

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: Cliffs Club & Hospitality Service Company, LLC

Case Number: 12-01237

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): EASTERN PACIFIC APPAREL

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent: Attn: Credit Department 4 CORPORATE DRIVE SUITE 388 SHELTON, CT 06484

RECEIVED MAR 29 2012 BMC GROUP

Court Claim Number: (If known)

Telephone number: (203) 926-1881

Filed on:

Name and address where payment should be sent (if different from above):

PO BOX 72 BRATTLEBORO, VT 05302-0073

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.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 3,130.28

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.

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.

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.

Specify the priority of the claim.

2. Basis for Claim: GOODS SOLD (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 1245

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).

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.

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

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).

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Amount entitled to priority:

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.

\*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.

If the documents are not available, please explain:

FOR COURT USE ONLY

Date: 3/26/12

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 this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Handwritten signature: Honora Parker



**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, there may be exceptions to these general rules.*

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located 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 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. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your 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:**

Use this space to 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.

**4. Secured Claim:**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) 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 to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:**

The person filing 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. 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. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS**

**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 owed a debt by the debtor that arose on or 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 on a debt owed by the debtor that arose 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 should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

**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.

**INFORMATION**

**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](http://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

**FROM:**  
 EASTERN PACIFIC APPAREL, INC.  
 8 WEST 40TH STREET  
 2ND FLOOR  
 NEW YORK, NY 10018 US

Phone1: (212) 302-7255  
 Phone2:  
 Fax: (212) 302-5983



<b>STATEMENT DATE</b>
02/09/12
<b>ACCOUNT NUMBER</b>
CLI245

**TO:**

THE CLIFFS CLUB & HOSPITALITY  
 PO BOX 1279  
 Travelers Rest, SC 29690 US

**REMIT TO:**

Eastern Pacific Apparel, Inc.  
 P.O. Box 72  
 Brattleboro, VT 05302-0072  
 Customer Service # (800)462-5419  
 AR Phone # (888)221-6444

DIV	DOC TYPE	DOCUMENT NUMBER	REFERENCE	DOC DATE	DUE DATE	AMOUNT DUE
01	INVOICE	465386	7533K /59B 1	08/19/11	09/18/11	1,333.43
01	INVOICE	465638	7870V	08/26/11	09/25/11	1,330.95
01	INVOICE	465925	11322V	08/30/11	09/29/11	73.93
01	INVOICE	466378	7534K /59B 2	09/12/11	10/12/11	313.08
01	INVOICE	466837	11797K	09/21/11	10/21/11	78.89

FUT/CURR	AGED 1-30	AGED 31-60	AGED 61-90	AGED OVER 90	TOTAL DUE
0.00	0.00	0.00	0.00	3,130.28	3,130.28

REMIT TO:  
 Eastern Pacific Apparel, Inc.  
 P.O. Box 72  
 Brattleboro, VT 05302-0072  
 Customer Service # (800)462-5419  
 AR Phone # (888)221-6444



**SHIP TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 THE CLIFFS AT KEOWEE VINEYARDS  
 824 CLUB HOUSE DRIVE  
 SUNSET, SC 29685 US

