


B 10 (Official Form 10) (12/11)

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>District of South Carolina</b>	<b>PROOF OF CLAIM</b>
Name of Debtor: <b>The Cliffs Club &amp; Hospitality Group Inc., et al</b>		Case Number: <b>12-01220</b>	
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):			
Name and address where notices should be sent: <b>Charter Communications Attention: Cash Management 4670 E Fulton, Suite 102 Ada, MI 49301</b>		<b>RECEIVED</b>  <b>APR 20 2012</b>  <b>BMC GROUP</b>	<b>COURT USE ONLY</b>
Telephone number: (616) 607-2394 email:			<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): <b>Charter Communications Attention: Cash Management 279 Trowbridge Dr Fond Du Lac, WI 54937</b>			<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: (616) 607-2396 email:			
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>7,914.53</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.			
<b>2. Basis for Claim:</b> <u>Utilities</u> (See instruction #2)			
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  <u>1 3 7 2</u>	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)	
<b>4. Secured Claim (See instruction #4)</b> 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: \$ _____	
<b>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.</b>			
<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"/> 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"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	
<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: \$ _____	
Cliffs POC  00166			
*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.			
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

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**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:

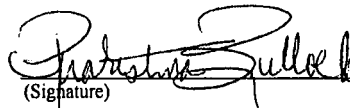
**8. Signature:** (See instruction #8)

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. (See Bankruptcy Rule 3005.)
- (Attach copy of power of attorney, if any.)    (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: Pharistina Bullock  
 Title: Associate Accounts Receivable Specialist  
 Company: Charter Communications  
 Address and telephone number (if different from notice address above): \_\_\_\_\_

  
 (Signature)

04/11/2012  
 (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.



March 21, 2012  
 Account: 401  
 Phone Number:  
 Security Code:  
 Service at: 59 Running Creek Trl  
 Arden NC 28704-9002

**Contact Us**  
 visit us at [www.CharterBusiness.com](http://www.CharterBusiness.com) or call  
 1-800-314-7195 - 24 hours/day - 7 days/week

### Summary Service from 03/28/12 through 04/27/12

Previous Balance	444.90
Payments Received	0.00
<b>Past Due Balance</b>	<b>444.90</b>
Adjustments	234.44
Charter TV®	203.20
One Time Charges	2.20
Taxes, Fees and Charges	17.05
Current Charges due by 04/10/12	-11.99
<b>Total Due</b>	<b>\$432.91</b>

**\*Important Notice\*** Your account is past due. The past due amount is due five days following the mailing date of this bill. Please pay total past due amount to avoid further collection activity and interruption of service. If service is interrupted, you will need to pay your full past due amount and a reconnection fee to resume service.

details on following pages



1265 JOHN Q HAMMONS 100 MADISON WI 53717-1936  
 8634 0120 NO RP 21 03222012 NNNNNYNN 01 005866 0023

WC WELLNESS CENTER  
 PO BOX 1549  
 TRAVELERS REST SC 29690-1206

### Charter Business News

EX-1047787  
 03/28/2012

The monthly fee for your Charter Business TV basic and expanded TV services will increase by a total of 5% on your April statement due to increases in programming, license, copyright, retransmission fees and other costs of business which impact the cost of delivering your TV services. This increase does not apply to digital services at this time.



When our services team up, you save. Save up to 20% on your bill by bundling your Internet, phone and TV with us. Call today and let us customize a bundle that fits your needs. Call 888-845-4779 or visit [CharterBusiness.com/BundleandSave](http://CharterBusiness.com/BundleandSave)

March 21, 2012

Wc Wellness Center

Account: 8401

Phone Number:

Service at: 59 Running Creek Trl  
 Arden NC 28704-9002

**Total Due \$432.91**

Amount you are enclosing \$



CHARTER COMMUNICATIONS  
 PO BOX 742600  
 CINCINNATI OH 45274-2600



Page 2 of 4

March 21, 2012

Account:  
Security Code:Wn Wellness Center  
1401**Contact Us**  
visit us at [www.CharterBusiness.com](http://www.CharterBusiness.com) or call  
1-800-314-7195 - 24 hours/day - 7 days/week

8634 0120 NO RP 21 03222012 NNNNNYNN 01 005866 0023

**Charge Details**

Previous Balance	444.90
Past Due Balance	\$444.90

Payments received after 03/21/12 will appear on your next bill.

