

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA	PROOF OF CLAIM	
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Name of Debtor: The Cliffs Valley Golf & Country Club, LLC	Case Number: 12-01236
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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).

Name of Creditor (the person or other entity to whom the debtor owes money or property) :

Name and address where notices should be sent:

29347867011502 Interior Plantscapes LLC 51 Palnt Drive Greenville, SC 29607	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 02 2012 BMC GROUP </div>
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If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number () email:

Name and address where payment should be sent (if different from above):	<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: _____
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Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 5,008.50

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.

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: LEASE OF PLANTS AND CONTAINERS AND MAINTENANCE SERVICES PERFORMED
 (See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>1028</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
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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: \$ _____
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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): \$ _____
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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).
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* 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.



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: STEVEN RYAN
 Title: EVP
 Company: INTERIOR PLANTSCAPES, LLC
 Address and telephone number (if different from notice address above):

[Signature] 4/27/12
 (Signature) (Date)

Telephone number: email:
(864) 236-0111 x201 SRYAN@INTERIORPLANTSCAPES/LLC.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

Interior Plantscapes, LLC
51 Plant Drive Ext.
Greenville, SC 29607

Statement

Statement Date:
Feb 28, 2012

Tel: 864-236-0111
 Fax: 864-236-0136

Account Of: **The Cliffs Valley Golf & Country Club**
P. O. Box 1549
Travelers Rest, SC 29690

Amount Enclosed
 \$ _____

Date	Date Due	Reference	Paid	Description	Amount	Balance
6/1/11	6/11/11	68980		PO# 000155	556.50	556.50
7/1/11	7/11/11	69457		PO# 000155	556.50	1,113.00
8/1/11	8/11/11	69921		PO# 000155	556.50	1,669.50
9/1/11	9/11/11	70391		PO# 000155	556.50	2,226.00
10/1/11	10/11/11	70860		PO# 000155	556.50	2,782.50
11/1/11	11/11/11	71331		PO# 000155	556.50	3,339.00
12/1/11	12/11/11	71808		PO# 000155	556.50	3,895.50
1/1/12	1/11/12	72438		PO# 000155	556.50	4,452.00
2/1/12	2/11/12	72907		PO# 000155	556.50	5,008.50
					Total	5,008.50

CURRENT	1 - 30	31 - 60	OVER 60
0.00	556.50	556.50	3,895.50

Invoice

Interior Landscapes, LLC
51 Plant Drive Ext.
Greenville, SC 29607

Phone # 864-236-0111
Fax # 864-236-0136

Invoice Number:
68980

Invoice Date:
Jun 1, 2011

Page:
1

Billing Address:
The Cliffs Valley Golf & Country Club
P. O. Box 1549
Travelers Rest, SC 29690

Service Address:

Customer PO	Payment Terms	Due Date	Customer ID	Sales Rep ID
000155	Net 10 Days	6/11/11	T028	

Qty	Item	Description	Unit Price	Extended Value
		Monthly Plant and Container Lease at 250 Knights Ridge Road		525.00

Subtotal	525.00
Sales Tax	31.50
Total Invoice Amount	556.50
Payment Received	
TOTAL	556.50

Invoice

Interior Plantscapes, LLC
51 Plant Drive Ext.
Greenville, SC 29607

Phone # 864-236-0111
Fax # 864-236-0136

Invoice Number:
69457

Invoice Date:
Jul 1, 2011

Page:
1

Billing Address:
The Cliffs Valley Golf & Country Club
P. O. Box 1549
Travelers Rest, SC 29690

Service Address:

Customer PO	Payment Terms	Due Date	Customer ID	Sales Rep ID
000155	Net 10 Days	7/11/11	T028	

Qty	Item	Description	Unit Price	Extended Value
		Monthly Plant and Container Lease at 250 Knights Ridge Road		525.00

Subtotal	525.00
Sales Tax	31.50
Total Invoice Amount	556.50
Payment Received	
TOTAL	556.50