**BILL TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 PO BOX 1279  
 Travelers Rest, SC 29690 US

INVOICE	
DATE	NUMBER
08/19/11	465386
DUE DATE	PICK TICKET #
09/18/11	474356

STORE #	REP	CUST. P.O. #	ACCT. NO.	REFERENCE #	ORDER NO.	SHIP VIA	TERMS						
004	359	7533K /59B 1	CLI245	59B-13001	169056	5-UPS GROUND	NET 30						
STYLE	COLOR	COL DESC	S	M	L	XL	TOTAL	PRICE	TOTAL DOLLARS				
4530AC	020	CHARCOAL	1	1			2	54.00	108.00				
LUXE COTTON L/S ST NECK CARDIG /													
4530AC	737	CHAMOIS			1	1	2	54.00	108.00				
LUXE COTTON L/S ST NECK CARDIG /													
4531AC	021	CHARCOAL			1		1	49.00	49.00				
COTTON L/S CREW NECK ARG CARD /													
5537AC	738	CHAMOIS		1	1	1	3	34.00	102.00				
TOUR TECH S/S PLAID 4-BUT POLO /													
6530AC	020	CHARCOAL	1	1			2	39.00	78.00				
DIAMOND QUILTED KNIT ZIP VEST /													
6530AC	737	CHAMOIS			1	1	2	39.00	78.00				
DIAMOND QUILTED KNIT ZIP VEST /													
STYLE	COLOR	COL DESC	2	4	6	8	10	12	14	16	TOTAL	PRICE	TOTAL DOLLARS
1530AC	020	CHARCOAL						1	1	1	3	36.00	108.00
19IN STR FAUX WRAP SKORT /													
1530AC	737	CHAMOIS					1	1			2	36.00	72.00
19IN STR FAUX WRAP SKORT /													
1531AC	738	CHAMOIS		1	1	1					3	39.00	117.00
19IN STR TARTAN PLAID SKORT /													
8531AC	021	CHARCOAL	1				1				2	37.00	74.00
20IN STR WINDOWPANE SHORT /													

Page Sub Total	22
CONTINUED ON NEXT PAGE	

\*\*\* DUPLICATE \*\*\* 02/09/12 02:58:50 PM - JSOBIERAJ

REMIT TO:  
 Eastern Pacific Apparel, Inc.  
 P.O. Box 72  
 Brattleboro, VT 05302-0072  
 Customer Service # (800)462-5419  
 AR Phone # (888)221-6444



**SHIP TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 THE CLIFFS AT KEOWEE VINEYARDS  
 824 CLUB HOUSE DRIVE  
 SUNSET, SC 29685 US

**BILL TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 PO BOX 1279  
 Travelers Rest, SC 29690 US

INVOICE	
DATE	NUMBER
08/19/11	465386
DUE DATE	PICK TICKET #
09/18/11	474356

STORE #	REP	CUST. P.O. #	ACCT. NO.	REFERENCE #	ORDER NO.	SHIP VIA	TERMS						
004	359	7533K /59B 1	CLI245	59B-13001	169056	5-UPS GROUND	NET 30						
STYLE	COLOR	COL DESC	2	4	6	8	10	12	14	16	TOTAL	PRICE	TOTAL DOLLARS
STYLE	COLOR	COL DESC	S	M	L	XL					TOTAL	PRICE	TOTAL DOLLARS
5530AC	113	WHITE	1	1	1	1					4	36.00	144.00
TOUR TECH L/S ZIP POLO W/TRIM / Design1: 200299 Placement1: LC Coordination1: CMP Pricel: 3.00 Total: 12.00													
5530AC	738	CHAMOIS	1	1	1	1					4	36.00	144.00
TOUR TECH L/S ZIP POLO W/TRIM / Design1: 200299 Placement1: LC Coordination1: CMP Pricel: 3.00 Total: 12.00													
5533AC	100	WHITE	1	1	1						3	29.00	87.00
TOUR DRY S/S POLO W/ARG ZIP PL / Design1: 200299 Placement1: LC Coordination1: CMP Pricel: 3.00 Total: 9.00													

need in-hand by 9/10 for member-guest tournament.

