UNITED STATES BANKRUPTGY COURT DISTRICT OF SOUTH CAROLINA		OOF OF CL	AIM	Your Claim is Scheduled As Follows: Schedule/Claim ID: s15485
Name of Debtor Cliffs Club & Hospitality Service Company, LLC	Case Nu 12-012			AMOUNT/CLASSIFICATION: \$47,594.52 UNSECURED
NOTE: See reverse and attached for List of Debtors/Case Numbers/important de			S.C. 8	
503(b)(9), this form should not be used to make a claim for Administrative Expens case. A "request" for payment of an administrative expense may be filed pursuan	es arising at	fter the commencement		
Name of Creditor (the person or other entity to whom the debtor owes money	or property	:		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
Name and address where notices should be sent: 29347866010086				no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.
Alsco SEND UPS #3V334X		ECEIVED	i	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.
4700 Dwight Evans Rd	'API	R 3 0 2012		If you have already filed a proof of claim with the
Charlotte, NC 28217		IC GROUP		Bankruptcy Court or BMC, you do not need to file again.
Creditor Telephone Number (704 596-1700 email: 950 we		lsco,com		THIS SPACE IS FOR COURT USE ONLY
Name and address where payment should be sent (if different from	above):	Check box if you aware that anyone els	se has	Check this box to indicate that this claim amends a previously filed claim.
		filed a proof of claim r your claim. Attach co statement giving parti	py of	Court Claim Number (if known):
Payment Telephone Number () email:		James Market Street		Filed on:
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 45313	വ വ			
If all or part of your claim is secured, complete item 4.	<u> </u>			
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 p	rincipal amo	ount of claim. Attach iter	mized state	ement of interest or charges.
2. BASIS FOR CLAIM: Delivered goods.				
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	e schedul	ed account as:	3b. Unifo	orm Claim Identifier (optional):
(See instruction #3a)			(See ins	ruction #3b)
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.		nt of arrearage and oth led, included in secur		
Nature of property or right of setoff: Describe:	Basis f	or Perfection:		
Real Estate Motor Vehicle Other	Amoun	t of Secured Claim: \$	S	
Value of Property: \$	Amoun	t Unsecured: \$		
Annual Interest Rate: %				
Amount of Claim Entitled to Administrative Expense status und falls into one of the following categories, check the box specifyin				
Amount entitled to priority: \$		ount entitled to admin ense under 11 U.S.C.		: \$
You MUST specify the priority of the claim:		_		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		•	-	ernmental units - 11 U.S.C. § 507(a)(8).
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).	L	-		enefit plan - 11 U.S.C. § 507(a)(5). graph of 11 U.S.C. § 507(a) ().
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).		-	ived by the	debtor within 20 days before the date of the
* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with r	espect to ca	ses commenced on or	after the da	#1 @ #1 #1 ####1 ##1 ##1 ##1 ##1
6. CREDITS: The amount of all payments on this claim has been cre	edited for t	he purpose of makin	ng this pro	oof of claim. (See instruction #6)

7. DOCUMENTS: Attached are redacted copies of documents that	at support the claim, such as promissory notes, purchase orders, invoices, itemized
statements of running accounts, contracts, judgments, mortgage	es, and security agreements. If the claim is secured, box 4 has been completed, and
	of a security interest are attached. (See instruction #7, and definition of "redacted").
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUM	IENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:	
DATE-STAMPED COPY: To receive an acknowledgment of envelope and copy of this proof of claim.	the filing of your claim, enclose a stamped, self-addressed
	sent by mail or hand delivered (FAXES OR EMAIL NOT ACCEPTED) so that it is me on May 31, 2012 for Non-Governmental Claimants OR on or before 4:00 pm al Claimants.
BY MAIL TO:	BY MESSENGER OR OVERNIGHT DELIVERY TO:
BMC Group, Inc	BMC Group, Inc
Attn: Cliffs Claims Processing	Attn: Cliffs Claims Processing
PO Box 3020	18675 Lake Drive East
Chanhassen, MN 55317-3020	Chanhassen, MN 55317
Check the appropriate box. I am the creditors 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.)
	ue and correct to the best of my knowledge, information, and reasonable belief.
Print Name: Alan Sowers Title: General Manager Company: Asco, Inc.	The 20 April 2012
Address and telephone number (if different from notice address above):	(Signature) (Date)
Telephone number: email:	
704-586-1700 asowers ealsco.	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

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, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's full name, and the case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed. 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 Administrative Expense Under 11 U.S.C. § 503 (b)(9) or Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, 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.