**Adjustments**

Bankr Filing - Adjustment	03/08	-234.44
Adjustments Total		-\$234.44

Service from 03/28/12 through 04/27/12

**HD Charter TV®**

CB Basic TV	56.42
CB Expanded Basic TV	104.78
CB Digital Receiver	42.00
Charter TV Total	\$203.20

**One-Time Charges**

TV Internet Late Fee	02/22	2.20
One-Time Charges Total		\$2.20

**Taxes, Fees and Charges****TV**

Taxes	Sales Tax	2.84
	NC Communications Tax	11.46
Fees & Charges	Broadcast TV Surcharge	2.54
	FCC Admin Fee	0.21
Taxes, Fees and Charges Total		\$17.05

Current Charges due by 04/10/12	-\$11.99
Total Due	\$432.91

**More Charter News**

Charter Communications reviews the tax structure on all customers for Federal, State and Local Taxes. This statement reflects the current taxes for your area.

Franchising Authority: Buncombe County, NC (00101967)

Local Charter Office Address: 89 Peachtree Road, Asheville NC 28704; Office Hours: Mon, Tue, Wed, Fri - 8:00am To 6:00pm; Thur - 9:00am To 6:00pm; Sat - 9:00am To 2:00pm

## Your WAY can be the GREEN way!

### GO GREEN with Charter Business

Your WAY can be the GREEN way. Charter Business Online Bill Pay is helping the environment one customer at a time. It's easy - all you need to do is sign up for Charter Business Online Bill Pay. It will save you money on postage and time - and it'll also save trees!

Enroll in Online Bill Pay today.

Enrolling is easy, just go to [www.charterbusiness.com/myaccount](http://www.charterbusiness.com/myaccount). Each month, you'll receive a paperless e-bill that you pay online with your choice of payment options:

- Debit Card - Credit Card - Electronic Funds Transfer
- Receive a quick summary of your account at any time
- Access up to 6 months of statements

**Payment Options**

Pay Online - Create or Login to MyAccount to pay or view your bill online at [CharterBusiness.com/myaccount](http://CharterBusiness.com/myaccount).

Pay by Mail - Detach this portion of your statement and send it with your check made payable to Charter in the enclosed envelope.



For questions or concerns, please call 1-800-314-7195.





April 2, 2012

Account:

1372

Phone Number:

Security Code:

Service At

3598 HIGHWAY 11  
TRAVELERS REST SC 29690-3598

**Contact Us**

visit us at [www.CharterBusiness.com](http://www.CharterBusiness.com) or call  
1-866-603-3199 - 24hours/day - 7 days/week

**Summary** Service from 04/09/12 through 05/08/12

Previous Balance	21,791.64
Payments Received - Thank You!	-25,007.37
<b>Remaining Balance</b>	<b>-3,215.73</b>
Adjustments	2,928.23
HD Charter TV®	74.45
Charter Internet®	6,299.95
Charter Phone®	3,100.00
Partial Month Charges	-806.36
Taxes, Fees and Charges	85.19
Current Charges	11,681.46
<b>Total Due by 04/22/12</b>	<b>\$8,465.73</b>

**Thank you for choosing Charter.**

We appreciate your prompt payment and value you as a customer.