As of 2/25 a po is required on all orders IF INV GOES BEYOND 30 DAYS-CALL JOAN S BEFORE CONTACTING CUST

CARTONS : 1  
 WEIGHT : 22  
 TRACKING : 1Z3F9F260310801984



Merchandise	\$1,269.00
Embroidery	\$33.00
<b>SUB-TOTAL</b>	<b>\$1,302.00</b>
S&H	\$31.43
<b>TOTAL</b>	<b>\$1,333.43</b>

\*\*\* DUPLICATE \*\*\* 02/09/12 02:58:50 PM - JSOBIERAJ



REMIT TO:  
 Eastern Pacific Apparel, Inc.  
 P.O. Box 72  
 Brattleboro, VT 05302-0072  
 Customer Service # (800)462-5419  
 AR Phone # (888)221-6444



**SHIP TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 THE CLIFFS AT VALLEY  
 250 NIGHTSRIDGE ROAD  
 TRAVLERS REST, SC 29690 US

**BILL TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 PO BOX 1279  
 Travelers Rest, SC 29690 US

INVOICE	
DATE	NUMBER
08/26/11	465638
DUE DATE	PICK TICKET #
09/25/11	474904

STORE #	REP	CUST. P.O. #	ACCT. NO.	REFERENCE #	ORDER NO.	SHIP VIA	TERMS				
005	359	7870V	CLI245	59B-13025	169968	5-UPS GROUND	NET 30				
STYLE	COLOR	COL DESC	XS	S	M	L	XL	TOTAL	PRICE	TOTAL DOLLARS	
4531AC	021	CHARCOAL	1	1	1			3	49.00	147.00	
COTTON L/S CREW NECK ARG CARD /											
6530AC	020	CHARCOAL		1	2	1	1	5	39.00	195.00	
DIAMOND QUILTED KNIT ZIP VEST /											
STYLE	COLOR	COL DESC	2	4	6	8	10	12	TOTAL	PRICE	TOTAL DOLLARS
1530AC	020	CHARCOAL	1	1	1	1	1	1	6	36.00	216.00
19IN STR FAUX WRAP SKORT /											
1531AC	738	CHAMOIS	1	1	1	1	1	5	39.00	195.00	
19IN STR TARTAN PLAID SKORT /											
STYLE	COLOR	COL DESC	S	M	L	XL	TOTAL	PRICE	TOTAL DOLLARS		
5530AC	113	WHITE	1	2	1	1	1	6	36.00	216.00	
TOUR TECH L/S ZIP POLO W/TRIM / Design1: 200299 Placement1: LC Coordination1: TNL Pricel: 3.00 Total: 18.00											
5531AC	020	CHARCOAL	2	2	1			5	34.00	170.00	
TOUR TECH L/S ZIP POLO / Design1: 200299 Placement1: LC Coordination1: TNL Pricel: 3.00 Total: 15.00											
5534AC	737	CHAMOIS	1	1	1	1		4	29.00	116.00	
LIQUID COTTON S/S SNAP POLO / Design1: 200299 Placement1: LC Coordination1: TNL Pricel: 3.00 Total: 12.00											

As of 2/25 a po is required on all orders IF INV GOES BEYOND 30 DAYS-CALL JOAN S BEFORE CONTACTING CUST

CARTONS : 1  
 WEIGHT : 21  
 TRACKING : 1Z3F9F260310804678



Merchandise	\$1,255.00
Embroidery	\$45.00
SUB-TOTAL	\$1,300.00
S&H	\$30.95
<b>TOTAL</b>	<b>\$1,330.95</b>

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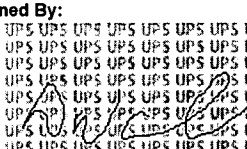
Proof of Delivery

[Close Window](#)

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

**Tracking Number:** 1Z3F9F260310804678  
**Service:** UPS GROUND  
**Delivered On:** 08/31/2011 12:12 P.M.  
**Delivered To:** 250 KNIGHTSRIDGE RD  
 GLF  
 TRAVELERS REST, SC, US 29690

**Signed By:** WALTER  


**Left At:** Front Desk

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 02/09/2012 2:57 P.M. ET

[Print This Page](#)

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REMIT TO:  
 Eastern Pacific Apparel, Inc.  
 P.O. Box 72  
 Brattleboro, VT 05302-0072  
 Customer Service # (800)462-5419  
 AR Phone # (888)221-6444



**SHIP TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 THE CLIFFS AT VALLEY  
 250 NIGHTSRIDGE ROAD  
 TRAVLERS REST, SC 29690 US