DEFINITIONS

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

CREDITOR

A creditor is a person, corporation, or other entity to whom the debtor owes a debt that was incurred before the date of the bankruptcy filling. See 11 U.S.C. §101(10).

CLAIM

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filling. See 11 U.S.C. §101(5). A claim may be secured or unsecured.

PROOF OF CLAIM

A proof of claim is a form sued by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of the first page.

SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court

judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED CLAIM

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

CLAIM ENTITLED TO PRIORITY Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

REDACTED

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

EVIDENCE OF PERFECTION

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION_____ The OFFERS TO PURCHASE A CLAIM

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. §101 et seg.), and any applicable orders of the bankruptcy court.

Date-Stam ped Copy

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the second page of this form.

Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com/cliffs



February 2012

Alsco PO Box 668088 Charlotte, NC 28266

Phone: (704)586-1700 Fax: (704)398-0525

Customer Code

00301265

\$67.59 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For

Cliffs Glassy Clubhouse/Kitchen 200 Fire Pink Way Landrum, SC 29356-3312

Balan	Credits	Charges	Invoice Amount	Reference	nvolce Date
\$10	ng gir filir an ni sisa ni da dida dida dida nada Cadhadainin in sanna da na ad An I I I	\$10.22	\$10.22	LCHR547877	Aug 03 2011
\$22		\$11.90	\$11.90	LCHR550219	Aug 10 2011
\$32		\$10.22	\$10.22	_CHR552538	Aug 17 2011
\$42		\$10.22	\$10.22	_CHR554883	\ug 24 2011
\$52		\$10.22	\$10.22	CHR557257	Aug 31 2011
\$67.	•	\$14.81	\$14.81	_CHR559589	Sep 07 2011
\$78.		\$10.47	\$10.47	CHR616773	eb 22 2012
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US Dollar			Current Balance	e 30 Day Balance	Over Due Baland
\$78.00	tatement Total	s	\$10.47	\$0.00	\$67.59

Please Send Payment To

Alsco PO Box 668088 Charlotte NC 28266 Statement For:

US Dollars

Statement Total:

February 2012

\$78.06

Card No: Exp Date: _ Charge Amount: \$

Signature:

Payment Received From

Cliffs Glassy Clubhouse/Kitchen



February 2012

Alsco PO Box 668088 Charlotte, NC 28266 Phone: (704)586-1700 Fax: (704)398-0525 Customer Code

00301253

\$200.12 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Cliffs Keowee Vineyard Club-Ancillary 824 Club House Drive Sunset, SC 29685

Invoice Date	Reference	Invoice Amount	Charges	Credits	Balance
Jul 21 2011	LCHR543700	\$98.58	\$98.58		\$98.58
Aug 25 2011	LCHR555423	\$98.58	\$98.58		\$197.16
Sep 08 2011	LCHR560146	\$2.96	\$2.96		\$200.12
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PO Box 668088	Statement 1	Total: \$20	0.12 Exp Date: — Signature:		-π//οαπι. Ψ
Charlotte NC 28266		Fi	Pavm	ent Received Fro	m
	LIS	Dollars		e Vineyard Club-	



February 2012

Alsco PO Box 668088 Charlotte, NC 28266

Phone : (704)586-1700 Fax : (704)398-0525

Customer Code

00301153

\$266.14 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Stattement For

Cliffs Keowee Falls (Temp) Wellness Center

Corp. Office 3598 Highway 11

Travelers Rest, SC 29690

Invoice Date	Reference	invoice Amount	Charge	s Credits	Balance
Jul 21 2011	LCHR543705	\$65.58	\$65.5	8	\$65.58
Aug 04 2011	LCHR548414	\$69.40	\$69.4	0	\$134.98
Aug 18 2011	LCHR553073	\$65.58	\$65.5	8:	\$200.56
Sep 01 2011	LCHR557810	\$65.58	\$65.5	8	\$266.14
Feb 23 2012	LCHR617330	\$42.58	\$42.5	8	\$308.72
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PO Box 668088	Statement	: Total: \$3	Exp Date: Signature:		Amount: •
Charlotte NC 28266		П	Páy	ment Received Fro	m
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February 2012

