

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:  
Schedule/Claim ID: s15801  
AMOUNT/CLASSIFICATION:  
\$990.34 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) :

Name and address where notices should be sent:

29347866011184

Vietri, Inc.  
Deborah Sullivan-  
Po Box 600018  
Raleigh, NC 27675-6018

RECEIVED

APR 27 2012

BMC GROUP

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.

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 ( ) email:

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

Vietri, Inc  
Po Box 460  
Hillsborough, NC 27278

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.

THIS SPACE IS FOR COURT USE ONLY

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 \$ 1240.28

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: Goods sold  
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  
0351

3a. Debtor may have scheduled account as:  
Cliffs at Valley  
(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:

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_

Annual Interest Rate: \_\_\_\_\_ %  Fixed or  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:

- 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.

Cliffs POC  
  
00341

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: Charlene Campbell  
 Title: A/R Manager  
 Company: Vietri, Inc

Charlene Campbell      4/24/12  
 (Signature)      (Date)

Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone number: (919) 732-5433      email: ccampbell@vietri.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

**CUSTOMER STATEMENT**

Date: 4/24/2012

RETURN THIS PORTION WITH  
PAYMENT AND MAKE CHECKS  
PAYABLE TO:

Customer :

20351 Cliffs at Valley (BANKRUPTCY)  
PO BOX 1549  
  
TRAVELERS REST, SC 29690

**VIETRI**

IRRESISTIBLY ITALIAN

PO Box 600018  
Raleigh, NC 27675-6018 USA  
TEL 919.732.5933 FAX 919.732.9903  
www.vietri.com

Pay	Doc Number	Doc Date	Due Date	Amount	Current	1-30	31-60	61-90	91-120	120+
<input type="checkbox"/>	INV 39905401	6/30/11	4/25/11	74.03						74.03
<input type="checkbox"/>	INV 40365000	6/30/11	5/20/11	52.41						52.41
<input type="checkbox"/>	INV 40847500	6/30/11	7/14/11	577.60						577.60
<input type="checkbox"/>	INV 41014600	6/30/11	8/3/11	130.04						130.04
<input type="checkbox"/>	INV 41031558	9/23/11	10/23/11	144.61						144.61
	Festa 2011									
<input type="checkbox"/>	INV 41032938	10/10/11	11/9/11	62.69						62.69
	12151K									
<input type="checkbox"/>	INV 41033453	10/18/11	11/17/11	156.26						156.26
	12291W									
<input type="checkbox"/>	INV 41033896	10/21/11	11/20/11	42.64						42.64
	Festa 2011									
<b>BALANCE DUE: 1,240.28 ENCLOSED:</b>					<u>Current</u> 0.00	<u>1-30</u> 0.00	<u>31-60</u> 0.00	<u>61-90</u> 0.00	<u>91-120</u> 0.00	<u>120+</u> 1,240.28

# VIETRI

IRRESISTIBLY ITALIAN

PO Box 600018  
Raleigh, NC 27675-6018 USA  
TEL 919.732.5933 FAX 919.732.9903  
www.vietri.com

## Sales Invoice

Invoice #: 41033896  
Original Order #: 41031416  
Invoice Date: 10/21/2011  
Due Date: 11/20/2011  
Customer Number: 2035101  
Customer PO #: Festa 2011

Store # :  
Dept# :  
Terms : Net 30  
Sales Rep : Mark Rossi

**Attn: Accounts Payable**

THE CLIFFS AT KEOWEE VILLAGE  
824 CLUBHOUSE DRIVE

SUNSET SC 29685  
USA

**Ship To:**

THE CLIFFS AT KEOWEE VILLAGE  
824 CLUBHOUSE DRIVE

SUNSET SC 29685  
USA

Item	QTY	UNIT PRICE	AMOUNT	TAX	TOTAL		
OSN-2701 OSN ASST ORNAMENT	8	4	0	11.00	20.00%	8.80	35.20

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Subtotal	\$35.20
Freight	\$7.44
Tax	\$0.00
<b>Total Due</b>	<b>\$42.64</b>

# VIETRI

IRRESISTIBLY ITALIAN

## Sales Invoice

PO Box 600018  
 Raleigh, NC 27675-6018 USA  
 TEL 919.732.5933 FAX 919.732.9903  
 www.vietri.com

Invoice #: 41033453  
 Original Order #: 41033228  
 Invoice Date: 10/18/2011  
 Due Date: 11/17/2011  
 Customer Number: 2035103  
 Customer PO #: 12291W