**BILL TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 PO BOX 1279  
 Travelers Rest, SC 29690 US

INVOICE	
DATE	NUMBER
08/30/11	465925
DUE DATE	PICK TICKET #
09/29/11	475465

STORE #	REP	CUST. P.O. #	ACCT. NO.	REFERENCE #	ORDER NO.	SHIP VIA	TERMS		
005	359	11322V	CLI245	AME2718	177938	5-UPS GROUND	NET 30 CREDIT CARD		
STYLE	COLOR	COL DESC	M				TOTAL	PRICE	TOTAL DOLLARS
5441ZD	100	WHITE	1				1	27.00	27.00
TOUR DRY C/S OPEN COLLAR POLO /									
STYLE	COLOR	COL DESC	M				TOTAL	PRICE	TOTAL DOLLARS
1440ZD	662	STRAWBERR	1				1	36.00	36.00
19IN STR MICRO GAB SKORT /									
STYLE	COLOR	COL DESC	M				TOTAL	PRICE	TOTAL DOLLARS

As of 2/25 a po is required on all orders IF INV GOES BEYOND 30 DAYS-CALL JOAN S BEFORE CONTACTING CUST

CARTONS : 1  
 WEIGHT : 2  
 TRACKING : 1Z3F9F260310805355



Merchandise	\$63.00
SUB-TOTAL	\$63.00
S&H	\$10.93
TOTAL	\$73.93

\*\*\* DUPLICATE \*\*\* 02/09/12 02:55:25 PM - JSOBIERAJ



REMIT TO:  
 Eastern Pacific Apparel, Inc.  
 P.O. Box 72  
 Brattleboro, VT 05302-0072  
 Customer Service # (800)462-5419  
 AR Phone # (888)221-6444



**SHIP TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 THE CLIFFS AT KEOWEE VINEYARDS  
 824 CLUB HOUSE DRIVE  
 SUNSET, SC 29685 US

**BILL TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 PO BOX 1279  
 Travelers Rest, SC 29690 US

INVOICE	
DATE	NUMBER
09/12/11	466378
DUE DATE	PICK TICKET #
10/12/11	475098

STORE #	REP	CUST. P.O. #	ACCT. NO.	REFERENCE #	ORDER NO.	SHIP VIA	TERMS		
004	359	7534K /59B 2	CLI245	59B-13002	169057	5-UPS GROUND	NET 30		
STYLE	COLOR	COL DESC	M	L	XL		TOTAL	PRICE	TOTAL DOLLARS
6560AF	001	BLACK	1	1			2	59.00	118.00
FAUX LEATHER AND FUR ZIP VEST /									
6560AF	104	IVORY	1				1	59.00	59.00
FAUX LEATHER AND FUR ZIP VEST /									
6560AF	278	CAMEL		1	1		2	59.00	118.00
FAUX LEATHER AND FUR ZIP VEST /									

As of 2/25 a po is required on all orders IF INV GOES BEYOND 30 DAYS-CALL JOAN S BEFORE CONTACTING CUST

CARTONS : 1  
 WEIGHT : 7  
 TRACKING : 1Z3F9F260310807219



Merchandise	\$295.00
SUB-TOTAL	\$295.00
S&H	\$18.08
TOTAL	\$313.08

\*\*\* DUPLICATE \*\*\* 02/09/12 03:00:48 PM - JSOBIERAJ



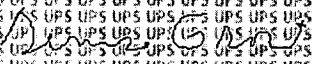
Proof of Delivery

[Close Window](#)

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

**Tracking Number:** 1Z3F9F260310807219  
**Reference Number(s):** 169057, 7534K /59B 2  
**Service:** UPS Ground  
**Weight:** 7.00 lbs  
**Shipped/Billed On:** 09/12/2011  
**Delivered On:** 09/15/2011 2:15 P.M.  
**Delivered To:** 824 CLUB HOUSE DR  
 SUNSET, SC, US 29685