Alsco PO Box 668088 Charlotte, NC 28266 Phone: (704)586-1700 Fax: (704)398-0525

Customer Code

00301116

\$691.12 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For Cliffs-Keowee Springs-Turnhouse

110 Whispering Hill Way Six Mile, SC 29682

invoice Date	Reference	lny	oice Amount	Charges	Credits	Balance
Jul 27 2011	LCHR545529	9	\$164.18	\$164.18		\$164.1
Aug 10 2011	LCHR55025	7	\$171.44	\$171.44	4	\$335.6
Aug 24 2011	LCHR554921	1	\$172.88	\$172.88		\$508.5
Sep 07 2011	LCHR559627	7	\$182.62	\$182.62		\$691.1
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Charlotte NC 2826	6			Payment	Received From	
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February 2012

Alsco PO Box 668088 Charlotte, NC 28266

Phone: (704)586-1700 Fax: (704)398-0525 **Customer Code**

00301075

\$1114.21 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For

Cliffs Glassy/Housekeeping/Mats PO Box 1549 Travelers Rest, SC 29690

Invoice Date	Reference	Invoice Amount	Charges	Credits	Balance
Jul 20 2011	LCHR543147	\$150.41	\$150.41	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$150.41
Jul 27 2011	LCHR545490	\$146.70	\$146.70		\$297.11
Aug 03 2011	LCHR547875	\$146.70	\$146.70		\$443.81
Aug 10 2011	LCHR550217	\$148.42	\$148.42		\$592.23
Aug 17 2011	LCHR552536	\$135.57	\$135.57		\$727.80
Aug 24 2011	LCHR554881	\$146.70	\$146.70	:	\$874.50
Aug 31 2011	LCHR557255	\$146.70	\$146.70	; ;	\$1021.20
Sep 07 2011	LCHR559587	\$114.32	\$114.32	: :	\$1135.52
Oct 19 2011	LCHR574464	\$44.52	\$44.52	:	\$1180.04
Oct 26 2011	LCHR575799	\$95.61		\$65.83	\$1114.21
Feb 22 2012	LCHR616769	\$112.54	\$112.54		\$1226.75
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\$1114	-	\$112.54	Staten	nent Total	\$1226.75

Remittance Advice

Please Send Payment To

Alsco PO Box 668088 Charlotte NC 28266

Customer No: Statement For:

Statement Total:

00301075

February 2012

\$1226.75

Credit Card Payment Card No:

Exp Date: ___ Charge Amount: \$ Signature:

US Dollars

Payment Received From Cliffs Glassy/Housekeeping/Mats



February 2012

Cliffs-Keowee Springs-Temporary Proshop

Alsco PO Box 668088 Charlotte, NC 28266 Phone: (704)586-1700 Fax: (704)398-0525 **Customer Code**

00301115

\$622.29 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For

Cliffs-Keowee Springs-Temporary Proshop 141 Springs Lake Road Six Mile, SC 29682

nvoice Date	Referen	ce	Invoice Amount	Charges	Credits	Balanc
fay 18 2011	LCHR52	2351	\$264.18	\$12.28		\$12.2
lul 27 2011	LCHR54	5535	\$112.49	\$112.49		\$124.7
Aug 10 2011	LCHR55	0263	\$140.94	\$140.94		\$265.7
Aug 24 2011	LCHR55	4927	\$112.49	\$112.49	è	\$378.2
Sep 07 2011	LCHR55	9633	\$141.27	\$141.27		\$519:4
lan 18 2012	LCHR60	4852	\$102.82	\$102.82	<u> </u>	\$622.2
eb 22 2012	LCHR61	6816	\$104.91	\$104.91		\$727.2
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February 2012

Alsco PO Box 668088 Charlotte, NC 28266

Phone: (704)586-1700 Fax: (704)398-0525 Customer Code

00301063

\$2757.12 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For Cliffs-The Tavern at Walnut Cove 40 Club Village Way Arden, NC 28705

