



UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM	
Name of Debtor: <u>DBA The Cliff Golf Course Club</u> <u>Cliffs Club & Hospitality Inc</u>		Case Number: <u>12-01220</u>	
<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): <u>Mac Papers</u>			
Name and address where notices should be sent:  29347868010754 Mac Papers, Inc. Claudia Smith PO Box 930513 Atlanta, GA 31193-0513		RECEIVED 'APR 30 2012 BMC GROUP	
Creditor Telephone Number () email:		THIS SPACE IS FOR COURT USE ONLY	
Name and address where payment should be sent (if different from above): <u>Mac Papers Inc</u> <u>3300 Philip Hwy PO Box 5365</u> <u>Sandersonville FL 32249</u>		<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 <u>904 348-3306</u> email:			
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>1,932.29</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>C101 (32)</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: \$ <u>1,932.29</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: \$ _____ 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).			
<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  00392			
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: Sandra K Finch
Title: _____
Company: Mac Paper Inc
Address and telephone number (if different from notice address above): _____
(Signature) Sandra K Finch (Date) 4-26-12

Telephone number: _____ email: _____

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

MAC PAPERS - GREENVILLE
 4607 DAIRY DR.
 P.O.BOX 5128 - STATION B
 GREENVILLE, SC 29607
 864-281-9911

CL0132
 THE CLIFFS COMMUNITIES, INC.
 3598 HWY 11
 P O BOX 1549
 TRAVELERS REST ,SC 29690

ACCOUNT BALANCE
 AS OF:
 10/31/2011
 JC2

ITEM	PO #	REF	TYP	ORD #	DATE	UNPD BALANCE	ORIG AMOUNT
411634	34543		IN	411634	05/02/2011	860.82	1,471.85
	413168		PAYMENT		06/28/2011		
	91781		PAYMENT		06/28/2011		
413101	34545		IN	413101	06/01/2011	596.73	596.73
414356			IN	414356	06/27/2011	474.74	474.74

OCTOBER
 .00

SEPTEMBER
 .00

AUGUST
 .00

JULY
 .00

PRIOR
 1,932.29

TOTAL
 1,932.29

SCANNED

4607 DAIRY DR.
P.O.BOX 5128 - STATION B
GREENVILLE, SC 29607

CL0132 411634 4 29 11 34543 OUR TRUCK 5 02 11 1

MAC PAPERS - PO BOX 930513 - ATLANTA, GA 31193-0513 - 864-281-9911

THE CLIFFS COMMUNITIES, INC.
3598 HWY 11
P O BOX 1549
TRAVELERS REST SC 29690- 0

THE CLIFFS COMMUNITIES
1030 WHITE HORSE RD.EXT
TRAVELERS REST SC 29690- 0

065960	8.5 X 11 10M 20# WHITE	5	M	7.980	39.90
LN 1	QUICK COPY DP XEROGRAPHIC				
066221	8.5 X 11 14M 28# PHOTO WHITE	8	M	19.290	154.32
LN 2	HAMMERMILL COLOR COPY SMOOTH FSC Mixed SFI Annex 1				
066230	11 X 17 28M 28# PHOTO WHITE	2	M	38.590	77.18
LN 3	HAMMERMILL COLOR COPY SMOOTH FSC Mixed SFI Annex 1				
067772	11 X 17 24M 24# RADIANT WHITE	5	M	30.510	152.55
LN 4	HAMMERMILL LASER PRINT SMOOTH SFI Annex 1				
069097	8.5 X 11 28.77M 80# SMOOTH	2	M	40.180	80.36
LN 5	COUGAR NATURAL OPAQUE COVER FSC Mixed 50% SFI Annex 1				
067477	11 X 17 57.54M 80# SMOOTH	1	M	82.250	82.25
LN 6	COUGAR NATURAL OPAQUE COVER FSC Mixed 50% SFI Annex 1				
066323	17 X 11 71.92M 100# WHITE	2.250	M	97.530	219.44
LN 7	HAMMERMILL COLOR COPY CVR SMOO FSC Mixed SFI Annex 1				
042446	18 X 12 66M 80# WHITE	3	M	81.530	244.59
LN 8	FLO COVER GLOSS FSC Mixed SFI Annex 2				

SCANNED

INVOICE CONTINUED NEXT PAGE

4607 DAIRY DR.
P.O.BOX 5128 - STATION B
GREENVILLE, SC 29607

CL0132 411634 4 29 11 34543 OUR TRUCK 5 02 11 2

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THE CLIFFS COMMUNITIES, INC.
3598 HWY 11
P O BOX 1549
TRAVELERS REST SC 29690- 0

THE CLIFFS COMMUNITIES
1030 WHITE HORSE RD.EXT
TRAVELERS REST SC 29690- 0

024310 12 X 18 36M 80# WHITE
LN 9 FLO GLOSS DIGITAL
FSC Mixed 90% SFI Annex 1 PEFC

7.500 M 45.060 337.95

JC2

G07 G03

NET 30 DAYS

SCANNED

1388.54
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83.31

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~~1471.85~~

2 *****

860.82

4607 DAIRY DR.
P.O.BOX 5128 - STATION B
GREENVILLE, SC 29607

CL0132 413101 5 31 11 34545 OUR TRUCK 6 01 11 1

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THE CLIFFS COMMUNITIES, INC.
3598 HWY 11
P O BOX 1549
TRAVELERS REST SC 29690- 0

THE CLIFFS COMMUNITIES
1030 WHITE HORSE RD.EXT
TRAVELERS REST SC 29690- 0

024310	12 X 18 36M 80# WHITE	6	M	45.060	270.36
LN 1	FLO GLOSS DIGITAL				
	FSC Mixed 90%				
	SFI Certified Fiber Source				
	PEFC				
066323	17 X 11 71.92M 100# WHITE	3	M	97.530	292.59
LN 2	HAMMERMILL COLOR COPY CVR SMOO				
	FSC Mixed				
	SFI Certified Fiber Source				

JC2
G07 G03
NET 30 DAYS

SCANNED

562.95
.00
.00
33.78
596.73

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4607 DAIRY DR.
P.O.BOX 5128 - STATION B
GREENVILLE, SC 29607

CL0132 414356 6 27 11 WILL CALL 6 27 11 1

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THE CLIFFS COMMUNITIES, INC.
3598 HWY 11
P O BOX 1549
TRAVELERS REST SC 29690- 0

THE CLIFFS COMMUNITIES
1030 WHITE HORSE RD.EXT
TRAVELERS REST SC 29690- 0

042446	18 X 12 66M 80# WHITE	.750	M	81.530	61.15
LN 1	FLO COVER GLOSS FSC Mixed				
024310	12 X 18 36M 80# WHITE	7.500	M	45.060	337.95
LN 2	FLO GLOSS DIGITAL FSC Mixed 90% SFI Certified Fiber Source PEFC				
066323	17 X 11 71.92M 100# WHITE	.500	M	97.530	48.77
LN 3	HAMMERMILL COLOR COPY CVR SMOO FSC Mixed SFI Certified Fiber Source				

JC2
G07 G03
NET 30 DAYS

SCANNED

447.87
.00
.00
26.87
474.74
***** LAST PAGE OF 1 *****

Mac Papers Inc
Attn Sandy Finch
3300 Philips Hwy/US 1 South
P O Box 5369
Jacksonville FL 32247

BMC Group Inc
Attn Cliffs Claims Processing
PO Box 3020
Chahassen MN 55317

APR 30 2002
MAIL ROOM