Store # :  
 Dept# :  
 Terms : Net 30  
 Sales Rep : Mark Rossi

**Attn: Accounts Payable**

THE CLIFFS AT WALNUT COVE  
 41 CLUB VILLAGE WAY

ARDEN NC 28704  
 USA

**Ship To:**

THE CLIFFS AT WALNUT COVE  
 c/o Mrs. Patti Secrist  
 2595 Jenkins Point Court  
 Seabrook Island SC 29455  
 USA

Item	QTY	UNIT PRICE	AMOUNT	TAX	TOTAL
SGE-2678	8	17.00	136.00	0.00	136.00
SGE COUPE PASTA BOWL					
BREAK-PACK	1	2.00	2.00	0.00	2.00
Break Pack Fee					
DS	1	7.00	7.00	0.00	7.00
DROP SHIP FEE					

Subtotal	\$145.00
Freight	\$11.26
Tax	\$0.00
<b>Total Due</b>	<b>\$156.26</b>

# VIETRI

IRRESISTIBLY ITALIAN

PO Box 600018  
Raleigh, NC 27675-6018 USA  
TEL 919.732.5933 FAX 919.732.9903  
www.vietri.com

Page 1 of 1

## Sales Invoice

Invoice #: 41032938  
Original Order #: 41032671  
Invoice Date: 10/10/2011  
Due Date: 11/09/2011  
Customer Number: 2035101  
Customer PO #: 12151K

Store # :  
Dept# :  
Terms : Net 30  
Sales Rep : Mark Rossi

**Attn: Accounts Payable**

THE CLIFFS AT KEOWEE VILLAGE  
824 CLUBHOUSE DRIVE

SUNSET SC 29685  
USA

**Ship To:**

THE CLIFFS AT KEOWEE VILLAGE  
824 CLUBHOUSE DRIVE

SUNSET SC 29685  
USA

FNT-2679Y	2	2	0	13.50	13.50	27.00
FNT YELLOW SM GRAPE LEAF BOWL						
CIO-2679	2	2	0	13.50	13.50	27.00
CIO SM GRAPE LEAF BOWL						

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Subtotal	\$54.00
Freight	\$8.69
Tax	\$0.00
Total Due	\$62.69

# VIETRI

IRRESISTIBLY ITALIAN

PO Box 600018  
 Raleigh, NC 27675-6018 USA  
 TEL 919.732.5933 FAX 919.732.9903  
 www.vietri.com

## Sales Invoice

**Invoice #:** 41031558  
**Original Order #:** 41031416  
**Invoice Date:** 09/23/2011  
**Due Date:** 10/23/2011  
**Customer Number:** 2035101  
**Customer PO #:** Festa 2011

**Store #:**  
**Dept#:**  
**Terms:** Net 30  
**Sales Rep:** Mark Rossi

**Attn: Accounts Payable**

THE CLIFFS AT KEOWEE VILLAGE  
 824 CLUBHOUSE DRIVE

SUNSET SC 29685  
 USA

**Ship To:**

THE CLIFFS AT KEOWEE VILLAGE  
 824 CLUBHOUSE DRIVE

SUNSET SC 29685  
 USA

Item Description	QTY	UNIT	PRICE	TAX	AMOUNT	DISC	TOTAL
OSN-7828F	2	2	50.00		50.00		100.00
OLD ST NICK SQUARE FESTA PLATTER							
OSN-2701	8	4	11.00	20.00%	8.80		35.20
OSN ASST ORNAMENT							
MKT-4000	1	1	0.00		0.00		0.00
FESTA VIETRI POSTER							
FST-SHELF11	2	2	0.00		0.00		0.00
FESTA SHELF TALKERS							

**Subtotal** \$135.20  
**Freight** \$9.41  
**Tax** \$0.00  
**Total Due** \$144.61

**Vietri HISTORY**  
 343 Elizabeth Brady Road  
 Hillsborough NC 27278  
 USA



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**INVOICE**

Document Number: **39905401**  
 Document Date: **21/03/11**  
 Page: **1/1**  
 Customer No.: **20351**  
 Federal Tax ID - Business Partner: **570959664**

VIETRI, Inc.  
**CLIFFS AT VALLEY**  
 PO BOX 1549  
 TRAVELERS REST SC 29690  
 USA

Your Reference: **V2142011/JULIE**  
 Your Contact: **MARK ROSSI**  
**rossivietri@yahoo.com**  
 Delivery Address:  
**CLIFFS AT VALLEY**  
 250 KNIGHTSBRIDGE  
 TRAVELERS REST SC 29690  
 USA

