

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): Johnson Controls Inc			COURT USE ONLY
Name and address where notices should be sent: 507 E Michigan St, LD-72 Milwaukee WI 53202		RECEIVED 'APR 18 2012 BMC GROUP	<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number:	email:		Court Claim Number: _____ (If known)
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:		
1. Amount of Claim as of Date Case Filed: \$ <u>5,158.61</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>HVAC Services</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: 5 9 3 6	3a. Debtor may have scheduled account as: _____ (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.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		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"/> 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).	Amount entitled to priority: \$ _____
<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)(____).	
*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: Brian Wilderman
 Title: Credit Analyst
 Company: Johnson Controls, Inc
 Address and telephone number (if different from notice address above):

B. Wilderman 4/16/12
 (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.



Original Invoice

Direct Inquiries to: Johnson Controls
 Greenville, SC Service - 0342
 430 ROPER MOUNTAIN RD-STE J
 GREENVILLE SC 29615

Federal ID#:39-0380010

Attn: BRIAN NEWTON

Bill To: CLIFFS COMMUNITY
 ATTN ACCOUNTS PAYABLE
 PO BOX 1549
 TRAVELERS REST SC 29690

Phone:(864) 234-5160

Fax:

Mail Check To:JOHNSON CONTROLS
 PO BOX 905240
 CHARLOTTE, NC, 28290-5240

ACH Wire Transfers:JP Morgan Chase
 One Chase Manhattan Plaza
 New York, NY 10005
 Credit to: Johnson Controls Inc.
 ABA# 071-000013 Depositor Acct #55-14347
 Type of Account: Checking

Project Name / Project Site / Tax Loc Cliffs AHU Replacement/CLIFF COMMUNITIES/5427	Purchase Order / Date / Authorized By Signed Proposal/09/20/2011/Newton	JCI Project 1-3882116841	JCI Project Manager Daniel Terry
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Period Covered Change Order	Application # 2	Invoice Number 1-4246678073	Invoice Date 11/22/2011	Terms Due Upon Receipt
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Original Contract Amount: \$1,172.61
 Approved Change Orders: \$0.00
 New Contract Amount: \$1,172.61
 Work Completed to Date: \$1,172.61
 Less Retention: \$0.00
 Total Less Retention: \$1,172.61
 Less Invoiced To Date: \$0.00
 Net Billed This Invoice: \$1,172.61
 Tax At 0.00%: \$0.00
 Total Amount Due This Invoice \$1,172.61

The Project Manager named above submits this application with knowledge, information, and belief that the work covered by this application for payment has been completed in accordance with the Contract Documents, that all amounts have been paid for Work for which previous applications for payment were issued and for which payments were received from the Owner and that current payment shown herein is now due.

Item A	Description of Work	Scheduled Value C	Previous Application D	Work In Place E	Stored Material F	Complete and Stored G (D+E+F)	Percent H (G/C)	Balance To Finish I (C-G)	Retention %	Retention \$
1	Change Order	\$1,172.61	\$0.00	\$1,172.61	\$0.00	\$1,172.61	100.00%	\$0.00	0.00%	\$0.00
Totals		\$1,172.61	\$0.00	\$1,172.61	\$0.00	\$1,172.61	100.00%	\$0.00	0.00%	\$0.00



Johnson Controls, Inc.
 Building Efficiency
 Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #:	1-4120226376	Invoice Date:	11/30/2011
PO #/Auth:	29737	Service Request:	1-4120226161
Customer WO#:		SR Type:	L&M
Customer Acct:	1255936	Branch Name:	Greenville. SC Service - 0342

Bill To:
 CLIFFS COMMUNITY
 ATTN ACCOUNTS PAYABLE
 PO BOX 1549
 TRAVELERS REST SC 29690
Requested By: Brain Newton
Phone: 8642701589

Service Site:
 THE CLIFFS COMMUNITY WELLNESS CTR
 PO BOX 1549 ATTN ACCOUNTS PAYABLE,
 TRAVELERS REST SC 29690-1206
Proposal : CLIFFS WELLNESS CTR
 15T COMP
Proposal Date: 10/27/2011
Accepted By:

Work Performed: REPLACE 15 TON COMPRESSOR FOR DESERT AIR UNIT:
 (Work Scope)
 Removed refrigerant from Desert Aire unit. Installed new compressor, new refrigerant, new driers, new solid state safety control, evacuated system, leak tested and weighed in correct charge. Checked and verified correct operation.
 Thank you for your business.

Total Quote Price	\$3,986.00
Taxes	\$0.00
Total Amount Due	USD \$3,986.00

Direct Billing Inquiries: (864) 234-5160

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls, Inc. to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

Disposable, Environmental & Usage (DEU) fee listed on this invoice may include charges for one or more of the following miscellaneous: Electrical, pneumatic, welding supplies, hardware materials, cleaning supplies, or refrigerant reclaim disposal. A lump sum charge was applied rather than itemizing usage.

We hereby certify that these goods are produced in compliance with all applicable requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.

Please reference our Invoice Number and amount with your payment and send ONLY to the address on this invoice.

Payment Terms: Due Upon Receipt Of Invoice
Direct Billing Inquiries
To Service Department: (864) 234-5160

To Remit Via Credit Card:
 Call the phone number listed above.

INVOICE#: 1-4120226376

AMOUNT DUE: \$3,986.00

Remit Payment To:
 JOHNSON CONTROLS
 PO BOX 905240
 CHARLOTTE, NC, 28290-5240

To Remit Via ACH Wire Transfers:
 JP Morgan Chase
 One Chase Manhattan Plaza
 New York, NY 10005
 Credit to: Johnson Controls Inc.
 ABA# 071-000013 Depositor Acct #55-14347
 Type of Account: Checking

JOHNSON CONTROLS

Credit Department /LD72
507 E Michigan Street
Milwaukee, WI 53202
(414) 524-7215 Phone
(877) 404-7198 Fax
Brian.J.Wilderma@jci.com

April 16, 2012

BMC Group, Inc
Attn: The Cliffs Club & Hospitality Group, Inc Claims Processing
PO Box 3020
Chanhasen, MN 55317-3020

Re: Proof of Claim for The Cliffs Club & Hospitality Group, Inc (case # 12-01220)

Dear Clerk:

Johnson Controls, Inc. is submitting a proof of claim in the matter of bankruptcy for The Cliffs Club & Hospitality Group, Inc in the amount of \$5,158.61.

Enclosed is the original proof of claim and a copy along with the invoice. Please acknowledge the proof of claim by signing the copy and sending back to the above address.

If you need additional information or have questions, please feel free to contact me.

Sincerely,



Brian Wilderman
Credit Analyst
Johnson Controls Inc.



507 E. Michigan St.
LD-72
Milwaukee, WI 53201-0423

RETURN SERVICE REQUESTED

RECEIVED

'APR 18 2012
FIRST CLASS
BMC GROUP



02 1R
0002002901 APR 16 2012
\$00.374
MAILED FROM ZIP CODE 53209

BMC Group, Inc
Attn: The Cliffs Club & Hospitality Group, Inc
Claims Processing
PO Box 3020
Channahassen MN 55317-3020

553173020