Involce Date	Reference	Invoice Amount	Charges	Credits	Balance
Jul 27 2011	LCHR545444	\$410.67	\$410.67	itteritetet sometateretensprenamen gran iv :	\$410.67
Aug 03 2011	LCHR547829	\$476.11	\$476.11		\$886.78
Aug 10 2011	LCHR550168	\$265.43	\$265.43		\$1152.21
Aug 17 2011	LCHR552490	\$363.48	\$363.48	3	\$1515.69
Aug 24 2011	LCHR554835	\$255.40	\$255.40		\$1771.09
Aug 31 2011	LCHR557208	\$358.95	\$358.95		\$2130.04
Sep 07 2011	LCHR559544	\$261.98	\$261.98		\$2392.02
Sep 28 2011	LCHR566557	\$227.91	\$29.89		\$2421.91
Sep 29 2011	RCPT265294			\$7.47	\$2414.44
Oct 05 2011	LCHR568888	\$321.05	\$115.29	:	\$2529.73
Oct 12 2011	LCHR571190	\$356.63	\$89.14		\$2618.87
Oct 26 2011	LCHR575754	\$399.25	\$57.65	1	\$2676.52
Nov 04 2011	LCHR579832	\$80.60	\$80.60		\$2757.12
Feb 22 2012	LCHR616719	\$142.91	\$142.91		\$2900.03
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Over Due	Balance 30 Day Balance	Current Balance			US Dollars
\$2757	7.12 \$0.00	\$142.91	Statem	nent Total	\$2900.03

	Remittanc	e Advice
	Customer No:	00301063
Please Send Payment To		

Alsco PO Box 668088 Charlotte NC 28266 Statement For:

February 2012 **Statement Total:**

\$2900.03

Credit Card Payment Exp Date: Charge Amount \$_

Payment Received From Cliffs-The Tavern at Walnut Cove



February 2012

Alsco PO Box 668088 Charlotte, NC 28266

Phone: (704)586-1700 Fax: (704)398-0525 **Customer Code**

00301014

\$3978.81 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For Cliffs Keowee Falls Club P.O. Box 67602 Travelers Rest, SC 29690

\$4016.	53 \$-37.72	\$355.00	Statement Tota	al \$4333.81
Over Due B				US Dollars
(21) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1)	<u></u>			
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	, Annual Den (22)			
	: :			
Feb 23 2012	LCHR617331	\$355.00	\$355.00	\$4333.8
Jan 19 2012	RCPT281430		\$3	7.72 \$3978.8
Sep 08 2011	LCHR560152	\$500.76	\$500.76	\$4016.5
Sep 01 2011	LCHR557812	\$504.67	\$504.67	\$3515.7
Aug 25 2011	LCHR555429	\$427.54	\$427.54	\$3011.1
Aug 18 2011	LCHR553075	\$504.67	\$504.67	\$2583.5
Aug 04 2011 Aug 11 2011	LCHR550754	\$590.02	\$590.02	\$2078.8
Jul 28 2011 Aug 04 2011	LCHR546054 LCHR548416	\$561.35	\$561.35	\$1488.8
Jul 21 2011	LCHR543707	\$501.94 \$425.58	\$501.94 \$425.58	\$301.9 \$927.5
nvoice Date	Reference	Invoice Amount		dits Balanc \$501.9

Remittance Advice

Please Send Payment To

Alsco

PO Box 668088 Charlotte NC 28266 **Customer No:**

Statement For:

Statement Total:

00301014

February 2012

\$4333.81

Credit Card Payment Card No: _

Exp Date: _/____ Charge Amount: \$_ Signature:

Payment Received From Cliffs Keowee Falls Club



February 2012

Alsco PO Box 668088 Charlotte, NC 28266 Phone: (704)586-1700 Fax: (704)398-0525

Customer Code

00300465

\$2922.11 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For **Cliffs Walnut Cove Wellness** 41 Club Village Way Arden, NC 28704

