

UNITED STATES BANKRUPTCY COURT		District of South Carolina	PROOF OF CLAIM
Name of Debtor: The Cliffs Club & Hospitality Group, Inc.		Case Number: 12-01220	2012 MAR 19 PM 1:56 U.S. BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA
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): PeakVision, Inc.		COURT USE ONLY	
Name and address where notices should be sent: PeakVision, Inc., Attention: John M. Reedy 9157 W. 133rd Street, Overland Park, KS 66213		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Telephone number: (913) 317-4000 email: jreedy@peakvisionsports.com		RECEIVED APR 26 2012 BMC GROUP	
Name and address where payment should be sent (if different from above):			
Telephone number: email:		<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.	
1. Amount of Claim as of Date Case Filed: \$ <u>264.80</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>Products delivered for sale</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor:	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"/> 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"/> 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)().	
		Amount entitled to priority: \$ _____	
*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, I am a guarantor, surety, indorser, or other codebtor.
 (Attach copy of power of attorney, if any.) or their authorized agent. (See Bankruptcy Rule 3005.)
 (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: John M. Reedy
 Title: Chief Operating Officer
 Company: PeakVision, Inc.
 Address and telephone number (if different from notice address above):


 (Signature) _____ (Date) 03/15/2012

Telephone number: (913) 317-4000 email: jreedy@peakvisionsports.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.

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.



PeakVision Sports
 9157 West 133rd Street
 Overland Park, KS 66213

Statement

DATE 3/16/2012

TO: The Cliffs Golf and Country Clubs Attn: Accounts Payable PO Box 1549 Travelers Rest SC 29690
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INVOICE DATE	TRANSACTION	AMOUNT	BALANCE		
05/24/2011	INV #10246. Due 06/23/2011. Orig. Amount \$28.95. --- L.GR4.Golf, 1 @ \$25.00 = 25.00 --- S&H - USPS \$3.95 --- Tax: Out of State @ 0.0% = 0.00	28.95	28.95		
06/22/2011	INV #10280. Due 07/22/2011. Orig. Amount \$9.95. --- Repair - Frame \$0.00 --- Repair Lens mount and replace nose pads and mounts --- Mrs. Donnell --- S&H - USPS \$9.95 --- Tax: Out of State @ 0.0% = 0.00	9.95	38.90		
08/12/2011	INV #10343. Due 09/11/2011. Orig. Amount \$215.95. --- SL8.15, 2 @ \$75.00 = 150.00 --- L.SL8.Golf, 2 @ \$25.00 = 50.00 --- S&H - Ground \$15.95 --- Tax: Out of State @ 0.0% = 0.00	215.95	254.85		
10/04/2011	INV #10391. Due 11/03/2011. Orig. Amount \$9.95. --- Warranty Repair - Lens Mounts \$0.00 --- S&H - USPS \$9.95 --- Tax: Out of State @ 0.0% = 0.00	9.95	264.80		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	TOTAL AMOUNT PAST DUE
0.00	0.00	0.00	0.00	264.80	\$264.80



PeakVision Sports
 9157 West 133rd Street
 Overland Park, KS 66213
 913.317.4000

Invoice

Date	Invoice #
5/24/2011	10246

Bill To
The Cliffs Golf and Country Clubs Attn: Accounts Payable PO Box 1549 Travelers Rest SC 29690

Ship To
The Cliffs at Keowee Vineyards 824 Clubhouse Drive Sunset, SC 29685

P.O. No.	Terms	Rep	Ship	Due Date	Via
8780K	Net 30	House	5/24/2011	6/23/2011	FedEx Ground

QTY	Item Code	Description	Price Each	Amount
1	L.GR4.Golf S&H - USPS	Dual Zone Lens Set - GR4 - Golf Shipping & Handling - U.S. Postal Service	25.00 3.95	25.00 3.95
		Out-of-state sale, exempt from sales tax	0.00%	0.00

Thank you for seeing better with LENScredible! PeakVision	Total	\$28.95
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PeakVision Sports
 9157 West 133rd Street
 Overland Park, KS 66213
 913.317.4000

Invoice

Date	Invoice #
6/22/2011	10280

Bill To
The Cliffs Golf and Country Clubs Attn: Accounts Payable PO Box 1549 Travelers Rest SC 29690

Ship To
The Cliffs at Keowee Vineyards Attention: Denise Grout 824 Clubhouse Drive Sunset, SC 29685

P.O. No.	Terms	Rep	Ship	Due Date	Via
Denise	Net 30	House	6/22/2011	7/22/2011	FedEx Ground

QTY	Item Code	Description	Price Each	Amount
1	Repair - Frame	Repair Frame and Temples - Tr9.19 Repair Lens mount and replace nose pads and mounts Mrs. Donnell	0.00	0.00T
	S&H - USPS	Shipping & Handling - U.S. Postal Service	9.95	9.95
		Out-of-state sale, exempt from sales tax	0.00%	0.00

			Total	\$9.95
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PeakVision Sports
 9157 West 133rd Street
 Overland Park, KS 66213
 913.317.4000

Invoice

Date	Invoice #
8/12/2011	10343

Bill To
The Cliffs Golf and Country Clubs Attn: Accounts Payable PO Box 1549 Travelers Rest SC 29690

