

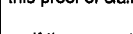



UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM	
Name of Debtor: Cliffs Club & Hospitality Service Company, LLC		Case Number: 12-01237	Your Claim is Scheduled As Follows: Schedule/Claim ID: s15744 AMOUNT/CLASSIFICATION: \$1,636.86 UNSECURED
NOTE: See reverse and attached for 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) : Ready Care Industries		 29347866010955 RECEIVED APR 23 2012 BMC GROUP	
Name and address where notices should be sent:  29347866010955 Ready Care Industries 15845 E 32nd Ave. Unit A Aurora, CO 80011			
Creditor Telephone Number (503) 477-4283 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>3263.45</u>			
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. <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 sold</u> (See instruction #2)			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>CLL8</u>		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 your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ 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 time case filed, included in secured claim, if any: \$ _____ Basis for Perfection: _____ Amount of Secured Claim: \$ _____ 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"/> 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"/> 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"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <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). * 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			
Cliffs POC  00204			
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

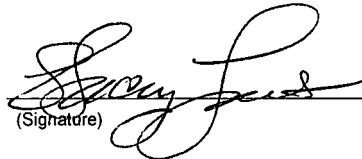
8. SIGNATURE: (See instruction #8)

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. I am a guarantor, surety, indorser, or other codebtor.
(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: Stacey Lamas
Title: Accounting
Company: Ready Care Industries
Address and telephone number (if different from notice address above):


(Signature)

4-19-12
(Date)

Telephone number: 800-477-4283 x 247 email: slamas@readycare.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

Ready Care Industries Inc.
 15845 East 32nd Ave, Unit 2A
 Aurora, CO 80011
 Ph: 303.341.7171
 Fax: 303.341.5558

INVOICE

00389643	1
INVOICE NO	PAGE
INVOICE DATE	
10/13/11	

BILL TO:

CLIFFS COMMUNITIES (THE)
 PO BOX 1549
 TRAVELERS REST, SC 29690

SHIP TO:

VALLEY WELLNESS
 25 PAINTER CREEK ROAD
 TRAVELERS REST, SC 29690

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC.	SALES REP			
403982	10/11/11	CLI008	010	175			
CUSTOMER PURCHASE ORDER NUMBER		JOB NUMBER	SHIP VIA		PREPAID COLLECT		
1062V			FED X GROUND				
ITEM NO. DESCRIPTION	QTY. ORDERED	QTY. SHIPPED / RETURNED QTY. BACKORDERED		UNIT PRICE	UOM DISC %	EXTENDED PRICE	

402014	2.00	2.00	95.800	CS	25	143.70
BODY WASH - GREEN TEA/LMN GRASS 4 GALLON CASE						
400014	2.00	2.00	95.800	CS	25	143.70
SHAMPOO - GREEN TEA/LEMONGRASS 4 GALLON CASE						
404014	1.00	1.00	95.800	CS	25	71.85
CONDITIONER - GRN TEA/LMN GRASS 4 GALLON CASE						
406014	1.00	1.00	95.800	CS	25	71.85
LOTION - GREEN TEA/LEMONGRASS 4 GALLON CASE						

COMMENTS:	SUB TOTAL	431.10
	MISC. CHARGES	.00
TERMS: NET 30 All Orders Under \$100 will incur a \$5 Processing Fee/Misc Chrg	FREIGHT	90.30
	SALES TAX	.00
	TOTAL	521.40
	AMOUNT RECEIVED	.00
	BALANCE DUE	521.40

Ready Care Industries Inc.
 15845 East 32nd Ave, Unit 2A
 Aurora, CO 80011
 Ph: 303.341.7171
 Fax: 303.341.5558

INVOICE

00390598	1
INVOICE NO	PAGE
INVOICE DATE	
10/20/11	

BILL TO:

CLIFFS COMMUNITIES (THE)
 PO BOX 1549
 TRAVELERS REST, SC 29690

SHIP TO:

WALNUT COVE WELLNESS
 59 RUNNING CREEK TRAIL
 ATTN: NIKKI GRIFFIN
 ARDEN, NC 28704

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC.	SALES REP			
404983	10/19/11	CLI008	010	175			
CUSTOMER PURCHASE ORDER NUMBER		JOB NUMBER		SHIP VIA		PREPAID COLLECT	
11153W				FED X GROUND			
ITEM NO. DESCRIPTION	QTY. ORDERED	QTY. SHIPPED / RETURNED QTY. BACKORDERED		UNIT PRICE	UOM	EXTENDED PRICE	

302194	1.00	1.00	95.800	CS		
BODY WASH - EUCALYPTUS					25	71.85
4 GALLON CASE						

COMMENTS: TERMS: NET 30 All Orders Under \$100 will incur a \$5 Processing Fee/Misc Chrg	SUB TOTAL	71.85
	MISC. CHARGES	5.00
	FREIGHT	18.94
	SALES TAX	.00
	TOTAL	95.79
	AMOUNT RECEIVED	.00
	BALANCE DUE	95.79

Ready Care Industries Inc.
 15845 East 32nd Ave, Unit 2A
 Aurora, CO 80011
 Ph: 303.341.7171
 Fax: 303.341.5558

INVOICE

00390599	1
INVOICE NO	PAGE
INVOICE DATE	
10/20/11	

BILL TO:

CLIFFS COMMUNITIES (THE)
 PO BOX 1549

 TRAVELERS REST, SC 29690

SHIP TO:

WALNUT COVE WELLNESS
 59 RUNNING CREEK TRAIL
 ATTN: NIKKI GRIFFIN
 ARDEN, NC 28704

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC.	SALES REP			
404985	10/19/11	CLI008	010	175			
CUSTOMER PURCHASE ORDER NUMBER		JOB NUMBER		SHIP VIA		PREPAID COLLECT	
11379W				FED X GROUND			
ITEM NO. DESCRIPTION	QTY. ORDERED	QTY. SHIPPED / RETURNED QTY. BACKORDERED		UNIT PRICE	UOM	DISC %	EXTENDED PRICE

304194	1.00	1.00	95.800	CS			
CONDITIONER - EUCALYPTUS					25		71.85
4 GALLON CASE							

COMMENTS: TERMS: NET 30 All Orders Under \$100 will incur a \$5 Processing Fee/Misc Chrg	SUB TOTAL	71.85
	MISC. CHARGES	5.00
	FREIGHT	18.94
	SALES TAX	.00
	TOTAL	95.79
	AMOUNT RECEIVED	.00
	BALANCE DUE	95.79

Ready Care Industries Inc.
 15845 East 32nd Ave, Unit 2A
 Aurora, CO 80011
 Ph: 303.341.7171
 Fax: 303.341.5558

INVOICE

00390600	1
INVOICE NO	PAGE
INVOICE DATE	
10/20/11	

BILL TO:

CLIFFS COMMUNITIES (THE)
 PO BOX 1549
 TRAVELERS REST, SC 29690

SHIP TO:

WALNUT COVE TAVERN
 40 CLUB VILLAGE WAY
 ATTN JESSICA WHARTON
 ARDEN, NC 28704

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC.	SALES REP			
404987	10/19/11	CLI008	010	175			
CUSTOMER PURCHASE ORDER NUMBER		JOB NUMBER		SHIP VIA		PREPAID COLLECT	
10944W				FED X GROUND			
ITEM NO. DESCRIPTION	QTY. ORDERED	QTY. SHIPPED / RETURNED QTY. BACKORDERED		UNIT PRICE	UOM DISC %	EXTENDED PRICE	

302194	1.00	1.00	95.800	CS		
BODY WASH - EUCALYPTUS				25		71.85
4 GALLON CASE						

COMMENTS: TERMS: NET 30 All Orders Under \$100 will incur a \$5 Processing Fee/Misc Chrg	SUB TOTAL MISC. CHARGES FREIGHT SALES TAX TOTAL AMOUNT RECEIVED BALANCE DUE	71.85 5.00 18.94 .00 95.79 .00 95.79
--	---	--

