

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

Your Claim is Scheduled As Follows:
Schedule/Claim ID: s15472
AMOUNT/CLASSIFICATION:
\$421.66 UNSECURED

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

Case Number:
12-01237

NOTE: See reverse and attached for List of Debtors/Case Numbers/important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for Administrative Expenses 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(a).

Name of Creditor (the person or other entity to whom the debtor owes money or property)

RECEIVED

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

Name and address where notices should be sent:

29347866010047
2XL Corporation
2415 Braga Drive
Broadview, IL 60155-3941

APR 20 2012
BMC GROUP

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed except as provided in the accompanying bar date notice.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (708) 344 4090 email: joand@2xlcorp.com

THIS SPACE IS FOR COURT USE ONLY

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

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

Court Claim Number (if known):

Filed on:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 421.00

If all or part of your claim is secured, 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.

2. BASIS FOR CLAIM: Open invoices for Gymwipes - (3)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as:

3b. Uniform Claim Identifier (optional):

4. SECURED CLAIM: (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$

Nature of property or right of setoff:

Basis for Perfection:

Describe:

Amount of Secured Claim: \$

Real Estate Motor Vehicle Other

Amount Unsecured: \$

Value of Property: \$

Annual Interest Rate: % Fixed or Variable (when case was filed)

5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or 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 administrative expense or priority and state the amount.

Amount entitled to priority: \$

Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$

You MUST specify the priority of the claim:

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

- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ().
- Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).

* 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)

Cliffs POC



00158

7. DOCUMENTS: Attached are redacted copies of 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 definition of "redacted").
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
 If the documents are not available, please explain:

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

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES OR EMAIL NOT ACCEPTED) so that it is actually received on or before 4:00 pm prevailing Eastern Time on May 31, 2012 for Non-Governmental Claimants OR on or before 4:00 pm prevailing Eastern Time on August 27, 2012 for Governmental Claimants.

BY MAIL TO:
 BMC Group, Inc
 Attn: Cliffs Claims Processing
 PO Box 3020
 Chanhassen, MN 55317-3020

BY MESSENGER OR OVERNIGHT DELIVERY TO:
 BMC Group, Inc
 Attn: Cliffs Claims Processing
 18675 Lake Drive East
 Chanhassen, MN 55317

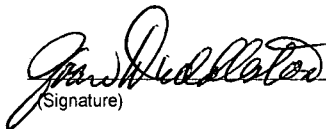
8. SIGNATURE: (See instruction #8)

Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. (Attach copy of power of attorney, if any.) I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor. (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: Joan Duddleston
 Title: Accountant
 Company: 2XL Corporation
 Address and telephone number (if different from notice address above):


 (Signature)

4/17/12
 (Date)

Telephone number: 708-356-1272 email: joan.d@2xlcorp.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.

LIST OF DEBTORS:

Case Name	Case Nbr
The Cliffs Club & Hospitality Group, Inc.	12-01220
CCHG Holdings, Inc.	12-01223
The Cliffs at Mountain Park Golf & Country Club, LLC	12-01225
The Cliffs at Keowee Vineyards Golf & Country Club, LLC	12-01226
The Cliffs at Walnut Cove Golf & Country Club, LLC	12-01227
The Cliffs at Keowee Falls Golf & Country Club, LLC	12-01229
The Cliffs at Keowee Springs Golf & Country Club, LLC	12-01230
The Cliffs at High Carolina Golf & Country Club, LLC	12-01231
The Cliffs at Glassy Golf & Country Club, LLC	12-01234
The Cliffs Valley Golf & Country Club, LLC	12-01236
Cliffs Club & Hospitality Service Company, LLC	12-01237



2XL Corporation

2415 Braga Drive
Broadview IL 60155-3941
United States
www.2xlcorp.com

Invoice

Invoice #	114638
PO #	5643V
Entered By	Laura Chavez
Terms	Net 30
Due Date	2/25/2011
Balance	268.80
Invoice/Ship Date	1/26/2011
Shipping Method	FedEx Ground®
Tracking #	815152615241133 815152615241140

Bill To

Accounts Payable
The Cliffs Community
P.o Box 1279
Clubs and Hospitality Group
Duncan SC 29390

Ship To

Receiving Dept.
Cliffs Valley Wellness
25 Painter Creek Rd
Travelers Rest SC 29690

Customer ID		Cliff Communities Travelers Rest			
Quantity	Units	Item #	Description	Unit Price	Amount
8	ea	2XL-101	GymWipes Antibacterial Refills - 700 count	29.95	239.60
1			FedEx Ground®	29.20	29.20
				Total	\$268.80

Contact us via email: support@2xlcorp.com; Phone: 708-344-4090

2XL Corporation

If using credit card, please also print the name and the ccv code.