Invoice

Interior Landscapes, LLC
51 Plant Drive Ext.
Greenville, SC 29607

Phone # 864-236-0111
Fax # 864-236-0136

Invoice Number:
69921

Invoice Date:
Aug 1, 2011

Page:
1

Billing Address:
The Cliffs Valley Golf & Country Club
P. O. Box 1549
Travelers Rest, SC 29690

Service Address:

Customer PO	Payment Terms	Due Date	Customer ID	Sales Rep ID
000155	Net 10 Days	8/11/11	T028	J0015

Qty	Item	Description	Unit Price	Extended Value
		Monthly Plant and Container Lease at 250 Knights Ridge Road		525.00

Subtotal	525.00
Sales Tax	31.50
Total Invoice Amount	556.50
Payment Received	
TOTAL	556.50

Invoice

Interior Landscapes, LLC
51 Plant Drive Ext.
Greenville, SC 29607

Phone # 864-236-0111
Fax # 864-236-0136

Invoice Number:
70391

Invoice Date:
Sep 1, 2011

Page:
1

Billing Address:
The Cliffs Valley Golf & Country Club
P. O. Box 1549
Travelers Rest, SC 29690

Service Address:

Customer PO	Payment Terms	Due Date	Customer ID	Sales Rep ID
000155	Net 10 Days	9/11/11	T028	J0015

Qty	Item	Description	Unit Price	Extended Value
		Monthly Plant and Container Lease at 250 Knights Ridge Road		525.00

Subtotal	525.00
Sales Tax	31.50
Total Invoice Amount	556.50
Payment Received	
TOTAL	556.50

Invoice

Interior Plantscapes, LLC
51 Plant Drive Ext.
Greenville, SC 29607

Phone # 864-236-0111
Fax # 864-236-0136

Invoice Number:
70860

Invoice Date:
Oct 1, 2011

Page:
1

Billing Address:
The Cliffs Valley Golf & Country Club
P. O. Box 1549
Travelers Rest, SC 29690

Service Address:

Customer PO	Payment Terms	Due Date	Customer ID	Sales Rep ID
000155	Net 10 Days	10/11/11	T028	J0015

Qty	Item	Description	Unit Price	Extended Value
		Monthly Plant and Container Lease at 250 Knights Ridge Road		525.00

Subtotal	525.00
Sales Tax	31.50
Total Invoice Amount	556.50
Payment Received	
TOTAL	556.50

Interior Landscapes, LLC
51 Plant Drive Ext.
Greenville, SC 29607

Phone # 864-236-0111
 Fax # 864-236-0136

Invoice

Invoice Number:
71331

Invoice Date:
Nov 1, 2011

Page:
1

Billing Address:
 The Cliffs Valley Golf & Country Club
 P. O. Box 1549
 Travelers Rest, SC 29690

Service Address:

Customer PO	Payment Terms	Due Date	Customer ID	Sales Rep ID
000155	Net 10 Days	11/11/11	T028	J0015

Qty	Item	Description	Unit Price	Extended Value
		Monthly Plant and Container Lease at 250 Knights Ridge Road		525.00

Subtotal	525.00
Sales Tax	31.50
Total Invoice Amount	556.50
Payment Received	
TOTAL	556.50

Invoice

Interior Landscapes, LLC
51 Plant Drive Ext.
Greenville, SC 29607

Phone # 864-236-0111
Fax # 864-236-0136

Invoice Number:
71808

Invoice Date:
Dec 1, 2011

Page:
1

Billing Address:
The Cliffs Valley Golf & Country Club
P. O. Box 1549
Travelers Rest, SC 29690

Service Address:

Customer PO	Payment Terms	Due Date	Customer ID	Sales Rep ID
000155	Net 10 Days	12/11/11	T028	J0015

Qty	Item	Description	Unit Price	Extended Value
		Monthly Plant and Container Lease at 250 Knights Ridge Road		525.00

Subtotal	525.00
Sales Tax	31.50
Total Invoice Amount	556.50
Payment Received	
TOTAL	556.50