Involce Date	Reference	Invoice Amount	Charges	Credits	Balance
Jul 27 2011	LCHR545449	\$412.91	\$412.91	;	\$412.91
Aug 03 2011	LCHR547835	\$443.65	\$443.65 ⁻		\$856.56
Aug 10 2011	LCHR550173	\$440.00	\$440.00		\$1296.56
Aug 17 2011	LCHR552496	\$382.06	\$382.06		\$1678.62
Aug 24 2011	LCHR554840	\$386.97	\$386.97	<u>}</u>	\$2065.59
Aug 31 2011	LCHR557214	\$331.35	\$331.35	:	\$2396.94
Sep 07 2011	LCHR559549	\$434.01	\$434.01		\$2830.95
Sep 29 2011	RCPT265296	:		\$56.26	\$2774.69
Oct 12 2011	LCHR571196	\$291.05	\$29.89		\$2804.58
Jan 11 2012	LCHR602370	\$334.97	\$95.11		\$2899.69
Jan 25 2012	LCHR607107	\$244.25	\$22.42		\$2922.11
Feb 01 2012	LCHR609507	\$272.43	\$64.05		\$2986.16
Feb 08 2012	LCHR611878	\$284.40	\$7.17		\$2993.33
Feb 22 2012	LCHR616724	\$208.35	\$208.35		\$3201.68
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Over Due	Balance 30 Day Balance	Current Balance			US Dollars
\$280		\$279.57	Staten	nent Total	\$3201.68

Remittance Advice

Please Send Payment To

Alsco

PO Box 668088 Charlotte NC 28266

Customer No: Statement For: 00300465

Credit Card Payment

Exp Date: .

____.Charge Amount: \$_

Statement Total:

February 2012 \$3201.68

Signature:

Payment Received From

US Dollars

Cliffs Walnut Cove Weliness



February 2012

Alsco PO Box 668088 Charlotte, NC 28266 Phone: (704)586-1700 Fax: (704)398-0525 **Customer Code**

00300200

\$601,00 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For **Cliffs Walnut Cove/Golf House**

41 Club Village Way Arden, NC 28704

Invoice Date	Reference.	invoice Amount	Charges	Credits Balance
Jul 27 2011	LCHR545448	\$73.23	\$73.23	\$73.23
Aug 03 2011	LCHR547833	\$79.21	\$79.21	\$152.44
Aug 10 2011	LCHR550172	\$86.55	\$86.55	\$238.99
Aug 17 2011	LCHR552494	\$87.75	\$87.75	\$326.74
Aug 24-2011	LCHR554839	\$85.51	\$85.51	\$412.25
Aug 31 2011	LCHR557212	\$64.37	\$64.37	\$476.62
Sep 07 2011	LCHR559548	\$76.08	\$76.08	\$552.70
Nov 02 2011	LCHR578070	\$48.30	\$48.30	\$601.00
Feb 22 2012	LCHR616723	\$48.30	\$48.30	\$649.30
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Over Due	Balance 30 Day Bala	nce Current Balance		US Dollars
\$601	-	\$48.30	Stateme	ent Total \$649.30

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	Customer No:	0030
Please Send Payment To		

Alsco PO Box 668088 Charlotte NC 28266

00200 February 2012 Statement For:

\$649.30

Credit Card Payment Exp Date: Charge Amount: \$_ Signature:

US Dollars

Statement Total:

Payment Received From Cliffs Walnut Cove/Golf House



February 2012

Alsco PO Box 668088 Charlotte, NC 28266 Phone: (704)586-1700 Fax: (704)398-0525 Customer Code

00205278

\$58.97 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For Cliffs Glassy Proshop, The

PO Box 1549

Travelers Rest, SC 29690

Invoice Date	Reference	Invoice Amount	Charges	Credits	Balance
Jul 27 2011	LCHR545489	\$7.16	\$7.16	Marin De Brand Attack Comment	\$7.16
Aug 03 2011	LCHR547874	\$7.16	\$7.16		\$14.32
Aug 10 2011	LCHR550216	\$7.79	\$7.79		\$22.1
Aug 17 2011	LCHR552535	\$7.16	\$7.16		\$29.27
Aug 24 2011	LCHR554880	\$7.16	\$7. 16	1	\$36.46
Aug 31 2011	LCHR557254	\$7.16	\$7.16		\$43.59
Sep 07 2011	LCHR559586	\$8.22	\$8.22		\$51.8°
Oct 26 2011	LCHR575797	\$7.16	\$7.16		\$58.97
Feb 22 2012	LCHR616768	\$7.40	\$7.40		\$66.37
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Over Due	Balance 30 Day Balar	nce Current Balance		· · · · · · · · · · · · · · · · · · ·	US Dollars
\$58.		\$7.40	Staten	nent Total	\$66.37

	Remittan	ICE AUVICE		
	Customer No:	00205278	Credit	Card Payment
Please Send Payment To	Statement For:	February 2012	Card No:	
Alsco	Statement Total:	\$66.37	Exp Date:/	Charge Amount: \$
PO Box 668088	Statement rotal.	******	Signature:	
Charlotte NC 28266		Lana Andrews	Paymont Pag	

