

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM		 Your Claim is Scheduled As Follows: Schedule/Claim ID: s15733 AMOUNT/CLASSIFICATION: \$14,359.91 UNSECURED	
Name of Debtor: Cliffs Club & Hospitality Service Company, LLC		Case Number: 12-01237		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.	
<small>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).</small>					
Name of Creditor (the person or other entity to whom the debtor owes money or property) :					
Name and address where notices should be sent: 29347866010929 Professional Party Rental 647 Congaree Rd Greenville, SC 29607		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;"> RECEIVED MAY 18 2012 BMC GROUP </div>		THIS SPACE IS FOR COURT USE ONLY <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____	
Creditor Telephone Number <u>864 627-8808</u> email: <u>jeff@professionalpartyrentals.com</u>		<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.			
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.			
Payment Telephone Number () email:		<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.			
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>17,519.13</u>					
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. <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: (See instruction #2) <u>Items rented and services performed</u>					
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>0222</u>		3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a)</small>		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 (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: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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). </div> <div style="width: 45%;"> <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). </div> </div>					
<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>					
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)					

Cliffs POC

 00745

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)

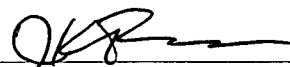
Check the appropriate box.

☒ 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. ☐ I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3004.) (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: Jeffrey K. Fann
Title: President
Company: Professional Party Rentals,

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


(Signature)

5-10-12
(Date)

Telephone number: _____ email: _____

864-627-8808 Jeff @ ProfessionalPartyRentals.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

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's full name, and the case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions) If the claim is secured,

check the box for the nature and value of property that secures the claim, attach copies of lien documentation and state, as of the date of the bankruptcy filing the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Administrative Expense Under 11 U.S.C. § 503(b)(9) or Priority Under 11 U.S.C. § 507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See Definitions) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

CREDITOR

A creditor is a person, corporation, or other entity to whom the debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

CLAIM

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

PROOF OF CLAIM

A proof of claim is a form sued by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of the first page.

SECURED CLAIM Under 11 U.S.C. § 506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court

judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED CLAIM

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

CLAIM ENTITLED TO PRIORITY Under 11 U.S.C. § 507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

REDACTED

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

EVIDENCE OF PERFECTION

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

OFFERS TO PURCHASE A CLAIM

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Date-Stamped Copy

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the second page of this form.

Please read - important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com/cliffs

	CLIFFS COMMUNITIES				
2/27/2012	Professional Party Rentals	Date	Amount	Sales Associate	Event Site
	Invoice Number				
CLIFFS CLUB	70364	6/13/2011	\$ 1,093.34	MELISSA	Keowee Falls
CLIFFS CLUB	70371	6/14/2011	\$ 2,043.29	MELISSA	Keowee Falls
CLIFFS CLUB	71266	8/9/2011	\$ 3,424.33	CATHY	Walnut Cove
CLIFFS CLUB	72400	10/5/2011	\$ 6,519.42	MELISSA	Keowee Falls
CLIFFS CLUB	73580	12/2/2011	\$ 107.12	MEGAN	Glassy
CLIFFS CLUB	74229	1/4/2012	\$ 3,568.10	MELISSA/KYLE	Keowee Falls
CLIFFS CLUB	74235	1/4/2012	\$ 528.68	MEGAN	Glassy
CLIFFS CLUB	74231	1/4/2012	\$ 234.85	CATHY	Walnut Cove
			\$ 17,519.13		
	Cliffs Club Open Invoices	\$ 17,519.13			
	Total Due	\$ 17,519.13			



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

70364

Job # DEL 113599-1

Ship To:
CLIFFS -FALLS SOUTH CLUBHOUSE

Attn: MELISSA MANN (864) 868-7000
Ordered by: MELISSA MANN

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
JUN 13 11	MELISSA - K. FALLS

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	JUN 9 11 6:00PM	JUN 13 11 11:59PM	JM-MELISSA-LINKS MAGAZINE	Net-60

Subtotal: \$ 1,031.45

Tax: \$ 61.89

Total Charges: \$ 1,093.34

Invoice includes a discount of \$107.64. After AUG 12 11 Please Pay \$1,200.98

Invoice Balance: \$ 1,093.34

PLEASE ENCLOSE COPY OF INVOICE WITH REMITTANCE



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

70364

Job #DEL 113599-1

Ship To:
CLIFFS -FALLS SOUTH CLUBHOUSE

Attn: MELISSA MANN (864) 868-7000
Ordered by: MELISSA MANN

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date
JUN 13 11

Order/PO Number
MELISSA - K. FALLS

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	JUN 9 11 6:00PM	JUN 13 11 11:59PM	JM-MELISSA-LINKS MAGAZINE	Net-60