Currency: \$

Description	Quantity	UoM	Price	Tax %	Total
011 <b>FBL CAKE STAND</b> Item Code: FBL-3273	1	EA	65.00	0.000	65.00



**Tax Details**

Tax Code	Tax %	Net	Tax
NC-000	0.000	65.00	0.00

**Additional Expenses:**

Shipping Type: **Fedex Ground**

Invoice Subtotal: **\$ 65.00**  
 Total Before Tax: **\$ 65.00**  
 Total Tax Amount: **\$ 0.00**  
**Total Amount: \$ 65.00**

*Fr.* 9.03  
 74.03

CEO:  
 Shareholder:  
 Tax Official:  
 Headquarters:  
 Website:

Phone:  
 Fax:  
 E-Mail:  
 Tax No.:  
 Tax ID No.:

Bank Name:  
 Bank Account:  
 Bank Code:  
 Swift/BIC Code:  
 IBAN:



**Vietri HISTORY**  
 343 Elizabeth Brady Road  
 Hillsborough NC 27278  
 USA



Copy

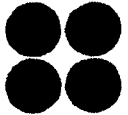
**INVOICE**

Document Number: **40365000** Document Date: **15/04/11** Page: **1/2**  
 Customer No.: **20351** Federal Tax ID - Business Partner: **570959664**  
 Your Reference: **7260V/SO/APPLETON**  
 Your Contact: **MARK ROSSI**  
**rossivietri@yahoo.com**  
 Delivery Address:  
**CLIFFS AT VALLEY**  
 250 KNIGHTSBRIDGE  
 TRAVELERS REST SC 29690  
 USA

VIETRI, Inc.  
**CLIFFS AT VALLEY**  
 PO BOX 1549  
 TRAVELERS REST SC 29690  
 USA

Currency: \$

Description	Quantity	UoM	Price	Tax %	Total
<b>BZA TOM RED ASST CANAPE PLATE</b> Item Code: BZA-2670TF	<b>4</b>	<b>EA</b>	<b>11.00</b>	<b>0.000</b>	<b>44.00</b>



**Tax Details**

Tax Code	Tax %	Net	Tax
NC-000	0.000	44.00	0.00

Invoice Subtotal: **\$ 44.00**

Total Before Tax: **\$ 44.00**

Total Tax Amount: **\$ 0.00**

**Additional Expenses:**

Shipping Type: **Fedex Ground**

**Total Amount: \$ 44.00**

Frfr -  $\frac{8.41}{52.41}$

20351

CEO:  
 Shareholder:  
 Tax Official  
 Headquarters:  
 Website:

Phone:  
 Fax:  
 E-Mail:  
 Tax No.:  
 Tax ID No.:

Bank Name:  
 Bank Account:  
 Bank Code:  
 Swift/BIC Code:  
 IBAN:

**Vietri HISTORY**  
 343 Elizabeth Brady Road  
 Hillsborough NC 27278  
 USA



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**INVOICE**

Document Number: **40847500** Document Date: **09/06/11** Page: **1/3**  
 Customer No.: **20351** Federal Tax ID - Business Partner: **570959664**

VIETRI, Inc.  
**CLIFFS AT VALLEY**  
 PO BOX 1549  
 TRAVELERS REST SC 29690  
 USA

Your Reference: **9163V/RODY/SO**  
 Your Contact: **MARK ROSSI**  
**rossivietri@yahoo.com**  
 Delivery Address:  
**CLIFFS AT VALLEY**  
 250 KNIGHTSBRIDGE  
 TRAVELERS REST SC 29690  
 USA

Currency: \$

Description	Quantity	UoM	Price	Tax %	Total
001 <b>POPPY SECTIONAL SERVER</b> Item Code: PPY-4336	1	EA	58.00	0.000	58.00
002 <b>BZA TOM RED NRW OVAL PLATTER</b> Item Code: BZA-2629TF	1	EA	48.00	0.000	48.00
003 <b>MANGO STRIPE NAPKIN</b> Item Code: ANC-1415	8	EA	8.00	0.000	64.00

**Carry Over: 170.00**

CEO:  
 Shareholder:  
 Tax Official  
 Headquarters:  
 Website:

Phone:  
 Fax:  
 E-Mail:  
 Tax No.:  
 Tax ID No.:

Bank Name:  
 Bank Account:  
 Bank Code:  
 Swift/BIC Code:  
 IBAN:

**Vietri HISTORY**  
 343 Elizabeth Brady Road  
 Hillsborough NC 27278  
 USA



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**INVOICE**

Document Number  
**40847500**

Document Date  
**09/06/11**

Page  
**2/3**

Currency: \$

Carry Over: **170.00**

Description	Quantity	UoM	Price	Tax %	Total
004 <b>BZA TOMATO RED DINNER PLATE</b> Item Code: BZA-2600TF	2	EA	20.50	0.000	41.00
005 <b>BZA TOMATO RED DINNER PLATE</b> Item Code: BZA-2600TF	8	EA	18.50	0.000	148.00
006 <b>BZA TOM RED MD HNDL SERV BOWL</b> Item Code: BZA-2627TF	1	EA	43.00	0.000	43.00
007 <b>POPPY SALAD PLATE</b> Item Code: PPY-4301	3	EA	26.00	0.000	78.00
008 <b>POPPY CEREAL BOWL</b> Item Code: PPY-4305	3	EA	24.00	0.000	72.00

CEO:  
 Shareholder:  
 Tax Official  
 Headquarters:  
 Website:

Phone:  
 Fax:  
 E-Mail:  
 Tax No.:  
 Tax ID No.:

Bank Name:  
 Bank Account:  
 Bank Code:  
 Swift/BIC Code:  
 IBAN:

**Vietri HISTORY**  
343 Elizabeth Brady Road  
Hillsborough NC 27278  
USA



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**INVOICE**

Document Number  
**40847500**

Document Date  
**09/06/11**

Page  
**3/3**

Currency: \$

**Tax Details**

Tax Code	Tax %	Net	Tax
NC-000	0.000	552.00	0.00

**Additional Expenses:**

Shipping Type: **Fedex Ground**

Invoice Subtotal: **\$ 552.00**

Total Before Tax: **\$ 552.00**

Total Tax Amount: **\$ 0.00**

**Total Amount: \$ 552.00**

*FRT 25.60*  

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*577.60*

20351

CEO:  
Shareholder:  
Tax Official  
Headquarters:  
Website:

Phone:  
Fax:  
E-Mail:  
Tax No.:  
Tax ID No.:

Bank Name:  
Bank Account:  
Bank Code:  
Swift/BIC Code:  
IBAN:

**Vietri HISTORY**  
 343 Elizabeth Brady Road  
 Hillsborough NC 27278  
 USA



Copy

**INVOICE**

Document Number: **41014600**  
 Document Date: **29/06/11**  
 Page: **1/2**  
 Customer No.: **20351**  
 Federal Tax ID - Business Partner: **570959664**

VIETRI, Inc.  
**CLIFFS AT VALLEY**  
 PO BOX 1549  
 TRAVELERS REST SC 29690  
 USA

Your Reference: **9707W**  
 Your Contact: **MARK ROSSI**  
**rossivietri@yahoo.com**  
 Delivery Address:  
**CLIFFS AT VALLEY**  
 250 KNIGHTSBRIDGE  
 TRAVELERS REST SC 29690  
 USA

Currency: \$

Description	Quantity	UoM	Price	Tax %	Total
001 <b>ALADDIN TAUPE PLACE SETTING</b> Item Code: ALD-9800TF	1	SE	37.00	0.000	37.00
002 <b>ALD HORN PLACE SETTING</b> Item Code: ALD-9800H	1	SE	49.50	0.000	49.50
003 <b>ALADDIN P IVORY PLC SETT-SET</b> Item Code: ALD-9800I	1	SE	37.00	0.000	37.00

**Tax Details**

Tax Code	Tax %	Net	Tax
NC-000	0.000	123.50	0.00

Invoice Subtotal: **\$ 123.50**  
 Total Before Tax: **\$ 123.50**  
 Total Tax Amount: **\$ 0.00**  
**Total Amount: \$ 123.50**

CEO:  
 Shareholder:  
 Tax Official:  
 Headquarters:  
 Website:

Phone:  
 Fax:  
 E-Mail:  
 Tax No.:  
 Tax ID No.:

Bank Name:  
 Bank Account:  
 Bank Code:  
 Swift/BIC Code:  
 IBAN:

*FR 6:54*  
130.04

**VIETRI**<sup>®</sup>

IRRESISTIBLY ITALIAN<sup>™</sup>

HILLSBOROUGH, NC 27278-0460



GEORGEBOIG INC  
P&DC 274  
TUE 24 APR 2012 PM

RECEIVED

'APR 27 2012

BMC GROUP

BMC Group, Inc  
Attention: Cliffs Claims Processing

P.O. Box 3020

Chanhassen, MN 55317-3020