Ready Care Industries Inc.
 15845 East 32nd Ave, Unit 2A
 Aurora, CO 80011
 Ph: 303.341.7171
 Fax: 303.341.5558

INVOICE

00390601	1
INVOICE NO	PAGE
INVOICE DATE	
10/20/11	

BILL TO:

CLIFFS COMMUNITIES (THE)
 PO BOX 1549
 TRAVELERS REST, SC 29690

SHIP TO:

GLASSY CLUBHOUSE
 200 FIRE PINK WAY
 ATTN: KAY VICK
 LANDRUM, SC 29356

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC.	SALES REP			
404988	10/19/11	CLI008	010	175			
CUSTOMER PURCHASE ORDER NUMBER		JOB NUMBER		SHIP VIA		PREPAID COLLECT	
11021G				FED X GROUND			
ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED / RETURNED	QTY. BACKORDERED	UNIT PRICE	UOM	EXTENDED PRICE

402014		2.00	2.00		95.800	CS	
BODY WASH - GREEN TEA/LMNGRASS							25
4 GALLON CASE							143.70

COMMENTS: TERMS: NET 30 All Orders Under \$100 will incur a \$5 Processing Fee/Misc Chrg	SUB TOTAL	143.70
	MISC. CHARGES	.00
	FREIGHT	28.24
	SALES TAX	.00
	TOTAL	171.94
	AMOUNT RECEIVED	.00
	BALANCE DUE	171.94

Ready Care Industries Inc.
 15845 East 32nd Ave, Unit 2A
 Aurora, CO 80011
 Ph: 303.341.7171
 Fax: 303.341.5558

INVOICE

00390959	1
INVOICE NO	PAGE
INVOICE DATE	
10/24/11	

BILL TO:

CLIFFS COMMUNITIES (THE)
 PO BOX 1549
 TRAVELERS REST, SC 29690

SHIP TO:

CLIFFS COMMUNITIES (THE)
 3598 HIGHWAY 11
 ATTN: FELICIA
 TRAVELERS REST, SC 29690

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC.	SALES REP			
405316	10/24/11	CLI008	010	175			
CUSTOMER PURCHASE ORDER NUMBER		JOB NUMBER		SHIP VIA		PREPAID COLLECT	
12225C				FED X GROUND			
ITEM NO. DESCRIPTION	QTY. ORDERED	QTY. SHIPPED / RETURNED QTY. BACKORDERED		UNIT PRICE	UOM DISC %	EXTENDED PRICE	

9CLI008-400010	1.00	1.00	91.000	CS		91.00
SHAMPOO - GREEN TEA/LEMONGRASS						
1.5 OZ (OLD RCI LOGO) 260/CS						
9CLI008-404010	1.00	1.00	91.000	CS		91.00
CONDITIONER - GRN TEA/LMNGRASS						
1.5 OZ (OLD RCI LOGO) 260/CS						
9CLI008-402010	1.00	1.00	91.000	CS		91.00
BODY WASH - GREEN TEA/LMNGRASS						
1.5 OZ (OLD RCI LOGO) 260/CS						
9CLI008-406010	1.00	1.00	91.000	CS		91.00
LOTION - GREEN TEA/LEMONGRASS						
1.5 OZ (OLD RCI LOGO) 260/CS						
346120	1.00	1.00	73.990	CS		73.99
BODY ECLIPSE MASSAGE SOAP						
1.7 OZ - 200/CS - L1138						

COMMENTS:	SUB TOTAL	437.99
	MISC. CHARGES	.00
TERMS: NET 30 All Orders Under \$100 will incur a \$5 Processing Fee/Misc Chrg	FREIGHT	82.01
	SALES TAX	.00
	TOTAL	520.00
	AMOUNT RECEIVED	.00
	BALANCE DUE	520.00

Ready Care Industries Inc.
 15845 East 32nd Ave, Unit 2A
 Aurora, CO 80011
 Ph: 303.341.7171
 Fax: 303.341.5558