US Dollars

Cliffs Glassy Proshop, The



February 2012

Alsco PO Box 668088 Charlotte, NC 28266 Phone : (704)586-1700 Fax : (704)398-0525 Customer Code

00208754

\$2077.28 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For Cliffs Keowee/Wellness Center

PO Box 80502 Travelers Rest, SC 29690

Baland	Credits	Charges	Invoice Amount	ence	oice Date Refei
\$269.	: :	\$269.03	\$269.03	R543702	21 2011 LCHF
\$557.		\$288.88	\$288.88	R546050	28 2011 LCHF
\$866.		\$308.40	\$308.40	R548411	04 2011 LCHF
\$1155.		\$288.88	\$288.88	R550750	11 2011 LCHF
\$1388.4		\$233.25	\$233.25	R553070	18 2011 LCHF
\$1606.9		\$218.50	\$218.50	R555425	25 2011 LCHF
\$1825.4		\$218.50	\$218.50	R557807	01 2011 LCHF
\$2077.2		\$251.84	\$251.84	R560148	08 2011 LCHF
\$2240.6		\$163.37	\$163.37	R617328	23 2012 LCHF
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		:			
US Dollars			Current Balance	30 Day Balance	Over Due Balance
\$2240.65	ement Total	State	\$163.37	\$0.00	\$2077.28

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	Remittar	ice Advice	
Please Send Payment To	Customer No: 00208754 Credit Card Payment		
Charlotte NC 28266	US Dollars		Payment Received From Cliffs Keowee/Wellness Center



February 2012

Alsco PO Box 668088 Charlotte, NC 28266 Phone: (704)586-1700 Fax: (704)398-0525 **Customer Code**

Cliffs Valley / Housekeeping, The

00205274

\$192.65 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For

Cliffs Valley / Housekeeping, The PO Box 1549 Travelers Rest, SC 29690

nvoice Date	Reference	Invoi	ce Amount	Charges	Credits	Balance
\ug 01 2011	LCHR546916	**************************************	\$30.21	\$30.21	тинголимован образования	\$30.2
Aug 08 2011	LCHR549268		\$33.65	\$33.65		\$63.8
Aug 15 2011	LCHR551637		\$30.21	\$30.21		\$94.0
Aug 22 2011	LCHR553949	: : :	\$30.21	\$30.21		\$124.2
ug 29 2011	LCHR556294	:	\$30.21	\$30.21		\$154.4
Sep 05 2011	LCHR558659		\$30.21	\$30.21		\$184.7
Sep 21 2011	RCPT264132				\$22.26	\$162.4
Oct 31 2011	LCHR577187		\$30.21	\$30.21		\$192.6
eb 20 2012	LCHR615803		\$30.82	\$30.82		\$223.4
eb 27 2012	LCHR618185		\$30.82	\$30.82		\$254.2
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Over Due B	alance 30 Day B	alance C	urrent Balance			US Dollars
\$192.6			\$61.64	Statem	ent Total	\$254.29
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		Remittar	nce Advice	·		
	manomonga - Stantano e	Customer No:	0020527		edit Card Payment	
Please Send Pa	syment to s	tatement For:	February 201			
Alsco PO Box 668088	State	ment Total:	\$254.2	9 Exp Date:/_	Charge Amo	unt: \$
PO Box 668088				Signature:		



February 2012

Alsco PO Box 668088 Charlotte, NC 28266 Phone: (704)586-1700 Fax: (704)398-0525 **Customer Code**

00205275

\$6068.59 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Cliffs Valley/Wellness/Court, The
PO Box 1549
Travelers Rest, SC 29690

Jul 25 2011	LCHR544580	\$708.61	\$708.61	\$708.6
Aug 01 2011	LCHR546917	\$702.78	\$702.78	\$1411.3
Aug 08 2011	LCHR549269	\$811.99	\$811.99	\$2223.3
Aug 15 2011	LCHR551638	\$819.65	\$819.65	\$3043.0
Aug 22-2011	LCHR553950	\$756.58	\$756.58	\$3799.6
Aug 29 2011	LCHR556295	\$758.17	\$758.17	\$4557.7
Sep 05 2011	LCHR558660	\$759.76	\$759.76	\$5317.5
Oct 24 2011	LCHR575805	\$418.74	\$418.74	\$5736.2
Jan 23 2012	LCHR606195	\$332.31	\$332.31	\$6068.5
Feb 20 2012	LCHR615804	\$525.86	\$525.86	\$6594.4
Feb 27 2012	LCHR618186	\$513.53	\$513.53	\$7107.9
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Over Due Ba	lance 30 Day Balance	Current Balance		US Dollars
\$5736.2		\$1039.39	Statem	nent Total \$7107.98