details on following pages



1265 JOHN Q HAMMONS 100 MADISON WI 53717-1936  
8634 0160 NO RP 02 04032012 NNNNNYNN 01 005868 0022

THE CLIFFS COMMUNITIES  
PO BOX 1549  
TRAVELERS REST SC 29690-1206

April 2, 2012

**The Cliffs Communities**

Account: 1372

Phone Number:

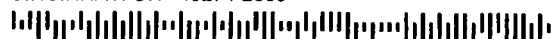
Service at

3598 HIGHWAY 11  
TRAVELERS REST SC 29690-3598

**Total Due by 04/22/12 \$8,465.73**

Amount you are enclosing \$

CHARTER COMMUNICATIONS  
PO BOX 742600  
CINCINNATI OH 45274-2600



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April 2, 2012

Account:  
Security Code:The Cliffs Communities  
.372**Contact Us**visit us at [www.CharterBusiness.com](http://www.CharterBusiness.com) or call  
1-866-603-3199 - 24hours/day - 7 days/week  
8634 0160 NO RP 02 04032012 NNNNNYNN 01 005868 0022**Contact Us**visit us at [www.CharterBusiness.com](http://www.CharterBusiness.com) or call  
1-800-314-7195 - 24 hours/ day - 7 days/week**Charge Details**

Previous Balance		21,791.64
1-Time EFT Payment	03/15	-3,215.73
1-Time EFT Payment	03/15	-10,895.82
1-Time EFT Payment	03/27	-10,895.82
<b>Remaining Balance</b>		<b>-\$3,215.73</b>

Payments received after 04/02/12 will appear on your next bill.

**Adjustments**

Bankr Filing - Adjustment	03/08	-7,680.09
Back Date Credit To 3/5 - Adjustment	03/20	-312.50
<b>Adjustments Total</b>		<b>\$2,928.23</b>

Service from 04/09/12 through 05/08/12

**Charter TV®**

CB Basic TV	31.08
CB Expanded Basic TV	43.37
<b>Charter TV Total</b>	<b>\$74.45</b>

**Charter Internet®**

CB Fiber Internet SVC	6,200.00
CB Vpn Service	99.95
<b>Charter Internet Total</b>	<b>\$6,299.95</b>

**Charter Phone®**

CB Optical Ethr Intra	3,100.00
For additional call details and terms of service please visit <a href="http://www.charter.com/calldetails">www.charter.com/calldetails</a>	
<b>Charter Phone Total</b>	<b>\$3,100.00</b>

**Partial Month Charges**

CB Optical Ethr Intra	03/20-04/08	-403.18
CB Optical Ethr Intra	03/20-04/08	-403.18
<b>Partial Month Charges Total</b>		<b>-\$806.36</b>

**Taxes, Fees and Charges****TV**

Taxes	Sales Tax	6.29
Fees & Charges	Broadcast TV Surcharge	0.80
	FCC Admin Fee	0.10
	Franchise Fee	4.61

**Phone**

Fees & Charges	State Puc Fee	4.32
	State Universal Service Fund	49.26
	Local Business License Tax	19.81
<b>Taxes, Fees and Charges Total</b>		<b>\$85.19</b>

<b>Current Charges</b>	<b>\$11,681.46</b>
<b>Total Due by 04/22/12</b>	<b>\$8,465.73</b>

**Billing Information**

**Tax and Fee Notice-** Charter Communications reviews the tax and fee structure on all customers for Federal, State and Local taxes and fees. This statement reflects the current taxes and fees for your area. For additional details please see the standard terms and conditions of service located at [www.charter.com](http://www.charter.com)

Continued on the next page....

Franchise Authority: City of Travelers Rest SC

Local Charter Office Address: 17 Lindsay Ave, Greenville SC 29611 Office Hours: Mon, Tue, Wed, Thur, Fri - 8:00am to 6:00pm; Sat - 9:00am to 1:00pm

**Simplify your life with Charter Business Auto Pay!**Spend less time paying your bill  
and more time running your business.

