


B 10 (Official Form 10) (12/07)

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): Riverside Claims LLC as assignee for Environmental Permitting Inc. Consultants Inc.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Riverside Claims LLC Telephone number: P.O. Box 626 Planetarium Station New York, NY 10024		Court Claim Number: _____ (If known) Filed on: _____
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.
RECEIVED MAY 01 2012 BMC GROUP		
1. Amount of Claim as of Date Case Filed: \$ 18,300.00 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)(7)(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.
2. Basis for Claim: (See instruction #2 on reverse side.)		<input type="checkbox"/> 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).
3. Last four digits of any number by which creditor identifies debtor: _____		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
3a. Debtor may have scheduled account as: _____ (See instruction #2a on reverse side.)		<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)
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: _____		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		Other - Specify applicable paragraph of 11 U.S.C. §507 (a) _____ 11 USC §503(b)(9) Amount entitled to priority: \$ _____
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 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:		*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.
Date: 4/4/2012	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. Neil Herskowitz, President of Riverside Claims LLC	FOR COURT USE ONLY Cliffs POC  00468

Invoice

Environmental Permitting
 Consultants, Inc.
 PO Box 1207
 Lexington, S.C. 29071
 (854)271-3040
 (803)312-2076

DATE	INVOICE #
6/1/2010	Various

BILL TO
The Cliffs Club & Hospitality Group Inc. c/o Cliffs Communities Accts Payable PO Box 1549 TRavelers Rest, SC 29690

SHIP TO

DUE DATE	P.O. NUMBER
7/1/2010	

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Env Services	11RES010 Landrum Creek Restoration Plan Proposal No. 11006	1	9,900.00	9,900.00
Env Services	11PCN017 CMP Bank Stabilization	1	6,300.00	6,300.00
Env Services	11PCN048 River Road Cluvert	1	2,500.00	2,500.00
Total				18,700.00

District of South Carolina Claims Register

[12-01220-jw The Cliffs Club & Hospitality Group, Inc.](#)

Chief Judge: John E. Waites **Chapter:** 11
Office: Spartanburg **Last Date to file claims:**
Trustee: **Last Date to file (Govt):** 08/27/2012

Creditor: (541993632) Riverside Claims LLC P.O. Box 626 Planetarium Station New York, NY 10024	Claim No: 10 <i>Original Filed</i> Date: 05/01/2012 <i>Original Entered</i> Date: 05/01/2012	Status: <i>Filed by:</i> CR <i>Entered by:</i> ReGen Capital <i>Modified:</i>
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Amount claimed: \$18300.00

History:

Details	10-1	05/01/2012	Claim #10 filed by Riverside Claims LLC, Amount claimed: \$18300.00 (ReGen Capital)
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Description: (10-1) Riverside Claims LLC as assignee for Environmental Permitting Consultants Inc.

Remarks:

Claims Register Summary

Case Name: The Cliffs Club & Hospitality Group, Inc.
Case Number: 12-01220-jw
Chapter: 11
Date Filed: 02/28/2012
Total Number Of Claims: 1

Total Amount Claimed*	\$18300.00
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		