


<b>UNITED STATES BANKRUPTCY COURT</b> District of South Carolina		<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>
<i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>GREENVILLE WATER</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <b>Greenville Water Post Office Box 687 Greenville, SC 29602-0687</b>		<b>Court Claim Number:</b> _____ <i>(If known)</i>
Telephone number: <b>(864) 241-6000</b>		<b>Filed on:</b> _____
Name and address where payment should be sent (if different from above):		<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.
Telephone number:		<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>44.00</u>		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)(____):  <b>Amount entitled to priority:</b> \$ _____  <i>*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.</i>
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.		
2. Basis for Claim: <u>water utilities</u> <i>(See instruction #2 on reverse side.)</i>		
3. Last four digits of any number by which creditor identifies debtor: <u>1520</u>  3a. Debtor may have scheduled account as: _____ <i>(See instruction #3a on reverse side.)</i>		
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. <i>(See instruction 7 and definition of "redacted" on reverse side.)</i>  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: <u>5/3/12</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	<b>FOR COURT USE ONLY</b>  Cliffs POC  00611	

ACCOUNT NO.	BILL DATE	PAST DUE AFTER
7891-1520-0	2/12/2003	2/28/2003

CYCLE	AMOUNT DUE
13	44.00

8684  
 SEDGEWICK RD LT 10  
 FINAL BILL

PLEASE RETURN THIS PORTION OF BILL

**BANKRUPTCY COURT BILL**  
**AMOUNT \$44.00**

7891-1520-0 F/B13 T 19

**Greenville Water System**

CLIFFS VALLEY  
 301 BEAVER DAM RD  
 TRAVELERS REST 29690-8937

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

7891152003000440080004400878911520036//

SEDGEWICK RD LT 10

7891 **Greenville Water System**

Telephone (864) 241-6000

SERVICE ADDRESS		ACCOUNT NO.	NAME	CYCLE	RATE CODE
CLIFFS VALLEY		13 2S			
FROM	TO	BILLING DATE	SERVICE	AMOUNT	
12/11	1/23	2/12/2003			
PREVIOUS READING	PRESENT READING	GALLONS			
	9	900			
METER NO.		METER SIZE			
A DELINQUENT CHARGE OF 1.5% OF BILL WITH A MINIMUM OF \$2.00 WILL BE ADDED UNLESS PAYMENT IS RECEIVED IN OUR OFFICE BY 5:00 PM ON					
			<b>TOTAL AMOUNT DUE</b>	<b>44.00</b>	
			3/07/2003		

SEE REVERSE SIDE FOR FURTHER INFORMATION

**BANKRUPTCY COURT BILL**  
**AMOUNT \$44.00**

# 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](http://greenvillewater.com)

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

May 7, 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 1520 - \$44.00  
Account 1100 - \$96.33  
Account 1590 - \$121.90  
Account 2006 - \$16.67  
Account 7980 - \$63.45  
Account 9800 - \$32.34  
Account 2125 - \$6.20  
Account 6625 - \$6.20  
Account 6645 - \$6.20  
Account 1205 - \$6.20  
Account 1705 - \$6.40  
Account 6635 - \$19.40  
Account 6640 - \$6.61  
Account 3000 - \$19.19  
Account 2125 - \$6.20  
Account 1802 - \$6.20  
Account 2075 - \$145.57  
Account 1942 - \$6.20  
Account 1440 - \$6.20  
Account 1200 - \$306.61

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

KR/stt

Greenville Water  
ATTN: Susan Toth  
Post Office Box 687  
Greenville, SC 20602

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

RECEIVED  
MAY 11 2012  
BMC GROUP