
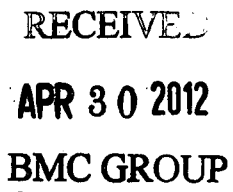




UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM	
Name of Debtor: Cliffs Club & Hospitality Service Company, LLC		Case Number: 12-01237	Your Claim is Scheduled As Follows: Schedule/Claim ID: s15786 AMOUNT/CLASSIFICATION: \$2,755.71 UNSECURED
<small>NOTE: See reverse and attached 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) : TOUR EDGE GOLF MFG. INC			
Name and address where notices should be sent:  29347866011134 Tour Edge Mfg, Inc. 1301 Pierson Drive Batavia, IL 60510			
Creditor Telephone Number (830) 584-4777 email: IRBALWA@TOUREDGE.COM		THIS SPACE IS FOR COURT USE ONLY	
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:			
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>2,870⁴¹</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 checked="" 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> <small>(See instruction #2)</small>			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>8750</u>		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: (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.		Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ <u>-0-</u>	
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: \$ <u>-0-</u>	
Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small>		Amount Unsecured: \$ <u>2,870⁴¹</u>	
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: \$ <u>-0-</u>		Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ <u>-0-</u>	
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  00359			
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)			



STATEMENT

GOLF'S MOST SOLID INVESTMENT®

1301 Pierson Dr.
Batavia IL 60510
(800) 515-3343
www.touredge.com

Date:	2/20/2012
Account:	008750-0001

Amount Paid:	
--------------	--

CLIFFS VALLEY GOLF COURSE
TAMMY OWENS
PO BOX 1279
TRAVELERS REST SC 29690

Payment Terms: COD

Deposits Received: \$0.00

Please return this portion with your payment

Document No.	Date	Due Date	Code	Description	Amount	Balance
IN-00865057	5/26/2011	6/26/2011	SLS	IN-00865057	\$874.57	\$874.57
IN-00865176	5/27/2011	6/27/2011	SLS	IN-00865176	\$226.56	\$1,101.13
IN-00866018	6/2/2011	7/3/2011	SLS	IN-00866018	\$244.09	\$1,345.22
IN-00873932	7/18/2011	1/14/2012	SLS	IN-00873932	\$1,463.09	\$2,808.31
IN-00874865	7/22/2011	1/18/2012	SLS	IN-00874865	\$649.71	\$3,458.02
IN-00875339	7/26/2011	1/22/2012	SLS	IN-00875339	\$60.69	\$3,518.71
FCHRG000000005860	7/31/2011	7/31/2011	FIN	July 2011 Finance Charge	\$16.52	\$3,535.23
FCHRG000000006016	8/31/2011	8/31/2011	FIN	Aug. 2011 Finance Charge	\$20.18	\$3,555.41
FCHRG000000006163	9/30/2011	9/30/2011	FIN	Sep. 2011 Finance Charge	\$20.18	\$3,575.59
FCHRG000000006329	10/31/2011	10/31/2011	FIN	Oct. 2011 Finance Charge	\$20.18	\$3,595.77
FCHRG000000006508	11/30/2011	11/30/2011	FIN	Nov. 2011 Finance Charge	\$20.18	\$3,615.95
CM-00054441	12/7/2011	10/17/2011	RTN	CM-00054441	(\$763.00)	\$2,852.95
FCHRG000000006626	12/31/2011	12/31/2011	FIN	Dec. 2011 Finance Charge	\$8.73	\$2,861.68
FCHRG000000006727	1/31/2012	1/31/2012	FIN	Jan. 2012 Finance Charge	\$8.73	\$2,870.41
					Amount Due:	\$2,870.41

Past Due - Please Remit.

Current	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121+ Days	
\$0.00	\$69.42	\$2,121.53	(\$742.82)	\$20.18	\$1,402.10	\$0.00

Codes: SLS = Sales / Invoices
SCH = Scheduled Payments
DR = Debit Memos

FIN = Finance Charges
SVC = Service / Repairs
WRN = Warranties

CR = Credit Memos
RTN = Returns
PMT = Payments

T. HOWARD
PGA STAFF

#8750

TOUR EDGE GOLF MFG., INC.

Application for Open Account
1301 Pierson Drive Batavia, IL 60510
Phone (800) 515-3343 Fax (630) 584-4999

Exact Legal Company Name: The Cliffs Club's Hospitality Group, Inc.
Bill to: The Cliffs Club's Hospitality Service Co., LLC

Billing Address: P.O. Box 1279 Shipping Address: see attached *
Travelers Rest SC 29690 Address

City State Zip Telephone Number: (804) 371-1000 City State Zip
Fax Number: (804) 371-1600
(Please do not list P.O. Box as shipping address. If more than one, please provide a store listing and current phone numbers.)