	Remittar	ice Advice	
Alsco PO Box 668088 Charlotte NC 28266	Customer No: Statement For: Statement Total:	00205275 February 2012 \$7107.98	Card No: Exp Date: Signature:
	US Dollars		Payment Received From Cliffs Valley/Wellness/Court, The



February 2012

Alsco PO Box 668088 Charlotte, NC 28266 Phone : (704)586-1700 Fax : (704)398-0525

Customer Code

00205277

\$1855.60 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For Cliffs Glassy Wellness, The PO Box 1549 Travelers Rest, SC 29690

Invoice Date	Reference	Invoice Amount	Charges	Credits	Balance
Jul 20 2011	LCHR543144	\$247.40	\$247.40	atulitatei aneki ate impaninnet eniment _e ment i	\$247.4
Jul 27 2011	LCHR545488	\$184.60	\$184.60	-	\$432.0
Aug 03 2011	LCHR547873	\$225.14	\$225.14	:	\$657.14
Aug 10 2011	LCHR550215	\$214.99	\$214.99		\$872.13
Aug 17 2011	LCHR552534	\$237.02	\$237.02	:	\$1109.1
Aug 24 2011	LCHR554879	\$183.12	\$183.12		\$1292.27
Aug 31 2011	LCHR557253	\$210.30	\$210.30		\$1502.57
Sep 07 2011	LCHR559585	\$182.06	\$182.06		\$1684.63
Sep 14 2011	LCHR561943	\$176.91	\$176.91		\$1861.54
Oct 14 2011	RCPT267377			\$5.94	\$1855.60
Feb 22 2012	LCHR616767	\$139.57	\$139.57		\$1995.17
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Over Due	Balance 30 Day Balance	Current Balance			US Dollars
\$185	·	\$139.57	Statem	ent Total	\$1995.17

Remittance Advice **Customer No:** Please Send Payment To

Alsco PO Box 668088 Charlotte NC 28266 Statement For:

Statement Total:

00205277 February 2012

\$1995.17

Credit Card Payment Card No:

Exp Date: _ Charge Amount: \$ Signature:

US Dollars

Payment Received From

Cliffs Glassy Wellness, The



February 2012

Alsco PO Box 668088 Charlotte, NC 28266 Phone: (704)586-1700 Fax: (704)398-0525 **Customer Code**

00205273

\$4777.44 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For Cliffs Valley Clubhouse, The PO Box 1549

Travelers Rest, SC 29690

Invoice Date	Reference	// Invoice Amount	Charges	Credits	Balance
lul 25 2011	LCHR544579	\$604.36	\$604.36		\$604.30
Jul 25 2011	LCHR544928	\$164.57	\$164.57		\$768.93
Aug 01 2011	LCHR546918	\$604.36	\$604.36		\$1373.29
Aug 08 2011	LCHR549270	\$679.53	\$679.53		\$2052.82
Aug 15 2011	LCHR551639	\$674:32	\$674.32		\$2727.14
Aug 22 2011	LCHR553951	\$662.34	\$662.34	:	\$3389.48
Aug 29 2011	LCHR556296	\$640.61	\$640.61		\$4030.09
Sep 05 2011	LCHR558661	\$689.90	\$689.90		\$4719.99
Sep 12 2011	LCHR561022	\$697.99	\$45.79		\$4765.78
Oct 03 2011	LCHR568003	\$629.43	\$11.66		\$4777.44
eb 20 2012	LCHR615805	\$592.56	\$592.56		\$5370.00
eb 27 2012	LCHR618187	\$592.56	\$592.56		\$5962.56
Over Due \$477	•	Current Balance \$1185.12	Staten	nent Total	US Dollars \$5962.56

