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| UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA | | PROOF OF CLAIM |  |
| Name of Debtor: Cliffs Club & Hospitality Service Company, LLC | | Case Number: 12-01237 | Your Claim is Scheduled As Follows: Schedule/Claim ID: s15481 AMOUNT/CLASSIFICATION: \$4,498.82 UNSECURED |
| 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). | | RECEIVED MAY 11 2012 BMC GROUP | 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. |
| Name of Creditor (the person or other entity to whom the debtor owes money or property) : | | THIS SPACE IS FOR COURT USE ONLY | |
| Name and address where notices should be sent:  29347866010071 Ahead Headgear Inc. Attn: A/R Dept. 270 Barnet Blvd New Bedford, MA 02745 | | Creditor Telephone Number () email: <u>sharonc@aheadhq.com</u> | |
| 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: _____ |
| Payment Telephone Number () email: | | 1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>5179.89</u> <small>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.</small> | |
| <input checked="" 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>goods sold</u> <small>(See instruction #2)</small> | | 3a. Debtor may have scheduled account as: <small>(See instruction #3a)</small> | |
| 3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____ | | 3b. Uniform Claim Identifier (optional): _____ <small>(See instruction #3b)</small> | |
| 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 <small>(when case was filed)</small> | | 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: <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). | |
| <small>* 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.</small> | | | |
| Cliffs POC  00639 | | | |
| 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) | | | |



Statement

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| Date |
| 3/15/2012 |

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| CLI013 The Cliffs Keowee Falls 770 S. Cherry Laurel Way Salem, SC 29676 |
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| INVOICE | DATE | BALANCE | AMOUNT |
|--------------------------|-----------|-----------|--------------------|
| 82853 | 3/11/2011 | \$ 940.91 | \$ 940.91 |
| 91779 | 5/12/2011 | \$ 230.20 | \$ 1,171.11 |
| fc19406 | 6/16/2011 | \$ 9.41 | \$ 1,180.52 |
| fc19579 | 7/1/2011 | \$ 9.41 | \$ 1,189.93 |
| fc20004 | 7/29/2011 | \$ 11.71 | \$ 1,201.64 |
| fc20436 | 9/1/2011 | \$ 11.71 | \$ 1,213.35 |
| fc20835 | 10/3/2011 | \$ 11.71 | \$ 1,225.06 |
| fc21262 | 11/2/2011 | \$ 11.71 | \$ 1,236.77 |
| fc21672 | 12/2/2011 | \$ 11.71 | \$ 1,248.48 |
| fc22047 | 1/3/2012 | \$ 11.71 | \$ 1,260.19 |
| fc22348 | 2/1/2012 | \$ 11.71 | \$ 1,271.90 |
| fc18818 | 6/1/2011 | \$ 9.41 | \$ 1,281.31 |
| fc15512 | 9/1/2010 | \$ 10.87 | \$ 1,292.18 |
| fc15037 | 8/1/2010 | \$ 10.87 | \$ 1,303.05 |
| fc7651 | 9/1/2009 | \$ 9.60 | \$ 1,312.65 |
| fc9654 | 10/1/2009 | \$ 9.60 | \$ 1,322.25 |
| fc10381 | 11/1/2009 | \$ 9.60 | \$ 1,331.85 |
| fc11097 | 12/1/2009 | \$ 9.60 | \$ 1,341.45 |
| fc11774 | 1/1/2010 | \$ 9.60 | \$ 1,351.05 |
| fc12376 | 2/1/2010 | \$ 9.60 | \$ 1,360.65 |
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| Total Balance Due | | | \$ 1,360.65 |



AHEAD
U.S.A.

270 SAMUEL BARNET BLVD
NEW BEDFORD, MA 02745

PAID BY USMS

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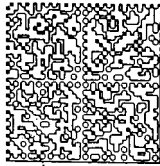
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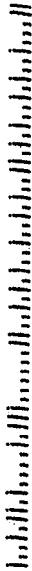
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Clerk of the United States Bankruptcy Court
J. Bratton Davis US Bankruptcy Court-house
1100 Laurel Street
Columbia, SC 29201-2423

2920132423



OFFICE OF THE CLERK

UNITED STATES BANKRUPTCY COURT

Tammi M. Hellwig
Clerk of Court

DISTRICT OF SOUTH CAROLINA
J. BRATTON DAVIS UNITED STATES BANKRUPTCY COURTHOUSE
1100 LAUREL STREET
COLUMBIA, SOUTH CAROLINA 29201-2423

TELEPHONE (803)765-5436
www.scb.uscourts.gov

May 8, 2012

Julia Osborne
The Cliffs Club & Hospitality, Inc.
Claims Processing/BMC Group, Inc.
18675 East Lake Drive
Chanhassen MN 55317

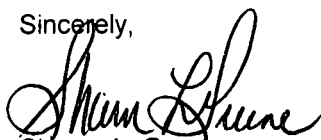
Re: The Cliffs Club & Hospitality Group, Inc.
C/A No.12-01220-jw

Dear Ms. Osborne,

On March 6, 2012, BMC Group, Inc., was appointed as the claims and noticing agent in the above captioned bankruptcy case pending in the District of South Carolina. Please find enclosed 2 proofs of claim which have been submitted for filing.

If you have any questions, please do not hesitate to contact me at (803) 765-5038.

Sincerely,



Sharon L. Greene
Public Services Supervisor/Pro Se Coordinator

Align top of FedEx Express® Shipping Label here.

ORIGIN ID: LGBA (310) 321-5555
SHARON GREENE / CLERK OF COURT
J. BRATTON DAVIS UNITED STATES
BANKRUPTCY COURTHOUSE
1100 LAUREL STREET
COLUMBIA, SC 29201
UNITED STATES US

SHIP DATE: 17APR12
ACTWGT: 1.0 LB MAN
CAD: 462272/CAFE2511

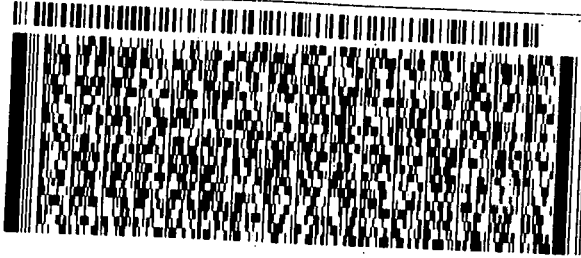
BILL SENDER

TO THE CLIFFS CLUB & HOSPITALITY, INC.
CLAIMS PROCESSING/ BMC GROUP, INC
18675 EAST LAKE DRIVE

MAY 11 2012

CHANHASSEN MN 55317
(310) 321-5555
REF: CLIFFS CLAIMS

BMC GROUP



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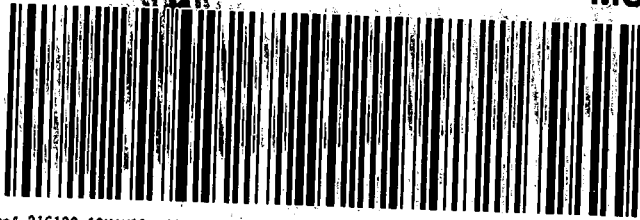
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