Invoice

Interior Landscapes, LLC
51 Plant Drive Ext.
Greenville, SC 29607

Phone # 864-236-0111
Fax # 864-236-0136

Invoice Number:
72438

Invoice Date:
Jan 1, 2012

Page:
1

Billing Address:
The Cliffs Valley Golf & Country Club
P. O. Box 1549
Travelers Rest, SC 29690

Service Address:

Customer PO	Payment Terms	Due Date	Customer ID	Sales Rep ID
000155	Net 10 Days	1/11/12	T028	J0015

Qty	Item	Description	Unit Price	Extended Value
		Monthly Plant and Container Lease at 250 Knights Ridge Road		525.00

Subtotal	525.00
Sales Tax	31.50
Total Invoice Amount	556.50
Payment Received	
TOTAL	556.50

Invoice

Interior Landscapes, LLC
51 Plant Drive Ext.
Greenville, SC 29607

Phone # 864-236-0111
Fax # 864-236-0136

Invoice Number:
72907

Invoice Date:
Feb 1, 2012

Page:
.1

Billing Address:
The Cliffs Valley Golf & Country Club
P. O. Box 1549
Travelers Rest, SC 29690

Service Address:

Customer PO	Payment Terms	Due Date	Customer ID	Sales Rep ID
000155	Net 10 Days	2/11/12	T028	

Qty	Item	Description	Unit Price	Extended Value
		Monthly Plant and Container Lease at 250 Knights Ridge Road		525.00

Subtotal	525.00
Sales Tax	31.50
Total Invoice Amount	556.50
Payment Received	
TOTAL	556.50

FedEx Tracking Number

8993 9282 3926

Form 10 0200

FedEx Retrieval Copy

From **H/23/12** Date

Sender's Name **STEVEN RYAN** Phone **864 236-0111**

Company **INTERIOR PHOTOGRAPHS, LLC**

Address **51 PLANT DRIVE EXT GREENVILLE** State **SC** ZIP **29607**

2 Your Internal Billing Reference

To Recipients Name **MISS Claims Processing** Phone

Company **BMC Group Inc**

Address **18675 Lakes Drive East** Dept./Floor/Suite/Room

City **CHAUTAUQUE** State **PA** ZIP **15537**



8993 9282 3926

RECEIVED Federal Handling and Delivery Signature Options
03 SATURDAY DELIVERY MAY 02 2012

4 Express Package Service

NOTE: Service order has changed. Please reflect carefully.

Package up to 150 lbs. For packages over 150 lbs., see the new FedEx Express Single to Multi

Next Business Day

2 or 3 Business Days

- 06** FedEx Next Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 01** FedEx Priority Overnight
Next business morning*. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 05** FedEx Standard Overnight
Next business afternoon*. Saturday Delivery NOT available.
- 5** Packaging * Declared value limit \$500
- 06** FedEx Envelope* **02** FedEx Pak* **03** FedEx Box **04** FedEx Tube **01** Other
- 49** NEW FedEx 2Day A.M.
Second business morning*. Saturday Delivery NOT available.
- 03** FedEx 2Day
Second business afternoon*. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 20** FedEx Express Saver
Third business day*. Saturday Delivery NOT available.

- 03** **SATURDAY DELIVERY**
- 10** No Signature Required
Package may be left without recipient's signature or delivery.
- 34** Direct Signature
Someone at recipient's address may sign for delivery. *See options below.*
- 04** Indirect Signature
If no one is available or recipient's address someone at a neighboring address may sign for delivery for residential deliveries only. *See options below.*
- 04** Signature Required
Signature required.
- 05** Signature Declaration
By Fed. 5, UN 196
- 06** Dry Ice
Cargo Aircraft Only

7 Payment Bill to:

- 1** Sender in Section 2
- 2** Recipient
- 3** Third Party
- 4** Credit Card
- 5** Cash/Check

Total Packages

Total Weight

FedEx Card Acct.