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Alsco PO Box 668088 Charlotte NC 28266	Customer No: Statement For: Statement Total:	00205273 February 2012 \$5962.56	Card No: Exp Date:/_ Charge Amount. \$

US Dollars

Cliffs Valley Clubhouse, The



February 2012

Alsco PO Box 668088 Charlotte, NC 28266 Phone : (704)586-1700 Fax : (704)398-0525 **Customer Code**

00205125

\$4260.20 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For Cliffs Keowee Vineyard Club, The PO Box 79304 Travelers Rest, SC 29690

Invoice Date	Reference	Invoice Amount	Charges Cre	dits Balance
Jul 21 2011	LCHR543703	\$540.45	\$540.45	\$540.45
Jul 28 2011	LCHR546051	\$541.29	\$541.29	\$1081.74
Aug 04 2011	LCHR548412	\$611.10	\$611.10	\$1692.84
Aug 11 2011	LCHR550751	\$486.00	\$486.00	\$2178.84
Aug 18 2011	LCHR553071	\$470.13	\$470.13	\$2648.97
Aug 25 2011	LCHR555426	\$470.13	\$470.13	\$3119.10
Sep 01 2011	LCHR557808	\$470.13	\$470.13	\$3589.23
Sep 08 2011	LCHR560149	\$632.97	\$632.97	\$4222.20
Oct 20 2011	LCHR574927	\$38.00	\$38.00	\$4260.20
Feb 23 2012	LCHR617329	\$406.39	\$406.39	\$4666.59

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Over Due	Balance 30 Day Balan	ce Current Balance		US Dollars
Over Due Balance 30 Day Balance \$4260.20 \$0.00		\$406.39	Statement Total	al \$4666.59

Remittance Advice

Please Send Payment To

Alsco PO Box 668088 Charlotte NC 28266 Customer No:

Statement For: Statement Total:

00205125 February 2012

\$4666.59

Credit Card Payment:

Exp Date: Signature:

Payment Received From
Cliffs Keowee Vineyard Club, The

Charge Amount: \$_



February 2012

Alsco PO Box 668088 Charlotte, NC 28266

Charlotte NC 28266

Phone: (704)586-1700 Fax: (704)398-0525 **Customer Code**

Payment Received From Cliffs Keowee Vineyard Lake, The

00205225

\$2099.14 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Cliffs Keowee Vineyard Lake, The PO Box 1549 Travelers Rest, SC 29690

Invoice Date	Reference	Involce Amount	Charges	Credits	Balanc
Jul 21 2011	LCHR543704	\$297.11	\$297.11		\$297.1
Jul 28 2011	LCHR546052	\$301.75	\$301.75		\$598.8
Aug 04 2011	LCHR548413	\$335.72	\$335.72	· · · · · · · · · · · · · · · · · · ·	\$934.5
Aug 11 2011	LCHR550752	\$297.11	\$297.11		\$1231.6
Aug 18 2011	ECHR553072	\$276.78	\$276.78		\$1508.4
Aug 25 2011	LCHR555427	\$262.33	\$262.33	į	\$1770.8
Sep 01 2011	LCHR557809	\$269.80	\$269.80		\$2040.6
Oct 06 2011	LCHR570195	\$58.54	\$58.54		\$2099.1
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Over Due Bala	ance 30 Day Balance	Current Balance			US Dollars
\$2099.14	4 \$0.00	\$0.00	Staten	nent Total	\$2099.14



February 2012

Alsco PO Box 668088 Charlotte, NC 28266

Phone: (704)586-1700 Fax: (704)398-0525

Customer Code

00205123

\$150.54 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For Cliffs Keowee Vineyard Mar, The PO Box 42937 Travelers Rest, SC 29690

Invoice Date	Referer	1C0	invoice Amoun		Charges	Credits	Balanco	
Aug 04 2011	LCHR5	48417	\$50.74	; ;	\$50.74		\$50.7	
Aug 18 2011	LCHR5	53076	\$48.60).).	\$48.60	***************************************	\$99.3	
Sep 01 2011	LCHR5	57813	\$51.33		\$51.33		\$150.6	
Oct 27 2011	LCHR5	76359	\$51.33		\$51.33 ⁻		\$202.0	
Jan 13 2012	RCPT28	30707				\$51.46	\$150.5	
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ALSCO, Inc. 4700 Dwight Evans Rd. Charlotte, NC 28217 RECEIVE

BMC GROUP

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