

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

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

Name and address where notices should be sent:

RECEIVED

Greenville Water
Post Office Box 687
Greenville, SC 29602-0687

MAY 11 2012

Telephone number: (864) 241-6000

BMC GROUP

Court Claim Number: (If known)

Filed on:

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

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:

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

1. Amount of Claim as of Date Case Filed: \$ 6.61

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.

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.

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

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

3. Last four digits of any number by which creditor identifies debtor: 6640

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).

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.

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

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

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).

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: \$

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

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).

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.)

Amount entitled to priority:

\$

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: 5/3/12

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.

FOR COURT USE ONLY

David B. Hughey, Manager of Business Services

[Handwritten Signature]





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
00223440	0100026640	10431209	04	03/02/2012	03/23/2012

CLIFFS VALLEY HOA  
PO BOX 3508  
GREENVILLE SC 29608-3508

Service Address:  
IMPERIA CT



Previous Balance	8.03
Payments	8.03CR
Adjustments	0.00
Past Due	0.00
Current Charges	6.61
<b>Total Amount Due</b>	<b>\$6.61</b>

Meter #	Service From-To	Days	Reading Previous-Current	Consumption (1000 Gals)	Meter Size
36112587	01/23/2012 - 02/29/2012	37	233.5 - 233.7	0.2	5/8"

**Greenville Water Charges**

Irrigation Base Charge	6.20
Irrigation Volume Charge	0.41

**Total Water Charges \$6.61**

**BANKRUPTCY COURT BILL  
AMOUNT \$6.61**

If your meter readings are not part of full day usage of businesses or other meters are used a billing adjustment of 5% or 10% on this bill, whichever is greater will be added.

REWA GREENVILLE WATER CO ORDER SIGN UP FOR  
ELECTRONIC BILLING AT  
WWW.GREENVILLEWATER.CO

Customer #	Account #	Bill #	CY	Due Date	Pay This Amount	Enter Amount Paid
00223440	0100026640	10431209	04	03/23/2012	\$6.61	<input type="text"/>

PLEASE MAIL THIS PORTION WITH PAYMENT



Service Address  
IMPERIA CT

**BANKRUPTCY COURT BILL  
AMOUNT \$6.61**



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

-10270-000001-0100026640  
CLIFFS VALLEY HOA -  
PO BOX 3508  
GREENVILLE SC 29608-3508



002234400000006610100026640

# 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**

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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

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MAY 11 2012

BMC GROUP