INVOICE

00392188	1
INVOICE NO	PAGE
INVOICE DATE	
11/02/11	

BILL TO:

CLIFFS COMMUNITIES (THE)
 PO BOX 1549
 TRAVELERS REST, SC 29690

SHIP TO:

CLIFFS COMMUNITIES (THE)
 3598 HIGHWAY 11
 ATTN: FELICIA
 TRAVELERS REST, SC 29690

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC.	SALES REP			
406317	11/02/11	CLI008	010	175			
CUSTOMER PURCHASE ORDER NUMBER		JOB NUMBER		SHIP VIA		PREPAID COLLECT	
12522C				FED X GROUND			
ITEM NO. DESCRIPTION	QTY. ORDERED	QTY. SHIPPED / RETURNED QTY. BACKORDERED		UNIT PRICE	UOM DISC %	EXTENDED PRICE	

346120	3.00	3.00	74.000	CS		222.00
BODY ECLIPSE MASSAGE SOAP						
1.7 OZ - 200/CS - L1138						
9CLI008-402010	1.00	1.00	91.000	CS		91.00
BODY WASH - GREEN TEA/LMNGRASS						
1.5 OZ (OLD RCI LOGO) 260/CS						

COMMENTS: TERMS: NET 30 All Orders Under \$100 will incur a \$5 Processing Fee/Misc Chrg	SUB TOTAL 313.00 MISC. CHARGES .00 FREIGHT 64.08 SALES TAX .00 TOTAL 377.08 AMOUNT RECEIVED .00 BALANCE DUE 377.08
---	--

Ready Care Industries Inc.
 15845 East 32nd Ave, Unit 2A
 Aurora, CO 80011
 Ph: 303.341.7171
 Fax: 303.341.5558

INVOICE

00393454	1
INVOICE NO	PAGE
INVOICE DATE	
11/10/11	

BILL TO:

CLIFFS COMMUNITIES (THE)
 PO BOX 1549

 TRAVELERS REST, SC 29690

SHIP TO:

KEOWEE VINEYARDS
 824 CLUBHOUSE DRIVE
 ATTN: SHERRY HUMPHREY
 SUNSET, SC 29685

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC.	SALES REP			
407324	11/10/11	CLI008	010	175			
CUSTOMER PURCHASE ORDER NUMBER		JOB NUMBER	SHIP VIA		PREPAID COLLECT		
12399K			FED X GROUND				
ITEM NO. DESCRIPTION	QTY. ORDERED	QTY. SHIPPED / RETURNED QTY. BACKORDERED		UNIT PRICE	UOM DISC %	EXTENDED PRICE	

402014	1.50	1.50		95.800	CS		
BODY WASH - GREEN TEA/LMNGRASS					25	107.78	
4 GALLON CASE							
400014	1.50	1.50		95.800	CS		
SHAMPOO - GREEN TEA/LEMONGRASS					25	107.78	
4 GALLON CASE							

COMMENTS: TERMS: NET 30 All Orders Under \$100 will incur a \$5 Processing Fee/Misc Chrg	SUB TOTAL	215.56
	MISC. CHARGES	.00
	FREIGHT	66.17
	SALES TAX	.00
	TOTAL	281.73
	AMOUNT RECEIVED	.00
	BALANCE DUE	281.73

Ready Care Industries Inc.
 15845 East 32nd Ave, Unit 2A
 Aurora, CO 80011
 Ph: 303.341.7171
 Fax: 303.341.5558

INVOICE

00394522	1
INVOICE NO	PAGE
INVOICE DATE	
11/17/11	

BILL TO:

CLIFFS COMMUNITIES (THE)
 PO BOX 1549
 TRAVELERS REST, SC 29690

SHIP TO:

CLIFFS COMMUNITIES (THE)
 3598 HIGHWAY 11
 ATTN: ASHLEY
 TRAVELERS REST, SC 29690

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC.	SALES REP			
407931	11/15/11	CLI008	010	175			
CUSTOMER PURCHASE ORDER NUMBER		JOB NUMBER		SHIP VIA		PREPAID COLLECT	
12680C				FED X GROUND			
ITEM NO. DESCRIPTION	QTY. ORDERED	QTY. SHIPPED / RETURNED QTY. BACKORDERED		UNIT PRICE	UOM DISC %	EXTENDED PRICE	

9CLI008-400010 SHAMPOO - GREEN TEA/LEMONGRASS 1.5 OZ (OLD RCI LOGO) 260/CS	2.00	2.00	91.000	CS	182.00
9CLI008-404010 CONDITIONER - GRN TEA/LMNGRASS 1.5 OZ (OLD RCI LOGO) 260/CS	2.00	2.00	91.000	CS	182.00
9CLI008-402010 BODY WASH - GREEN TEA/LMNGRASS 1.5 OZ (OLD RCI LOGO) 260/CS	1.00	1.00	91.000	CS	91.00
9CLI008-406010 LOTION - GREEN TEA/LEMONGRASS 1.5 OZ (OLD RCI LOGO) 260/CS	2.00	2.00	91.000	CS	182.00

COMMENTS: TERMS: NET 30 All Orders Under \$100 will incur a \$5 Processing Fee/Misc Chrg	SUB TOTAL 637.00 MISC. CHARGES .00 FREIGHT 92.51 SALES TAX .00 TOTAL 729.51 AMOUNT RECEIVED .00 BALANCE DUE 729.51
---	--

Ready Care Industries Inc.
 15845 East 32nd Ave, Unit 2A
 Aurora, CO 80011
 Ph: 303.341.7171
 Fax: 303.341.5558

INVOICE

00396839	1
INVOICE NO	PAGE
INVOICE DATE	
12/05/11	

BILL TO:

CLIFFS COMMUNITIES (THE)
 PO BOX 1549
 TRAVELERS REST, SC 29690

SHIP TO:

VALLEY WELLNESS
 25 PAINTER CREEK ROAD
 TRAVELERS REST, SC 29690

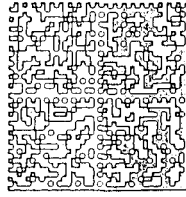
ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC.	SALES REP			
410173	12/05/11	CLI008	010	175			
CUSTOMER PURCHASE ORDER NUMBER		JOB NUMBER		SHIP VIA		PREPAID COLLECT	
12969V				FED X GROUND			
ITEM NO. DESCRIPTION	QTY. ORDERED	QTY. SHIPPED / RETURNED	QTY. BACKORDERED	UNIT PRICE	UOM	DISC %	EXTENDED PRICE

402014	1.00	1.00		95.800	CS		
BODY WASH - GREEN TEA/LMN GRASS						25	71.85
4 GALLON CASE							
400014	1.00	1.00		95.800	CS		
SHAMPOO - GREEN TEA/LEMONGRASS						25	71.85
4 GALLON CASE							
404014	1.00	1.00		95.800	CS		
CONDITIONER - GRN TEA/LMN GRASS						25	71.85
4 GALLON CASE							
406014	1.00	1.00		95.800	CS		
LOTION - GREEN TEA/LEMONGRASS						25	71.85
4 GALLON CASE							

COMMENTS:	SUB TOTAL	287.40
	MISC. CHARGES	.00
TERMS: NET 30 All Orders Under \$100 will incur a \$5 Processing Fee/Misc Chrg	FREIGHT	87.02
	SALES TAX	.00
	TOTAL	374.42
	AMOUNT RECEIVED	.00
	BALANCE DUE	374.42

READY CARE INDUSTRIES
15845 E 32nd Avenue 2-A
Aurora Colorado 80011
www.readycare.com

Case 12-01237



US POSTAGE
\$ 01.30
Mailed From 80011
04/20/2012
031A 0002309708

BMC Group, Inc.
Attn: Cliff Claims Processing
P. O. Box 3020
Chanhassen, MN 55317-3020

RECEIVED
APR 23 2012
BMC GROUP