

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s15788
AMOUNT/CLASSIFICATION:
\$1,603.32 UNSECURED

Name of Debtor:
Cliffs Club & Hospitality Service Company, LLC

Case Number:
12-01237

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) :
Trane US, LLC

Name and address where notices should be sent:
 29347866011139
Trane Comfort Solutions
RENEE
PO BOX 406469
Atlanta, GA 30384-6469

RECEIVED *C*

MAY 03 2012

BMC GROUP

Creditor Telephone Number *678-787-2000* email:

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed except as provided in the accompanying bar date notice.

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

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

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.

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

Court Claim Number (if known):

Filed on:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 1603.32

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: goods sold / services provided
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
0038

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:

Real Estate Motor Vehicle Other _____

Value of Property: \$ _____

Annual Interest Rate: _____ % Fixed or 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: \$ _____

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:

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

- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).
- Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).

* 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: Robert Roers
 Title: Legal Case Manager
 Company: Frank US, LLC

Robert Roers

4/30/12

Address and telephone number (if different from notice address above):

(Signature)

(Date)

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

Credit Job	Credit Job Name	Item #	Purchase Order #	Item Date	Open Amount	Tax Amount	Planned Shipment	Pay Terms	Dispute Status
5796764	100332	5796764R1	11971G	Sep 29, 2011	411.94	23.32	5796764R	DUE	
5811740		5811740R1	30453	Oct 05, 2011	110.20	6.24	5811740R	DUE	
5926712		5926712R1	38973	Nov 09, 2011	536.07	30.34	5926712R	DUE	
5935804		5935804R1	38982	Nov 15, 2011	545.11	30.85	5935804R	DUE	
LEGAL		* CK21493		Apr 03, 2012	-2,000.00	0.00			

Total Amount: -396.68

* this is a prepayment for new services to be rendered / parts to be purchased.



TRANE

Trane Comfort Solutions Inc.
288 Fairforest Way
Greenville, SC 29607

REMIT TO:

TRANE
PO BOX 406469
ATLANTA, GA 30384-6469

Parts Provided By:

Trane Parts Center
Greenville, SC
PH: 864-672-6005 Fax: 864-672-6010

SOLD TO:

CLIFFS VALLEY
ATTN: ACCOUNTS PAYABLE
PO BOX 1549
TRAVELERS REST, SC 29690

SHIP TO/SERVICE LOCATION:

CLIFFS VALLEY
GREENVILLE PARTS CENTER
288 FAIRFOREST WAY
GREENVILLE, SC 29607

TYPE INVOICE	
* NUMBER 5796764R1	
DATE 29-SEP-11	PAGE 1 of 1
PURCHASE ORDER NUMBER 11971G	
PROJECT/JOB NAME	
ORIGINAL SYSTEM NUMBER 5796764R1	
CUSTOMER ACCOUNT # 2906038	
PREVIOUS #	
SALES ORDER#CALL#/CONTRACT# 5796764R1	

ORDERING LOCATION

CREDIT JOB/PROJECT #

PAYMENT TERMS Due on Receipt	DUE DATE	FOB	FREIGHT TERMS	SHIP/CLOSE DATE 29-SEP-11	SHIP VIA	SHIPPING REFERENCE
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ITEM	DESCRIPTION	UOM / MULT	QUANTITY	UNIT PRICE	EXTENDED AMOUNT
1	LIBBY-MTB MOT04585,motor; 3/4 hp, Line Note: 380-415/460/50-60/1, 1080rpm. type psc 48 frame, cw sleeve bearing, 15 mfd cpt at 370v		1	382.92	382.92
2	CPT00180,capacitor; run, 15 Line Note: mfd, 370v, oval, w/o resistor		1	5.70	5.70
Tax Summary by Tax Code					
Tax SC(State) @ 6.00% 23.32					

* PLEASE REFERENCE NUMBER WITH YOUR PAYMENT 5796764R1

SPECIAL INSTRUCTIONS:

*** SUBTOTAL	TAX	FREIGHT	TOTAL
388.62	23.32	0.00	411.94

*** COPY

Currency: USD



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288 Fairforest Way
Greenville, SC 29607

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GREENVILLE, SC 29607

ORDERING LOCATION

CREDIT JOB/PROJECT #

TYPE INVOICE	
* NUMBER 5811740R1	
DATE 05-OCT-11	PAGE 1 of 1
PURCHASE ORDER NUMBER 30453	
PROJECT/JOB NAME	
ORIGINAL SYSTEM NUMBER 5811740R1	
CUSTOMER ACCOUNT # 2906038	
PREVIOUS #	
SALES ORDER#/CALL#/CONTRACT# 5811740R1	