Store has been open under present management since: _____

LEGAL STATUS

Are you a: Corporation () Sole Proprietor () Partnership () Limited Partnership () LLC*
Date Started 11/24/09 Date Incorporated _____ State of SC Type of Business Golf & CC

Federal Tax I.D.# 27-1396338

J. Scott Carr Hm
President Partner VP Partner
Address City State Address City State
Home Phone Number: () Home Phone Number: ()

ACCOUNTS PAYABLE INFORMATION

Accounts payable contact: Tummy Owens Phone: (804) 371-1000 x21367
Credit limit requesting: \$ _____ Fax: (804) 371-1799
 I would like to receive my invoices via email. Email Address: AP@cliffscommunities.com

I would like to receive sales and marketing info via email. Email Address: _____

CREDIT REFERENCES PLEASE CIRCLE (4)

ADAMS GOLF WILSON SPORTING GOODS IZZO GOLF ASHWORTH
KING PAR SRLXON SPORTS OGIO INT CUTTER & BUCK
NICKLAUS GOLF ECCO USA SUN MOUNTAIN POLO RALPH LAUREN
NIKE GOLF DATREK MILLER INT ANTIGUA SPORTSWEAR TOMMY HILFIGER

BANK INFORMATION

Bank Name: NBSC Contact Person: Karen Speedling
Address: 201 East McBee Ave City: Greenville State: SC Zip: 29602
Phone: (804) 241-7926 Fax: (804) 241-1791
Checking Account # 2538498701 Savings Account # _____ Loan# _____

(If We Authorize Bank to release information to Tour Edge Golf Mfg. Inc., see signature below)

I read and agree to all terms, prices, and policies as detailed on Tour Edge Golf Mfg., Inc. price lists. I recognize these terms, prices and policies are subject to change by Tour Edge Golf Mfg., Inc. without notice. I understand that if an account is established, my credit line is subject to periodic review. Also, shipments may be held or cancelled if my account is delinquent or exceeds the established line of credit. I hereby state that the information contained herein is correct and not misleading to the best of my knowledge, and I understand the above information is given in confidence for the sole purpose of establishing open account credit privileges.

Financially Responsible Party / Officer of Corporation: [Signature] 2/28/11
Signature Date Signed

OFFICE USE ONLY

CREDIT LIMIT:	TERMS:
CODE:	COMMENTS:
REP:	

PERSONAL GUARANTY (Must be completed)



The Cliffs Club & Hospitality Group, Inc.
 P.O. Box 1279
 Travelers Rest, SC 29690
 Tel: 864-371-1000 Fax: 864-371-1468

Bill to:

The Cliffs Club & Hospitality Service Company, LLC.
 PO Box 1279
 Travelers Rest, SC 29690
 864-371-1000
 864-371-1600 fax

Ship to:

The Cliffs at Keowee Vineyards
 824 Clubhouse Dr.
 Sunset, SC 29685
 864-868-4444
 864-371-1454 fax

The Cliffs at Glassy Mountain
 200 Fire Pink Way
 Landrum, SC 29356
 864-895-8104
 864-371-1480 fax

The Cliffs at Keowee Falls
 770 South Cherry Laurel Way
 Salem, SC 29676
 864-944-2010
 864-371-1623 fax

Cliffs Valley
 250 Knightsridge Rd.
 Travelers Rest, SC 29690
 864-836-4653
 864-371-1786 fax

The Cliffs at Walnut Cove
 41 Club Village Road
 Arden, NC 28704
 828-887-7965
 864-371-1694 fax

The Cliffs at Keowee Springs
 141 Spring Cove Way
 Six Mile, SC 29682
 864-868-0422
 864-371-1864 fax

Bank: Sales tax # 02356046-0

National Bank of South Carolina
Physical Address
 201 East McBee Avenue
 Greenville SC 29602

Contact - Karen Speedling
 Tel - (864) 241-7926
 Fax - (864) 241-1791
 Account #2538498701

References:

Aldridge Produce, 1354 Rutherford Road, Greenville SC 29609 / Account # Cliffs
 Phone 864-979-8316 / Fax 864-244-2333

Imagin Graphics, 150 Herbert Drive, Salem, SC 29676 / Account # Cliffs
 Phone 864-944-5303 / Fax 919-465-0255

Embroidery Specialties, 14 Cooper Street, Travelers Rest, SC 29690 / Account # Cliffs
 Phone 864-834-9471 / Fax 864-834-9471

Tour/Edge
Golf Manufacturing, Inc.

1301 Pierson Drive
Batavia, IL 60510

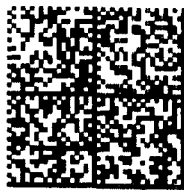
049J82624030

\$00.450

04/26/2012

Mailed From 60510
US POSTAGE

ncpost



RECEIVED

APR 30 2012

BMC GROUP

BMC Group, Inc.
Attn: Cliffs Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

55317302020