DELIVERY & PICKUP

1	DELIVERY & P/U - CLIFFS K. FALLS	1 D	100.00	100.00
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Equipment Subtotal: 1,115.50
Equipment Discount: (101.55)
Equipment Total: \$ 1,013.95

Sales Items

Quantity	Description	Duration	Unit Price	Total
RENTAL ITEMS				
10	LINEN 20X20 IVORY Damaged/Missing		1.75	17.50

Sales Total: \$ 17.50
Sales Items Tax: \$ 1.05

PLEASE ENCLOSE COPY OF INVOICE WITH REMITTANCE
Page 2



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

70364

Job # DEL 113599-1

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Ship To:
CLIFFS -FALLS SOUTH CLUBHOUSE

Attn: MELISSA MANN (864) 868-7000
 Ordered by: MELISSA MANN

Date	Order/PO Number
JUN 13 11	MELISSA - K. FALLS

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	JUN 9 11 6:00PM	JUN 13 11 11:59PM	JM-MELISSA-LINKS MAGAZINE	Net-60

Equipment

Quantity	Description	Duration	Unit Price	Total
SALES NOTES				
1	25% DEPOSITS ARE NON-REFUNDABLE	1.00 D		0.00
RENTAL ITEMS				
9	TABLE, 30" COCKTAIL W/ WOOD TOP (42" TALL)	1 D	10.00	90.00
13	LINEN 120 HONEY (T.C.)	1.00 D	12.50	162.50
12	LINEN 108 IVORY	1.00 D	11.50	138.00
26	LINEN 70 X 70 GREEN (LIGHT OLIVE)	1.00 D	7.50	195.00
20	LINEN 70X70 DAMASK - CINNABAR	1.00 D	15.00	300.00
200	LINEN 20X20 IVORY	1.00 D	0.65	130.00

PLEASE ENCLOSE COPY OF INVOICE WITH REMITTANCE
 Page 1



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

70371

Job # DEL 113656-1

Ship To:
CLIFFS CLUB & HOSPITALITY GROUP

KEOWEE VINEYARDS CLUBHOUSE

TRAVELERS REST, SC 29690
Attn: MELISSA MANN (864) 868-7000
Ordered by: MELISSA MANN

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
JUN 14 11	9190

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	JUN 10 11 6:30PM	JUN 13 11 11:59PM	JM-MELISSA-KEOWEE VINEYARDS CLUB...	Net-60

DELIVERY & PICKUP

1	DELIVERY & P/U - CLIFFS K. VINEYARD	1 D	50.00	50.00
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Equipment Subtotal:	2,136.25
Equipment Discount:	(208.62)
Equipment Total:	\$ 1,927.63
Subtotal:	\$ 1,927.63
Tax:	\$ 115.66
Total Charges:	\$ 2,043.29

Invoice includes a discount of \$221.14. After AUG 13 11 Please Pay \$2,264.43

Invoice Balance: \$ 2,043.29

PLEASE ENCLOSE COPY OF INVOICE WITH REMITTANCE



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

70371

Job # DEL 113656-1

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Ship To:
CLIFFS CLUB & HOSPITALITY GROUP

KEOWEE VINEYARDS CLUBHOUSE

TRAVELERS REST, SC 29690
Attn: MELISSA MANN (864) 868-7000
Ordered by: MELISSA MANN

Ph: (864) 371-1000

Date	Order/PO Number
JUN 14 11	9190

Sales Person	Begin	Complete	Job Description	Terms
JM	JUN 10 11 6:30PM	JUN 13 11 11:59PM	JM-MELISSA-KEOWEE VINEYARDS CLUB...	Net-60

Equipment

Quantity	Description	Duration	Unit Price	Total
SALES NOTES				
1	SALES NOTES	1.00 D		0.00
1	25% DEPOSITS ARE NON-REFUNDABLE	1.00 D		0.00
RENTAL ITEMS				
1	TENT, 15' X 15' FRAME (HIGH PEAK)	1.00 D	195.00	195.00
2	TENT, 20' X 20' FRAME (HIGH PEAK)	1.00 D	240.00	480.00
1	GUTTER, 20' WARNER	1.00 D	10.00	10.00
4	WATER WEIGHT (55 GALLON)	1 D	5.00	20.00
4	WHITE COVER FOR WATER WEIGHT	1 D		0.00
220	TENT LIGHTS, STRING LIGHTS (PER FT.)	1 D	1.00	220.00
6	EXTENSION CORD, 50 FT WHITE	1.00 D	4.00	24.00
88	CHAIR, GARDEN NATURAL W/ PAD SEAT	1.00 D	3.00	264.00