Ship To
The Cliffs at Keowee Vineyards Attention: Denise Grout 824 Clubhouse Drive Sunset, SC 29685

P.O. No.	Terms	Rep	Ship	Due Date	Via
10925K	Net 30	House	8/12/2011	9/11/2011	FedEx Ground

QTY	Item Code	Description	Price Each	Amount
2	SL8.15	SL8 Aztec Bronze Aluminum/Magnesium Alloy Frame with Dual-Zone/Zero-Distortion Lens Set - Golf	75.00	150.00T
2	L.SL8.Golf S&H - Ground	Dual Zone Lens Set - SL8 - Golf Shipping & Handling - FedEx Ground Out-of-state sale, exempt from sales tax	25.00 15.95 0.00%	50.00T 15.95 0.00

			Total	\$215.95



PeakVision Sports
 9157 West 133rd Street
 Overland Park, KS 66213
 913.317.4000

Invoice

Date	Invoice #
10/4/2011	10391

Bill To
The Cliffs Golf and Country Clubs Attn: Accounts Payable PO Box 1549 Travelers Rest SC 29690

Ship To
The Cliffs at Keowee Vineyards Attention: Denise Grout 824 Clubhouse Drive Sunset, SC 29685

P.O. No.	Terms	Rep	Ship	Due Date	Via
Denise	Net 30	House	10/4/2011	11/3/2011	FedEx Ground

QTY	Item Code	Description	Price Each	Amount
1	Warranty Repair - Lens M... S&H - USPS	Warranty Repair - Install New Lens Set Shipping & Handling - U.S. Postal Service	0.00 9.95	0.00T 9.95
		Out-of-state sale, exempt from sales tax	0.00%	0.00

			Total	\$9.95
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OFFICE OF THE CLERK

UNITED STATES BANKRUPTCY COURT

Tammi M. Hellwig
Clerk of Court

DISTRICT OF SOUTH CAROLINA
J. BRATTON DAVIS UNITED STATES BANKRUPTCY COURTHOUSE
1100 LAUREL STREET
COLUMBIA, SOUTH CAROLINA 29201-2423

TELEPHONE (803)765-5436
www.scb.uscourts.gov

April 24, 2012

Julia Osborne
The Cliffs Club & Hospitality, Inc.
Claims Processing/BMC Group, Inc.
18675 East Lake Drive
Chanhassen MN 55317

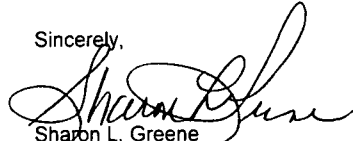
Re: The Cliffs Club & Hospitality Group, Inc.
C/A No.12-01220-jw

Dear Ms. Osborne,

On March 6, 2012, BMC Group, Inc., was appointed as the claims and noticing agent in the above captioned bankruptcy case pending in the District of South Carolina. Please find enclosed 16 proofs of claim which has been submitted for filing.

If you have any questions, please do not hesitate to contact me at (803) 765-5038.

Sincerely,



Sharon L. Greene
Public Services Supervisor/Pro Se Coordinator

PeakVision, Inc.
9157 W. 133rd St.
Overland Park
KS 66213

\$0.45 0

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66213

BT5847 22



Postage

NOT X-RAYED
BY USMS

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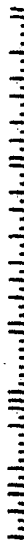
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Clerk of the United States Bankruptcy
Court

J. Bratton Davis U.S. Bankruptcy
Courthouse

1100 Laurel Street
Colmbia, SC 29201-2423

29201242399



ORIGIN ID: LGBA (310) 321-5555
SHARON GREENE / CLERK OF COURT
J. BRATTON DAVIS UNITED STATES
BANKRUPTCY COURTHOUSE
1100 LAUREL STREET
COLUMBIA, SC 29201
UNITED STATES US

SHIP DATE: 17APR12
ACTWGT: 1.0 LB MAN
CAD: 462272/CAFE2511

BILL SENDER

TO THE CLIFFS CLUB & HOSPITALITY, INC.
CLAIMS PROCESSING/ BMC GROUP INC
18675 EAST LAKE DRIVE

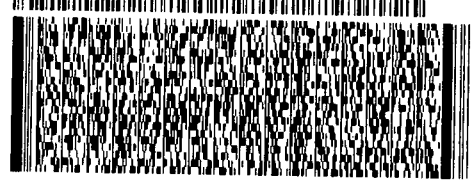
RECEIVED

CHANHASSEN MN 55317
(310) 321-5555

'APR 26 2012

REF: CLIFFS CLAIMS

BMC GROUP



FedEx
Express

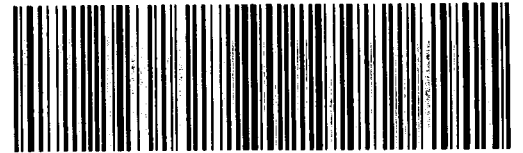


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STANDARD OVERNIGHT

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55317
MN-US
MSP



Part # 156148-434 NPIIT V3 10-09

Emp# 216120 25APR12 USCA 512C1/C44D/A278