It's Easy - No more checks, stamps or trips to the post office  
It's Secure - Powerful technology keeps your information safe  
It's Flexible- Use your checking, savings, debit or credit card  
It's FREE - And helps save time, postage and the environment

Set up easy, automatic bill payments with **Charter Business Auto Pay!**Visit: [www.CharterBusiness.com/myaccount](http://www.CharterBusiness.com/myaccount)  
(My Account login required)**Charter  
Business****Payment Options**

**Pay Online** - Create or Login to MyAccount  
to pay or view your bill online at  
[www.CharterBusiness.com/myaccount](http://www.CharterBusiness.com/myaccount)

**Pay by Mail** - Detach this portion of your statement and  
send it with your check made payable to Charter in the  
enclosed envelope. Please do not include  
correspondences of any type with payments.

For questions or concerns,  
please call 1-800-314-7195.



Look Right for what's happening in this worksheet →

Bankruptcy ACCT #	Date	Initials
777	3/9/2012	SB

Bankruptcy INFORMAT.	Filing Date (MM/DD/YYYY)	Docket Number (no letters)	Active on Filing date (YYYY)
777	2/28/2012	12-01220	(optional) y

Only make changes to white cells. Leave gray cells alone.	
Service To Date following Filing Date:	3/9/2012
Ending Balance for above:	\$21,786.15
Service To Date PRIOR to Filing Date:	2/9/2012
Beginning Balance for above:	\$43,618.86
Enter Amount of all payments "in" Filing Date Statement:	-\$32,726.53
Enter Amount of all additional charges "in" Filing Date Statement:	\$0.00
Enter Amount of all payments "out" Filing Date Statement and before the Filing Date:	\$10,855.32
Enter Amount of all additional charges "out" Filing Date Statement and before the Filing Date:	\$0.00
Enter Amount of all payments "in" Filing Date statement and before the Filing Date:	\$10,855.32
Enter Amount of all additional charges "in" Filing Date statement and before the Filing Date:	\$0.00
Be sure to check the following before continuing: (Very rarely past dates are no comments about a previous credit for...)	12/14/2012

Total Amount to reze:
\$10,855.32 + \$7,880.09 = \$18,735.41

Do not make changes below:
Divisions:
Cases:
Days in statement:
Days in total:
Total Charges:
Amount per day:
Amount to add:
Amount to subtract:
Amount in Statement Month:

Monthly Rate:	Monthly Rate:	Pre-Paid Amount:
\$21,786.15	E11 \$10,855.32	Total Days: 20
\$4,9818.86	E13 - 20 B34	Since Filing: 9
\$10,855.32	E15 \$375.72	Day Rate: 20
	E16 \$7,517.36	

Amount to Credit:	Pre-Rate
\$4,9818.86	E17 \$375.72
\$7,514.36	E18 \$375.72
\$22,726.53	E19 \$2,144.16
\$10,855.32	E20 \$2,144.16
\$7,880.09	E21 \$2,144.16
\$7,880.09	E22 \$2,144.16

Do not change or edit this section. It is for display purposes only. Use it to verify how things are being calculated. No changes ever need to be made in this section. Colors match those in the section being edited.





Bankruptcy  
 ECTY # 01  
 Filing Date 2/28/2012  
 Court Date 12/4/2020 (optional)  
 Address on filing date (UNITA) Y

Look Right for what's happening in this worksheet →

Only make changes to white cells. Leave gray cells alone.

Services to Date following Filing Date: 3/27/2012  
 Ending Balance: \$444.90  
 Starting To Date 3/27/2012  
 Registered Balance for above: \$444.90  
 Enter Amount of all payments to Filing Date Statement: \$322.40  
 Enter Amount of all payments after Filing Date Statement: \$30.00  
 Enter Amount of all payments after Filing Date Statement and before the Filing Date: \$30.00  
 Enter any additional charges added after Filing Date statement and before the Filing Date: \$30.00  
 Enter any additional charges added after Filing Date statement and before the Filing Date: \$30.00  
 Be sure to check the following before continuing:  
 1. All payments are to the correct creditor.  
 2. All payments are for the correct amount.  
 3. All payments are for the correct date.  
 4. All payments are for the correct creditor.