PAYMENT TERMS Due on Receipt	DUE DATE	FOB	FREIGHT TERMS	SHIP/CLOSE DATE 05-OCT-11	SHIP VIA CPU	SHIPPING REFERENCE
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ITEM	DESCRIPTION	UOM / MULT	QUANTITY	UNIT PRICE	EXTENDED AMOUNT
1	model wcc060f400bg - rc WHL00711, wheel; blower, Line Note: 11.07 dia, .50 bore, ccw, 12.00 width		1	103.96	103.96
<p>Tax Summary by Tax Code</p> <hr/> <p>Tax SC(State) @ 6.00% 6.24</p>					

* PLEASE REFERENCE NUMBER WITH YOUR PAYMENT 5811740R1

SPECIAL INSTRUCTIONS:

*** ^{Sub} TOTAL	TAX	FREIGHT	TOTAL
103.96	6.24	0.00	110.20

*** COPY

Currency: USD



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288 Fairforest Way
Greenville, SC 29607

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PO BOX 406469
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Parts Provided By:

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Greenville, SC
PH: 864-672-6005 Fax: 864-672-6010

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SHIP TO/SERVICE LOCATION:

CLIFFS VALLEY
GREENVILLE PARTS CENTER
288 FAIRFOREST WAY
GREENVILLE, SC 29607

TYPE INVOICE	
* NUMBER 5926712R1	
DATE 09-NOV-11	PAGE 1 of 3
PURCHASE ORDER NUMBER 38973	
PROJECT/JOB NAME	
ORIGINAL SYSTEM NUMBER 5926712R1	
CUSTOMER ACCOUNT # 2906038	
PREVIOUS #	
ORDERING LOCATION	CREDIT JOB/PROJECT #
SALES ORDER#/CALL#/CONTRACT# 5926712R1	

PAYMENT TERMS Due on Receipt	DUE DATE	FOB	FREIGHT TERMS	SHIP/CLOSE DATE 09-NOV-11	SHIP VIA	SHIPPING REFERENCE
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ITEM	DESCRIPTION	UOM / MULT	QUANTITY	UNIT PRICE	EXTENDED AMOUNT
1	DHY00107,drier;filter, heat Line Note: pump (bi flow) type 164s, 1/2 odf (b/k164s), r-410a compatible		1	56.88	56.88
2	CHM00354,chemical; evap Line Note: foam-no rinse. evaporator cleaner, 18 oz.aerosol can		1	13.23	13.23
3	VAL02403,valve;solenoid,300 Line Note: psi,5/8in.odf,5/16 port size, w/o coils (200rb5t5vle)		1	124.75	124.75
4	COL03779,coil;holding, 24v, Line Note: 50/60 hz (amg 24/50-60) universal coil		1	65.57	65.57
5	CPL00034,coupling; Line Note: (25ea/case); copper, 1.38, rolled stop		2	6.09	12.18
6	ELL00018,elbow; (10 Line Note: ea/case); 1.38, 90 deg.		2	17.49	34.98
7	CPL00880,coupling; (50 Line Note: ea/case); .50, straight, solder w/ro//ed stop, wrot copper		6	1.10	6.60
8	ELL00046,elbow; (50ea/case) Line Note: .50, 90 deg. copper		6	6.09	36.54
Tax Summary by Tax Code					
Tax SC(State) @ 6.00% 30.34					

* PLEASE REFERENCE NUMBER WITH YOUR PAYMENT 5926712R1

SPECIAL INSTRUCTIONS:

*** SUBTOTAL	TAX	FREIGHT	TOTAL
505.73	30.34	0.00	536.07

*** COPY

Currency: USD



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TYPE INVOICE	
* NUMBER 5926712R1	
DATE 09-NOV-11	PAGE 2 of 3
PURCHASE ORDER NUMBER 38973	
PROJECT/JOB NAME	
ORIGINAL SYSTEM NUMBER 5926712R1	
CUSTOMER ACCOUNT # 2906038	
PREVIOUS #	
ORDERING LOCATION	CREDIT JOB/PROJECT #
SALES ORDER#CALL#/CONTRACT# 5926712R1	

ORDERING LOCATION	CREDIT JOB/PROJECT #	SALES ORDER#CALL#/CONTRACT# 5926712R1
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PAYMENT TERMS Due on Receipt	DUE DATE	FOB	FREIGHT TERMS	SHIP/CLOSE DATE 09-NOV-11	SHIP VIA	SHIPPING REFERENCE
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ITEM	DESCRIPTION	UOM / MULT	QUANTITY	UNIT PRICE	EXTENDED AMOUNT
9	R2230HUD!,r2230; hudson		1	155.000	155.00

