/11	208.32	0.00	208.32
1920345	06/21/11	07/21/11	793.64	0.00	793.64
1920347	06/21/11	07/21/11	793.64	0.00	793.64
1933444	06/30/11	07/30/11	265.36	0.00	265.36
1933923	06/30/11	07/30/11	91.43	0.00	91.43
FCHG	07/31/11	07/31/11	0.00	61.53	61.53
FCHG	08/31/11	08/31/11	0.00	45.26	45.26
FCHG	10/31/11	10/31/11	0.00	45.26	45.26
FCHG	12/31/11	12/31/11	0.00	45.26	45.26
FCHG	01/31/12	01/31/12	0.00	45.26	45.26

Amount Remitted _____

If Paying By Invoice - Circle
Individual Invoices Paid

Invoice No.	Amount Due
0	839.85
FCHG	22.63
1880025	24.98
FCHG	41.84
1920338	208.32
1920345	793.64
1920347	793.64
1933444	265.36
1933923	91.43
FCHG	61.53
FCHG	45.26
FCHG	45.26
FCHG	45.26
FCHG	45.26
FCHG	45.26
Balance Due	Total
	3,324.26

Current	1 - 30	31 - 60	61 - 90	Over 90	Total
					3,324.26

**ACCOUNTING
DEPARTMENT
1-877-713-8094**

NIVEL PARTS & MFG CO., LLC
6358 Paysphere Circle
CHICAGO, ILLINOIS 60674

Telephone: 877-713-8094
Warehouse: CA



FORE-PAR

INVOICE

Invoice No.	1880025
Customer No.	CL23789

Bill To:

THE CLIFF COMMUNITIES
PO BOX 1549
TRAVELERS REST, SC 29690
USA

Ship To:

WALNUT COVE
443 AVERY CREEK ROAD
ARDEN, NC 28704

Telephone: 864/371-1085
Contact:

Telephone : 828/684-9001
Contact : M/F: John Dershimer

Ship Via		F.O.B.		Terms	Due Date	Salesperson
UPS		SHIPPING POINT		NET 30	06/17/11	Jeffrey Fitcher
Ship Date	Order Date	SO #	Ordered By		PO #	Resale #
05/18/11	04/28/11	11000545			7624W	
Order Quantity	Shipped Quantity	Tax	Item Number	Item Description	Unit Price	Extended Price
3	3	Y	IRRHOSE.MEND1	(IRRHOSE.MEND1 /) U of M: EACH	\$ 5.90	\$ 17.70
				Hose Mender/Steel 1"	0.00	0.00
UPS TRACKING# 1ZE951770355988915						

Print Date	03/15/12	Total Paid	0.00	Subtotal \$	17.70
Print Time	09:33:18			Freight/Handling \$	7.28
			24.98	Sales Tax \$	

**ACCOUNTING
DEPARTMENT
1-877-713-8094**

NIVEL PARTS & MFG CO., LLC
6358 Paysphere Circle
CHICAGO, ILLINOIS 60674

Telephone: 877-713-8094
Warehouse: DS



FORE-PAR

INVOICE

Invoice No.	1920338
Customer No.	CL23789

Bill To:
THE CLIFF COMMUNITIES
PO BOX 1549
TRAVELERS REST, SC 29690
USA

Ship To:
THE CLIFFS @ MOUNTAIN PARK

280 RIVER ROAD
MARIETTA, SC 29661

Telephone: 864-371-1085
Contact: PATRICK CLARK

Ship Via		F.O.B.		Terms	Due Date	Salesperson	
UPS		SHIPPING POINT		NET 30	07/21/11	Jeffrey Fitcher	
Ship Date	Order Date	SO #	Ordered By		PO #	Resale #	
06/21/11	06/08/11	99900558			NICK		
Order Quantity	Shipped Quantity	Tax	Item Number Item Description			Unit Price	Extended Price
4	4	Y	IRRUCV075H (IRRUCV075H /) U of M: EACH Valve, Brass High Flow Control; ¾"MHTx¾"FHT			\$ 26.26	\$ 105.04
4	4	Y	IRRUA-BA107FM (IRRUA-BA107FM /) U of M: EACH Hose Adapter, Brass 1"FHT X ¾"MHT			\$ 10.47	\$ 41.88
4	4	Y	IRRUA-BA107MF (IRRUA-BA107MF /) U of M: EACH Hose Adapter, Brass 1"FHT X ¾"FHT			\$ 10.47	\$ 41.88

Print Date	03/15/12	Total Paid	0.00	Subtotal \$	188.80
Print Time	09:33:20			Freight / Handling \$	19.52

**ACCOUNTING
DEPARTMENT**
1-877-713-8094

NIVEL PARTS & MFG CO., LLC
6358 Paysphere Circle
CHICAGO, ILLINOIS 60674

Telephone: 877-713-8094
Warehouse: DS



FORE-PAR

INVOICE

Invoice No.	1920345
Customer No.	CL23789

Bill To:

THE CLIFF COMMUNITIES
PO BOX 1549
TRAVELERS REST, SC 29690
USA

Telephone: 864-371-1085
Contact: PATRICK CLARK

Ship To:

THE CLIFFS @ MOUNTAIN PARK

280 RIVER ROAD
MARIETTA, SC 29661

Telephone : 864/238-6421
Contact : M/F: Tony Bisbee

Ship Via		F.O.B.		Terms	Due Date	Salesperson	
UPS		SHIPPING POINT		NET 30	07/21/11	Jeffrey Fitcher	
Ship Date	Order Date	SO #	Ordered By		PO #	Resale #	
06/21/11	06/08/11	99900556			NICK		
Order Quantity	Shipped Quantity	Tax	Item Number Item Description			Unit Price	Extended Price
4	3	Y	IRR1X100FLEX (IRR1X100FLEX /) U of M: EACH Hose, 1" X 100' Flexogen			\$ 212.00	\$ 636.00
						0.00	0.00

Print Date	03/15/12	Total Paid	0.00	Subtotal \$	636.00
Print Time	09:33:23			Freight / Handling \$	157.64

**ACCOUNTING
DEPARTMENT
1-877-713-8094**

NIVEL PARTS & MFG CO., LLC
6358 Paysphere Circle
CHICAGO, ILLINOIS 60674

Telephone: 877-713-8094
Warehouse: DS



FORE-PAR

INVOICE

Invoice No:	1920347
Customer No:	CL23789

Bill To:

THE CLIFF COMMUNITIES
PO BOX 1549
TRAVELERS REST, SC 29690
USA

Ship To:

THE CLIFFS @ GLASSY
200 Fire Pink Way
Landrum, SC 29356

Telephone: 864/371-1085
Contact:

Ship Via		F.O.B.		Terms		Due Date	Salesperson	
UPS		SHIPPING POINT		NET 30		07/21/11	Jeffrey Fitcher	
Ship Date	Order Date	SO #	Ordered By		PO #		Resale #	
06/21/11	05/20/11	99900445			ALLEN BEAN			
Order Quantity	Shipped Quantity	Tax	Item Number Item Description			Unit Price	Extended Price	
3	3	Y	IRR1X100FLEX (IRR1X100FLEX /) U of M: EACH Hose, 1" X 100' Flexogen			\$ 212.00	\$ 636.00	
						0.00	0.00	

Print Date	03/15/12	Total Paid	0.00	Subtotal \$	636.00
Print Time	09:33:27			Freight / Handling \$	157.64

**ACCOUNTING
DEPARTMENT
1-877-713-8094**

NIVEL PARTS & MFG CO., LLC
6358 Paysphere Circle
CHICAGO, ILLINOIS 60674

Telephone: 877-713-8094
Warehouse: DS



FORE-PAR

INVOICE

Invoice No:	1933444
Customer No:	CL23789

Bill To:

THE CLIFF COMMUNITIES
PO BOX 1549
TRAVELERS REST, SC 29690
USA

Telephone: 864-371-1085
Contact: PATRICK CLARK

Ship To:

THE CLIFFS @ MOUNTAIN PARK

280 RIVER ROAD
MARIETTA, SC 29661

Telephone : 864/238-6421
Contact : M/F: Tony Bisbee

Ship Via		F.O.B.		Terms	Due Date	Salesperson	
UPS		SHIPPING POINT		NET 30	07/30/11	Jeffrey Fitcher	
Ship Date	Order Date	SO #	Ordered By		PO #	Resale #	
06/30/11	06/08/11	99900556			NICK		
Order Quantity	Shipped Quantity	Tax	Item Number Item Description			Unit Price	Extended Price
4	1	Y	IRR1X100FLEX (IRR1X100FLEX /) U of M: EACH Hose, 1" X 100' Flexogen			\$ 212.00	\$ 212.00
						0.00	0.00

Print Date	03/15/12	Total Paid	0.00	Subtotal \$	212.00
Print Time	09:33:31			Freight / Handling \$	53.36
				Sales Tax \$	

**ACCOUNTING
DEPARTMENT
1-877-713-8094**

NIVEL PARTS & MFG CO., LLC
6358 Paysphere Circle
CHICAGO, ILLINOIS 60674

Telephone: 877-713-8094
Warehouse: CA



FORE-PAR

INVOICE

Invoice No.	1933923
Customer No.	CL23789

Bill To:

THE CLIFF COMMUNITIES
PO BOX 1549
TRAVELERS REST, SC 29690
USA

Ship To:

WALNUT COVE
443 AVERY CREEK ROAD
ARDEN, NC 28704

Telephone: 864/371-1085
Contact:

Telephone : 828/684-9001
Contact : M/F: John Dershimer

Ship Via		F.O.B.		Terms	Due Date	Salesperson	
UPS		SHIPPING POINT		NET 30	07/30/11	Jeffrey Fitcher	
Ship Date	Order Date	SO #	Ordered By		PO #	Resale #	
06/30/11	04/28/11	11000545			7624W		
Order Quantity	Shipped Quantity	Tax	Item Number Item Description			Unit Price	Extended Price
12	12	Y	MNT42512-HD (MNT42512-HD /) U of M: EACH Knife/Sod w/Wood Handle			\$ 6.65	\$ 79.80
						0.00	0.00
UPS TRACKING # 1ZE951770356151263							