**Signed By:** GRUOT  


**Left At:** Front Desk

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 02/09/2012 3:01 P.M. ET

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REMIT TO:  
 Eastern Pacific Apparel, Inc.  
 P.O. Box 72  
 Brattleboro, VT 05302-0072  
 Customer Service # (800)462-5419  
 AR Phone # (888)221-6444



**SHIP TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 THE CLIFFS AT KEOWEE VINEYARDS  
 824 CLUB HOUSE DRIVE  
 SUNSET, SC 29685 US

**BILL TO**  
 THE CLIFFS CLUB & HOSPITALITY  
 PO BOX 1279  
 Travelers Rest, SC 29690 US

INVOICE	
DATE	NUMBER
09/21/11	466837
DUE DATE	PICK TICKET #
10/21/11	476211

STORE #	REP	CUST. P.O. #	ACCT. NO.	REFERENCE #	ORDER NO.	SHIP VIA	TERMS			
004	359	11797K	CLI245	AME3221	179482	5-UPS GROUND	NET 30 CREDIT CARD			
STYLE	COLOR	COL DESC	XL					TOTAL	PRICE	TOTAL DOLLARS
5533AC	100	WHITE	1					1	29.00	29.00
TOUR DRY S/S POLO W/ARG ZIP PL /										
STYLE	COLOR	COL DESC	16					TOTAL	PRICE	TOTAL DOLLARS
1531AC	738	CHAMOIS	1					1	39.00	39.00
19IN STR TARTAN PLAID SKORT /										
STYLE	COLOR	COL DESC	XL					TOTAL	PRICE	TOTAL DOLLARS

As of 2/25 a po is required on all orders IF INV GOES BEYOND 30 DAYS-CALL JOAN S BEFORE CONTACTING CUST

CARTONS : 1  
 WEIGHT : 2  
 TRACKING : 1Z3F9F260310816192



Merchandise	\$68.00
SUB-TOTAL	\$68.00
S&H	\$10.89
TOTAL	\$78.89

\*\*\* DUPLICATE \*\*\* 02/09/12 02:59:38 PM - JSOBIERAJ



ROD COPIDA  
(203) 926-1881  
FAIRWAY & GREENE LTD.  
4 CORPORATE DR  
SHELTON CT 06484-6263

1 LBS

1 Unit

SHIP TO:

THE CLIFFS CLUB---CLAIMS PROCESSING  
BMC GROUP, INC.  
18675 LAKE DRIVE EAST  
CHANHASSEN MN 55317

Insert slip  
under window

MAR 29 2012

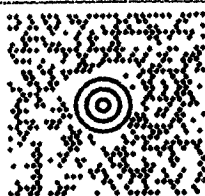
not use

5 Ground

Stand

3 Day

World

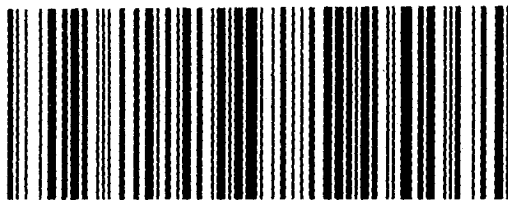


MN 559 9-56 BMC GROUP



UPS GROUND

TRACKING #: 1Z A63 R05 03 4845 8052



BILLING: P/P

WS 14.0.21

LP2844 24.0R 01/201



International Shipping Notice - Carriage hereunder may be subject to the rules relating to liability and other terms and/or conditions established by the Convention for the Unification of Certain Rules Relating to International Carriage by Air (the "Warsaw Convention") and/or the Convention on the Contract for the International Carriage of Goods by Road (the "CMR Convention"). These conventions, including all amendments thereto, have been accepted by the U.S. in accordance with the Export Administration Regulations. Origin: Country of U.S. (see proforma). For shipping advice, call 1-800-762-7882. United Parcel Service, Louisville, KY