

UNITED STATES BANKRUPTCY COURT

District of South Carolina

PROOF OF CLAIM

Name of Debtor: The Cliffs Club & Hospitality Group, Inc., et al., dba The Cliffs Golf & Country Club

Case Number: 12-01220

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): GREENVILLE WATER SYSTEM

Name and address where notices should be sent:

Greenville Water System
Post Office Box 687
Greenville, SC 29602-0687
Telephone number: (864) 241-6000

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Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: (If known)

Filed on:

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

Telephone number:

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.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 6.20

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.

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: water utilities (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 2080

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: Real Estate Motor Vehicle 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: \$

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.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

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).

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

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.

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: 4/26/12

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

Handwritten signature of David B. Hughey

FOR COURT USE ONLY

Cliffs POC



00432



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
00223216	0100032080	10431184	04	03/02/2012	03/23/2012

CLIFFS COMMUNITIES INC
PO BOX 3508
GREENVILLE SC 29608-3508

Service Address:
TRENTO CT



Previous Balance	6.20
Payments	6.20CR
Adjustments	0.00
Past Due	0.00
Current Charges	6.20
Total Amount Due	\$6.20

Meter #	Service From-To	Days	Reading Previous-Current	Consumption (1000 Gals)	Meter Size
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36546424	01/23/2012 - 02/29/2012	37	0.0 - 0.0	0.0	5/8"
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Greenville Water Charges

Irrigation Base Charge 6.20

Total Water Charges \$6.20

**BANKRUPTCY COURT BILL
AMOUNT \$6.20**

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 GREENVILLE WATER GO GREEN. SIGN UP FOR ELECTRONIC BILLING AT WWW.GREENVILLEWATER.COM

Customer #	Account #	Bill #	CY	Due Date	Pay This Amount	Enter Amount Paid
00223216	0100032080	10431184	04	03/23/2012	\$6.20	<input type="text"/>

PLEASE MAIL THIS PORTION WITH PAYMENT



Service Address
TRENTO CT

**BANKRUPTCY COURT BILL
AMOUNT \$6.20**



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

9999 -10270-000001-0100032080
CLIFFS COMMUNITIES INC -
PO BOX 3508
GREENVILLE SC 29608-3508



002232160000006200100032080

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
TELEPHONE 864-241-6000**

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
Chanhassen, 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



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

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



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

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