
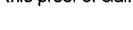




UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM	
Name of Debtor: Cliffs Club & Hospitality Service Company, LLC		Case Number: 12-01237	Your Claim is Scheduled As Follows: Schedule/Claim ID: s15783 AMOUNT/CLASSIFICATION: \$61.53 UNSECURED
<small>NOTE: See reverse and attached 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).</small>			
Name of Creditor (the person or other entity to whom the debtor owes money or property) : THE Tool Shed, Inc.		 29347866011128 RECEIVED APR 23 2012 BMC GROUP	
Name and address where notices should be sent:  29347866011128 The Tool Shed Inc. 901 Poinsett Hwy Greenville, SC 29609			
Creditor Telephone Number (864) 2336185 email:			
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> 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.	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____
Payment Telephone Number () email:		THIS SPACE IS FOR COURT USE ONLY	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>61.53</u>			
<input type="checkbox"/> If all or part of your claim is secured, complete item 4. <input type="checkbox"/> 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.			
2. BASIS FOR CLAIM: <u>Goods received</u> <small>(See instruction #2)</small>			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		3a. Debtor may have scheduled account as: <small>(See instruction #3a)</small>	3b. Uniform Claim Identifier (optional): <small>(See instruction #3b)</small>
4. SECURED CLAIM: <small>(See instruction #4)</small>			
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: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		Basis for Perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small>		Amount Unsecured: \$ _____	
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:			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).		
<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"/> 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"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).		
	<input type="checkbox"/> Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).		
<small>* 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.</small>		Cliffs POC  00195	
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 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: Toni B. Lindbloom
Title: CFO
Company: THE TOOL SHED, INC.

Toni B. Lindbloom 4/18/12
(Signature) (Date)

Address and telephone number (if different from notice address above):
901 Poinsett Hwy.
Greenville SC 29609
864-233-6185 toni@thetoolshedinc.com
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.

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

- Industrial
- Automotive



The Tool Shed, Inc.

901 Poinsett Hwy. Greenville, SC 29609
 (864) 233-6185 Fax (864) 271-6561

- Construction
- Woodworking

www.thetoolshedinc.com

INVOICE NUMBER

CLIKED

836-1120

1289278-0001-01

BILL THE CLIFFS COMMUNITIES, INC.
TO: ACCOUNTS PAYABLE DEPT.
 P. O. BOX 1549
 TRAVELERS REST SC 29690
 CUSTOMER P.O. NO.

SHIP CLIFFS @ KEOWEE FALLS
TO: 306 INDIAN TRAIL
 SALEM SC 29676

CUSTOMER P.O. NO. 01/27/11 09:44:03

SHIP/TRAINVOICE NUMBER	SLSMNL	ORDER DATE	TAKER	CUSTOMER P.O. NUMBER	DATE	
1289278-0001-01	100	01/27/11	163	01/27/11 09:44:03	04/08/11	
INSTRUCTIONS					FRTL	PAGE NO.
					B	1

ORDERED	QUANTITY E.O./RET.	SHIPPED	DISP.	ITEM CODE AND DESCRIPTION	U/M	UNIT PRICE	AMOUNT
1			*	*B-D618733-00 SHAFT SEAL	EA	2.21	2.21
1			*	*B-D618477-00 FELT SEAL	EA	1.62	1.62
1			*	*B-DN020720 SEAL PLATE	EA	1.71	1.71
1			*	*B-D330045-43 SCREW, TAFTITE	EA	1.87	1.87
1			*	*B-DN026647 SHAFT SERVICE KIT	EA	31.50	31.50
1			*	*B-D903-00 BALL	EA	1.87	1.87
1			*	*B-D622647-00 SLIDER	EA	5.67	5.67
1			*	*B-D622659-00 TORSION SPRING	EA	2.21	2.21
1				FREIGHT-0 OUTGOING SHIPPING/HANDLING	EA	9.95	9.95

CODE EXPLANATION
 *- STATE TAX APPLICABLE C - CONSIDER COMPLETE
 0 - FED/OTHER TAX APPLICABLE D - DIRECT SHIPMENT
 + - STATE & FEDERAL TAX APPL F - FACTORY MINIMUM
 B - BALANCE BACK ORDERED r - RETURNED CYL

**** THIS IS YOUR INVOICE ****

FREIGHT IN	FREIGHT OUT

SUB TOTAL	58.61
MISC. CHARGE	
TELE. CHARGE	
FREIGHT TOTAL	
FED./OTHER TAX	
STATE TAX	2.92
PAYMENT REC'D	0.00

NET TERMS: INV 30 DUE: 05/08/11

All claims for shortages or damages etc. must be made within 10 days and MUST be accompanied by this bill. All returns MUST be accompanied by this bill. A 15% restocking charge will be assessed on any returns after 30 days. No returns after 90 days. NO RETURN ON SPECIAL ORDERS. Buyer agrees to pay all legal fees incurred in the collection of this debt should he default.

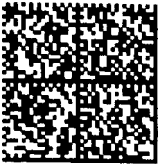
RCVD BY: ORIGINAL

TOTAL AMT DUE
61.53



The Tool Shed, Inc.

901 Poinsett Hwy. Greenville, SC 29609



PITNEY BOWES

\$ 000.450

02 1P

0001653942 APR 18 2012

MAILED FROM ZIP CODE 29609

RECEIVED
APR 23 2012
BMC GROUP

BMC GROUP, INC.
ATTN: CLIFFS CLAIMS PROCESSING
PO BOX 3020
CHANHASSEN, MN 55317-3020

5531743020

