


<b>UNITED STATES BANKRUPTCY COURT</b> <b>District of South Carolina</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>The Cliffs Club &amp; Hospitality Group, Inc., et al., dba The Cliffs Golf &amp; Country Club</b>		Case Number: <b>12-01220</b>
NOTE: This form should not be used to make a claim for an administrative expense 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.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>GREENVILLE WATER SYSTEM</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____
Name and address where notices should be sent: Greenville Water System Post Office Box 687 Greenville, SC 29602-0687  Telephone number: (864) 241-6000		
Name and address where payment should be sent (if different from above):   Telephone number: _____		<input type="checkbox"/> Check this 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 if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed:      \$ <u>109.92</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not 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.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  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"/> Wages, salaries, or commissions (up to \$10,950*) 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"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,425* 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"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____).  Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: <u>water utilities</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>3330</u>  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____ Annual Interest Rate _____ %  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: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: <u>4/24/12</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  David B. Hughey, Manager of Business Services <i>David B. Hughey</i>	
		FOR COURT USE ONLY  Cliffs POC  00421



GreenvilleWater



P.O. Box 687, Greenville, SC 29602-0687 | (864) 241-6000 | Hours 8:00am-5:00pm Monday-Friday | www.greenvillewater.com

Customer #	Account #	Bill #	CY	Billing Date	Due Date
00223230	0078863330	10431186	04	03/02/2012	03/23/2012

CLIFFS COMMUNITY  
PO BOX 1549  
TRAVELERS REST SC 29690-1206

Service Address:  
101 COTTAGE SIDE TRL



Previous Balance	34.42
Payments	34.42CR
Adjustments	7.50
Past Due	7.50
Current Charges	102.42
<b>Total Amount Due</b>	<b>\$109.92</b>

Meter #	Service From-To	Days	Reading Previous-Current	Consumption (1000 Gals)	Meter Size
30005503	01/23/2012 - 02/29/2012	37	3,200.4 - 3,247.8	47.4	5/8"

**Greenville Water Charges**

Domestic Base Charge	6.20
Domestic Volume Charge	96.22

**Total Water Charges \$102.42**

**BANKRUPTCY COURT BILL  
AMOUNT \$109.92**

**\*\* Your Bill is Past Due \*\***

If current charges are not paid in full by close of business on the printed due date, a delinquent fee of \$7.50, or 5% of the bill, whichever is greater, will be added.

HELP GREENMILLE WATER GO GREEN. SIGN UP FOR ELECTRONIC BILLING AT [WWW.GREENMILLEWATER.COM](http://WWW.GREENMILLEWATER.COM)

Customer #	Account #	Bill #	CY	Due Date	Pay This Amount	Enter Amount Paid
00223230	0078863330	10431186	04	03/23/2012	\$109.92	<input type="text"/>

PLEASE MAIL THIS PORTION WITH PAYMENT



Service Address  
101 COTTAGE SIDE TRL

**BANKRUPTCY COURT BILL  
AMOUNT \$109.92**



Scan here to pay online, or sign up for paperless billing!

-10285-000001-0078863330  
CLIFFS COMMUNITY -  
PO BOX 1549  
TRAVELERS REST SC 29690-1206



002232300000109920078863330

# GreenvilleWater

BANK DRAFT IS AVAILABLE - CALL CUSTOMER SERVICE FOR DETAILS.

THE AMOUNT DUE IS ON THE REVERSE SIDE. BILL MAY BE PAID IN OUR OFFICE AT  
407 WEST BROAD STREET OR BY MAIL.

A DRIVE-IN WINDOW AND NIGHT DEPOSITORY ARE LOCATED AT 407 WEST BROAD STREET.

RATE SCHEDULES ARE AVAILABLE UPON REQUEST.

NOT RESPONSIBLE FOR DELIVERY OF MAIL.

PLEASE BRING ENTIRE BILL WHEN PAYING IN PERSON TO AVOID DELAY.

RETAIN THIS PORTION FOR YOUR RECORDS IF PAYMENT MADE BY MAIL.

OFFICE LOCATED: FIRST FLOOR, 407 WEST BROAD STREET  
OFFICE HOURS: MONDAY - FRIDAY, 8:30 A.M. TO 5:00 PM  
MAILING ADDRESS: P.O. BOX 687, GREENVILLE, S.C. 29602-0687  
INTERNET ADDRESS: [WWW.GREENVILLEWATER.COM](http://WWW.GREENVILLEWATER.COM)  
TELEPHONE 864-241-6000

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## GreenvilleWater

P.O. BOX 687  
GREENVILLE, SC 29602-0687



# GreenvilleWater

P.O. Box 687 • Greenville, SC 29602 • 407 West Broad Street • 864.241.6155 tel • 864.241.6077 fax • greenvillewater.com

Voted "BEST OF THE BEST" Tasting Water in North America

April 26, 2012

BMC Group, Inc.  
ATTN: Cliffs Claims Processing  
Post Office Box 3020  
Chanhasen, MN 55317-3020

Re: The Cliffs Club & Hospitality Group, Inc., et al.  
Case No.: 12-01220

Dear Sir/Madame:

Enclosed please find the original and one copy of the Proof of Claim as well as a copy of each bill. The accounts are as follows:

Account 1200 - \$448.54  
Account 9460 - \$12.40  
Account 6000 - \$26.16  
Account 9465 - \$13.42  
Account 3215 - \$12.40  
Account 2050 - \$22.63  
Account 3350 - \$67.10  
Account 3330 - \$109.92  
Account 5850 - \$12.40  
Account 2485 - \$8.03  
Account 1875 - \$11.07  
Account 6000 - \$12.40  
Account 6000 - \$12.80  
Account 8000 - \$14.23  
Account 0280 - \$101.82  
Account 5515 - \$89.94  
Account 6630 - \$6.61  
Account 8345 - \$20.31  
Account 2080 - \$6.20



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Voted "BEST OF THE BEST" Tasting Water in North America

For your convenience, we have also enclosed a self-addressed, stamped envelope to return a filed copy back to Greenville Water System.

If you should have any questions, please do not hesitate to contact our Customer Service Department at 864-241-6000 between 8:30 am and 5:00 pm.

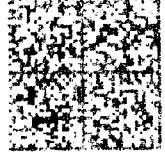
Sincerely,

GREENVILLE WATER SYTEM

Susan Toth

Customer Service Representative

Greenville Water  
Post Office Box 687  
Greenville, SC 29602



GREENVILLE WATER  
POST OFFICE BOX 687  
GREENVILLE, SC 29602  
\$03  
POSTAGE WILL BE PAID BY ADDRESSEE  
FIRST CLASS PERMIT NO. 402 GREENVILLE, SC  
MAIL FROM ZIP CODE

BMG Group, Inc.  
ATTN: Cliffs Claims Processing  
Post Office Box 3020  
Chanhassen, MN 55317-3020

RECEIVED

APR 30 2012

BMC GROUP