Total Amount to credit: \$322.40

Do not make changes below:

Disbursements:  
 Date in statement: 3/27/2012  
 Total Disbursements: \$322.40  
 Total Charges: \$32.20  
 Amount per day: \$7.59  
 Amount to add: \$7.59  
 Amount to credit: \$7.59  
 Previous Statement Month: 3/27/2012

Monthly Rate: E11 \$444.90 E12 \$220.25 E13 \$110.12 E14 \$55.06 E15 \$27.53 E16 \$13.76 E17 \$6.88 E18 \$3.44 E19 \$1.72 E20 \$0.86 E21 \$0.43 E22 \$0.21 E23 \$0.11 E24 \$0.05 E25 \$0.03 E26 \$0.01 E27 \$0.01 E28 \$0.01 E29 \$0.01 E30 \$0.01 E31 \$0.01 E32 \$0.01 E33 \$0.01 E34 \$0.01 E35 \$0.01 E36 \$0.01 E37 \$0.01 E38 \$0.01 E39 \$0.01 E40 \$0.01 E41 \$0.01 E42 \$0.01 E43 \$0.01 E44 \$0.01 E45 \$0.01 E46 \$0.01 E47 \$0.01 E48 \$0.01 E49 \$0.01 E50 \$0.01 E51 \$0.01 E52 \$0.01 E53 \$0.01 E54 \$0.01 E55 \$0.01 E56 \$0.01 E57 \$0.01 E58 \$0.01 E59 \$0.01 E60 \$0.01 E61 \$0.01 E62 \$0.01 E63 \$0.01 E64 \$0.01 E65 \$0.01 E66 \$0.01 E67 \$0.01 E68 \$0.01 E69 \$0.01 E70 \$0.01 E71 \$0.01 E72 \$0.01 E73 \$0.01 E74 \$0.01 E75 \$0.01 E76 \$0.01 E77 \$0.01 E78 \$0.01 E79 \$0.01 E80 \$0.01 E81 \$0.01 E82 \$0.01 E83 \$0.01 E84 \$0.01 E85 \$0.01 E86 \$0.01 E87 \$0.01 E88 \$0.01 E89 \$0.01 E90 \$0.01 E91 \$0.01 E92 \$0.01 E93 \$0.01 E94 \$0.01 E95 \$0.01 E96 \$0.01 E97 \$0.01 E98 \$0.01 E99 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## District of South Carolina Claims Register

12-01220-jw The Cliffs Club & Hospitality Group, Inc.

**Chief Judge:** John E. Waites      **Chapter:** 11

**Office:** Spartanburg      **Last Date to file claims:**

**Trustee:**      **Last Date to file (Govt):** 08/27/2012

<i>Creditor:</i> (541977784)	<b>Claim No:</b> 9	<i>Status:</i>
Charter Communications	<i>Original Filed</i>	<i>Filed by:</i> CR
Attention: Cash	<i>Date:</i> 04/11/2012	<i>Entered by:</i> Charter
Management	<i>Original Entered</i>	Communications
279 Trowbridge Dr	<i>Date:</i> 04/11/2012	<i>Modified:</i>
Fond Du Lac, WI		
54937		

Amount claimed: \$7914.53

*History:*

Details    9-1    04/11/2012 Claim #9 filed by Charter Communications, Amount claimed: \$7914.53 (Charter Communications)

*Description:*

*Remarks:*

### Claims Register Summary

**Case Name:** The Cliffs Club & Hospitality Group, Inc.

**Case Number:** 12-01220-jw

**Chapter:** 11

**Date Filed:** 02/28/2012

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$7914.53
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		