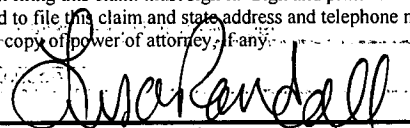



<b>UNITED STATES BANKRUPTCY COURT District of South Carolina</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Cliffs Valley Golf & Country Club		Case Number: 12-01236
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Wright Express Financial Services		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent: PO Box 639 Portland, Me 04104  Telephone number: (207) 523-7006		
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 your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>59,389.89</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <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 filing of the bankruptcy petition or cessation of the debtor's business, 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).  <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)(____).  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.
2. Basis for Claim: <u>fuel credit card purchase</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>3960</u> 3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff 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 _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: <u>03/21/2012</u>  Lisa Randall	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file the claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.    FOR COURT USE ONLY Cliffs POC  00082	



# INVOICE/STATEMENT

INVOICE NUMBER: 26689140  
 ACCOUNT NAME: CLIFFS GOLF & COUNTRY

PAGE 1 OF 1

ACCOUNT NUMBER	CREDIT LIMIT	DAYS THIS PERIOD	BILL CLOSING DATE	PAYMENT DUE DATE	AMOUNT DUE
██████████ 2396-0	100,000.00	30	07-15-2011	08-10-2011	59,389.89

DATE	ACTIVITY DESCRIPTION	CHARGES/DEBITS	PAYMENTS/CREDITS
07-15-2011	MONTHLY CARD CHG	168.00	
	ACCOUNT IS SEVERELY DELINQUENT ACCOUNT WILL BE TERMINATED AND REFERRED FOR FORMAL COLLECTION IF PAYMENT IS NOT RECEIVED IMMEDIATELY CALL TOLL FREE 1-888-437-6004		

PURCHASES, RETURNS AND PAYMENTS MADE JUST PRIOR TO BILLING DATE MAY NOT APPEAR UNTIL THE NEXT INVOICE/STATEMENT

PREVIOUS BALANCE	(-)PAYMENTS	(+)PURCHASES	(+)DEBITS	(-)CREDITS	(+)LATE FEE	(=)NEW BALANCE
58,057.38	0.00	0.00	168.00	0.00	1,164.51	59,389.89

\$10.00 MINIMUM LATE FEE  
 PAY ONLINE AT: [www.wexonline.com](http://www.wexonline.com)  
 CALL CUSTOMER SERVICE TO PAY BY PHONE  
 FEDERAL TAX ID: ██████████

The Late Fee is determined by applying a monthly periodic rate of	Which is an ANNUAL PERCENTAGE RATE of	To the Balance subject to late fee for this period which is
2.00 %	24.00 %	58,225.38

SEE REVERSE SIDE FOR MORE INFORMATION AND TERMS.

----- TO ENSURE PROPER CREDIT, TEAR AT PERFORATION AND INCLUDE BOTTOM PORTION WITH YOUR PAYMENT

ACCOUNT NAME	CLIFFS GOLF & COUNTRY
ACCOUNT NUMBER	██████████ 2396-0
INVOICE NUMBER	26689140
BILL CLOSING DATE	07-15-2011
AMOUNT DUE	59,389.89
AMOUNT ENCLOSED:	
PAYMENT DUE DATE	08-10-2011

PAYMENTS RECEIVED AFTER THIS DATE SUBJECT TO LATE FEES.

## WRIGHT EXPRESS FLEET SERVICES

ASHLEY BLEVINS  
 CLIFFS GOLF & COUNTRY  
 PO BOX 1549  
 TRAVELERS REST, SC 29690

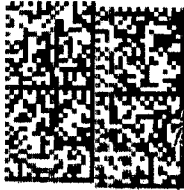
Fax change of address request to 1-800-395-0809.  
 Make check payable to:  
**FLEET SERVICES**  
 Use enclosed envelope or send to:



FLEET SERVICES  
 PO BOX 6293  
 CAROL STREAM IL 60197-6293



PO Box 639  
Portland, ME 04104-0639



Hasler

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\$00.450

03/27/2012

Mailed From 04106

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MAR 29 2012

BMC Group In BMC GROUP  
Cliffs Club & Hospitality Claims

P.O. Box 3020

Chanhassen, MN 55317-3020

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