Please Enter Your Credit Card Information

Type: Discover Master Card Visa American Expr...

Credit Card #: _____

Expiration Date: _____ Month _____ Year

Signature: _____

Remittance Slip

Customer Cliff Communities Travelers

Invoice # 114638

Amount Due \$268.80

Amount Paid _____

Make Checks Payable To

2XL Corporation
2415 Braga Drive
Broadview IL 60155-3941
United States



114638



2XL Corporation

2415 Braga Drive
Broadview IL 60155-3941
United States
www.2xllcorp.com

Invoice

Invoice #	114975
PO #	5945G
Entered By	Laura Chavez
Terms	Net 30
Due Date	3/5/2011
Balance	152.86
Invoice/Ship Date	2/3/2011
Shipping Method	FedEx Home Delivery®
Tracking #	815152615256328

Bill To

Accounts Payable
The Cliffs Communities
3598 Highway 11
Travelers Rest SC 29690

Ship To

Joan Heberger
The Cliffs at Glassy
Glassy Wellness
50 Falcon Glen Dr.
Landrum SC 29356-3409

Customer ID Cliff Communities Glassy Wellness Ctr

Quantity	Units	Item #	Description	Unit Price	Amount
1	ea	2XL-101	GymWipes Antibacterial Refills - 700 count	29.95	29.95
1			FedEx Home Delivery®	14.00	14.00
				Total	\$43.95

Contact us via email: support@2xllcorp.com; Phone: 708-344-4090

2XL Corporation

If using credit card, please also print the name and the ccv code.

Please Enter Your Credit Card Information

Type: Discover Master Card Visa American Expr...

Credit Card #: _____

Expiration Date: _____ Month _____ Year

Signature: _____

Remittance Slip

Customer Cliff Communities Glassy ...

Invoice # 114975

Amount Due \$43.95

Amount Paid _____

Make Checks Payable To

2XL Corporation
2415 Braga Drive
Broadview IL 60155-3941
United States



114975



2XL Corporation

2415 Braga Drive
Broadview IL 60155-3941
United States
www.2xllcorp.com

Invoice

Invoice #	115064
PO #	5945G
Entered By	Laura Chavez
Terms	Net 30
Due Date	3/9/2011
Balance	152.86
Invoice/Ship Date	2/7/2011
Shipping Method	FedEx Home Delivery®
Tracking #	815152615259022

Bill To

Accounts Payable
The Cliffs Communities
3598 Highway 11
Travelers Rest SC 29690

Ship To

Joan Heberger
The Cliffs at Glassy
Glassy Wellness
50 Falcon Glen Dr.
Landrum SC 29356-3409

Customer ID		Cliff Communities Glassy Wellness Ctr			
Quantity	Units	Item #	Description	Unit Price	Amount
3	ea	2XL-101	GymWipes Antibacterial Refills - 700 count	29.95	89.85
1			FedEx Home Delivery®	19.06	19.06
				Total	\$108.91
Contact us via email: support@2xllcorp.com; Phone: 708-344-4090					

2XL Corporation

If using credit card, please also print the name and the ccv code.

Please Enter Your Credit Card Information

Type: Discover Master Card Visa American Expr...

Credit Card #: _____

Expiration Date: _____ Month _____ Year

Signature: _____

Remittance Slip

Customer Cliff Communities Glassy ...

Invoice # 115064

Amount Due \$108.91

Amount Paid _____

Make Checks Payable To

2XL Corporation
2415 Braga Drive
Broadview IL 60155-3941
United States



115064



2XL Corporation
2415 Braga Drive
Broadview, IL 60155

RECEIVED
APR 20 2012
BMC GROUP

*BMC Group, Inc.
Attn: Piffa Davis Pae.
P.O. Box 3020
Mankato, MN 55317-3020*



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
\$ 001.640
0003965937 APR 17 2012
MAILED FROM ZIP CODE 60155

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