* PLEASE REFERENCE NUMBER WITH YOUR PAYMENT 5926712R1

SPECIAL INSTRUCTIONS:

*** SUBTOTAL	TAX	FREIGHT	TOTAL
505.73	30.34	0.00	536.07

*** COPY

Currency: USD



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238 Fairforest Way
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SHIP TO/SERVICE LOCATION:

CLIFFS VALLEY
GREENVILLE PARTS CENTER
288 FAIRFOREST WAY
GREENVILLE, SC 29607

TYPE		INVOICE	
* NUMBER		5926712R1	
DATE	09-NOV-11	PAGE	3 of 3
PURCHASE ORDER NUMBER 38973			
PROJECT/JOB NAME			
ORIGINAL SYSTEM NUMBER 5926712R1			
CUSTOMER ACCOUNT # 2906038			
PREVIOUS #			
ORDERING LOCATION	CREDIT JOB/PROJECT #	SALES ORDER#CALL#/CONTRACT# 5926712R1	

PAYMENT TERMS Due on Receipt	DUE DATE	FOB	FREIGHT TERMS	SHIP/CLOSE DATE 09-NOV-11	SHIP VIA	SHIPPING REFERENCE
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ITEM	DESCRIPTION	UOM / MULT	QUANTITY	UNIT PRICE	EXTENDED AMOUNT

* PLEASE REFERENCE NUMBER WITH YOUR PAYMENT 5926712R1

SPECIAL INSTRUCTIONS:

*** SUBTOTAL	TAX	FREIGHT	TOTAL
505.73	30.34	0.00	536.07

*** COPY

Currency: USD

**TRANE**

Trane Comfort Solutions Inc.
288 Fairforest Way
Greenville, SC 29607

REMIT TO:

TRANE
PO BOX 406469
ATLANTA, GA 30384-6469

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GREENVILLE PARTS CENTER
288 FAIRFOREST WAY
GREENVILLE, SC 29607

ORDERING LOCATION

CREDIT JOB/PROJECT #

SALES ORDER#CALL#/CONTRACT#
5935804R1

TYPE INVOICE	
* NUMBER 5935804R1	
DATE 15-NOV-11	PAGE 1 of 1
PURCHASE ORDER NUMBER 38982	
PROJECT/JOB NAME	
ORIGINAL SYSTEM NUMBER 5935804R1	
CUSTOMER ACCOUNT # 2906038	
PREVIOUS #	
SALES ORDER#CALL#/CONTRACT# 5935804R1	

PAYMENT TERMS Due on Receipt		DUE DATE	FOB	FREIGHT TERMS	SHIP/CLOSE DATE 15-NOV-11	SHIP VIA	SHIPPING REFERENCE
ITEM	DESCRIPTION	UOM / MULT	QUANTITY	UNIT PRICE	EXTENDED AMOUNT		
1	LIBBY-MTB DHY01307,drier; liquid line, Line Note: solid core, .63 ods inlet, .50 ods outlet x 6.28 lg		2	18.18	36.36		
2	VAL02189,valve; check, 1/2 Line Note: id inlet x 1/2 od outlet, 4.6 in length		2	8.95	17.90		
3	VAL02980,valve:(r-22) Line Note: refrig, txv, 5 ton .50 odf in x .50 odf out (ane 5hca odf ee 5ft s/t)		1	80.54	80.54		
4	R2230HUD!,r2230; hudson		1	159.68	159.68		
5	ALY00126,alloy; wjt silvaloy Line Note: 15, .050 x 1/8 x 20 in., 1# tube		1	219.78	219.78		
Tax Summary by Tax Code							
Tax SC(State) @ 6.00%						30.85	

* PLEASE REFERENCE NUMBER WITH YOUR PAYMENT 5935804R1

SPECIAL INSTRUCTIONS:

*** SUBTOTAL	TAX	FREIGHT	TOTAL
514.26	30.85	0.00	545.11

*** COPY

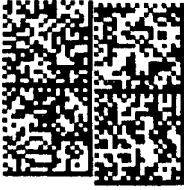
Currency: USD



TRANE

3600 Pammel Creek Road
La Crosse, WI 54601 USA

ADDRESS SERVICE REQUESTED



Hasler

016H26513779

\$00.650

05/01/2012

Mailed From 54601

US POSTAGE

RECEIVED
MAY 03 2012
BMC GROUP

BMC Group, Inc
Attn: Cliffs Claims Processing
PO Box 3020
Chanassen, MN 55317-3020

553173020 8050