Print Date	03/15/12	Total Paid	0.00	Subtotal \$	79.80
Print Time	09:33:33			Freight / Handling \$	11.63

**ACCOUNTING
DEPARTMENT
1-877-713-8094**

NIVEL PARTS & MFG CO., LLC
6358 Paysphere Circle
CHICAGO, ILLINOIS 60674

Telephone: 800-959-0852
Warehouse: FL



FORE-PAR
**FINANCE
CHARGE**

Invoice No.	FCHG11-12
Customer No.	CL23789

Bill To:

THE CLIFF COMMUNITIES
PO BOX 1549
TRAVELERS REST SC 29690

Ship To:

THE CLIFF COMMUNITIES
PO BOX 1549
TRAVELERS REST SC 29690

Telephone:
Contact:

Telephone :

Ship Via		F.O.B.		Terms		Due Date		Salesperson	
				IMMEDIATELY					
Ship Date	Order Date	SO #	Ordered By		PO #		Resale #		
Order Quantity	Shipped Quantity	Tax	Item Number Item Description				Unit Price	Extended Price	
			04/30/11 FINANCE CHARGE					22.63	
			05/31/11 FINANCE CHARGE					41.84	
			07/31/11 FINANCE CHARGE					61.53	
			08/31/11 FINANCE CHARGE					45.26	
			10/31/11 FINANCE CHARGE					45.26	
			12/31/11 FINANCE CHARGE					45.26	
			01/31/12 FINANCE CHARGE					45.26	

Invoice 486179

Invoice Date 03/25/11

FORE-PAR GROUP INC

7650 Stage Road
Buena Park, CA 90621-1226 USA

Telephone: 714/736-9190

Bill To:

THE CLIFF COMMUNITIES
PO Box 1549
Travelers Rest, SC 29690

Ship To:

THE CLIFFS @ WALNUT COVE
41 Club Village Way
Asheville, NC 28704

Customer	Ship Via	F.O.B.		Terms		
CLI03	DROP SHIP	Plant		NET 30 DAYS		
Purchase Order Number		Salesperson	Order Date	Our Order Number		
6816W		59HM	03/14/11	375746		
Quantity Ordered	Quantity Shipped	Item Number	Unit of Measure	Unit Price		Extended Price
	Back Ordered	Item Description		Discount %	Tax	
4	4	STD32100	EA		95.00	323.00
	0	Staples/2"x6" (504 Qty)		15.000	Y	
1	1	SHIP_N.C.	EA		53.66	53.66
	0	UPS (Std) North Carolina			Y	
THANK YOU FOR YOUR ORDER - HOWARD 800/722-1984						
NOTE 1: Any discrepancy MUST be reported within 4 working days after receipt of product and/or invoice.						
NOTE 2: All returns MUST be pre-authorized with an RSO# prior to return OR product will be subject to refusal @ customer expense.						
Nontaxable Subtotal						0.00
Taxable Subtotal						376.66
Tax (7.750%)						29.19
Total Invoice						405.85

Invoice 486007

Invoice Date 03/23/11

FORE-PAR GROUP INC

7650 Stage Road
Buena Park, CA 90621-1226 USA

Telephone: 714/736-9190

Bill To:

THE CLIFF COMMUNITIES
PO Box 1549
Travelers Rest, SC 29690

Ship To:

THE CLIFFS @ KEOWEE FALLS
306 Indian Trail
Salem, SC 29676

Customer		Ship Via		F.O.B.		Terms	
CLI03		UPS8		Plant		NET 30 DAYS	
Purchase Order Number				Salesperson		Order Date	Our Order Number
34340				58MN		03/01/11	374736
Quantity Ordered	Quantity Shipped	Item Number	Unit of Measure	Unit Price		Extended Price	
	Back Ordered	Item Description		Discount %	Tax		
28	28	FPR254EMB	EA		15.50	434.00	
	0	Flag, Regulation Pers Embroidered Specify Course/Colors			N		
		"THE CLIFFS SC"					
		WH/BK					
		400 DENIER					
0	0	SHIP	EA		0.00	0.00	
	0	UPS (Standard)			N		
THANKS YOUR YOUR ORDER - MIKE							
714/736-9190*236							
NOTE 1: ANY discrepancy MUST be reported within 4 working days after receipt of product and/or invoice.							
NOTE 2: ALL returns MUST be pre-authorized with an RSO# prior to return OR product will be subject to refusal @ customer expense.							
Nontaxable Subtotal						434.00	
Taxable Subtotal						0.00	
Tax						0.00	
Total Invoice						434.00	

Master

03/22/2012

US POSTAGE

\$01.50



ZIP 32226

011D11614672

RECEIVED

MAR 26 2012

BMC GROUP

BMC Group, Inc.
Attn: The Cliffs Club + Hosp. Group Claims Processing
PO Box 3020
Chanhassen MN 55317