PLEASE ENCLOSE COPY OF INVOICE WITH REMITTANCE



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

70371

Job #DEL 113656-1

Bill To:

CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Ship To:

CLIFFS CLUB & HOSPITALITY GROUP

KEOWEE VINEYARDS CLUBHOUSE

TRAVELERS REST, SC 29690

Attn: MELISSA MANN

(864) 868-7000

Ordered by: MELISSA MANN

Date	Order/PO Number
JUN 14 11	9190

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	JUN 10 11 6:30PM	JUN 13 11 11:59PM	JM-MELISSA-KEOWEE VINEYARDS CLUB...	Net-60
6	TABLE, 60" ROUND	1.00 D	9.00	54.00
4	TABLE, 30" COCKTAIL W/ WOOD TOP (42" TALL)	1 D	10.00	40.00
3	LINEN 90 X 156 CHOCOLATE	1.00 D	21.00	63.00
2	LINEN 90 X 132 CHOCOLATE	1.00 D	18.75	37.50
11	LINEN 120 CHOCOLATE	1.00 D	12.50	137.50
20	LINEN 70X70 PINTUCK - BLUE (LIGHT) (A-1)	1 D	15.00	300.00
64	GLASS, DESSERT GLASS 8 OZ (16)	1 D	0.50	32.00
99	GLASS, MARTINI 10 OZ (9)	1.00 D	0.75	74.25
90	FLATWARE, SS DINNER KNIFE	1 D	0.40	36.00
180	FLATWARE, SS SALAD FORK	1 D	0.40	72.00
90	FLATWARE, SS DEMITASSEE SPOON	1 D	0.30	27.00

PLEASE ENCLOSE COPY OF INVOICE WITH REMITTANCE



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

71266

Job # DEL 114309-1

8/10

Ship To:
CLIFFS AT WALNUT COVE

1866 BREVARD RD

ARDEN, NC 28704

Attn: CATHY BROVET

(828) 687-1738

Ordered by: CATHY BROVET

Bill To:

CLIFFS CLUB & HOSPITALITY GROUP-N. CAROLINA
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
AUG 9 11	CATHY - W. COVE MEMBER GUEST

Sales Person	Begin	Complete	Job Description	Terms
TH	AUG 4 11 6:00PM	AUG 8 11 11:59PM	JM-CATHY-MEN'S MEM GUEST	Net-60

Subtotal: \$ 3,178.03

Tax: \$ 246.30

Total Charges: \$ 3,424.33

Invoice includes a discount of \$366.86. After OCT 8 11 Please Pay \$3,791.19

Invoice Balance: \$ 3,424.33

PLEASE ENCLOSE COPY OF INVOICE WITH REMITTANCE



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

71266

Job # DEL 114309-1

Ship To:
CLIFFS AT WALNUT COVE

1866 BREVARD RD

ARDEN, NC 28704

Attn: CATHY BROVET

(828) 687-1738

Ordered by: CATHY BROVET

Bill To:

CLIFFS CLUB & HOSPITALITY GROUP-N. CAROLINA
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date
AUG 9 11

Order/PO Number
CATHY - W. COVE MEMBER GUEST

Sales Person	Begin	Complete	Job Description	Terms
TH	AUG 4 11 6:00PM	AUG 8 11 11:59PM	JM-CATHY-MEN'S MEM GUEST	Net-60

Equipment

Quantity	Description	Duration	Unit Price	Total
SALES NOTES				
1	DRIVERS NOTES	1.00 D		0.00
1	SALES NOTES	1.00 D		0.00
1	DRIVERS NOTES	1.00 D		0.00
1	CLIENT WILL HANDLE SET UP/BREAKDOWN	1 D		0.00
RENTAL ITEMS				
1	BLEACHERS (4 ROWS X 15') (SEATS 40 PPL)	1 D	250.00	250.00
2	TENT, 10' X 10' FRAME (HIGH PEAK)	1.00 D	125.00	250.00
2	TENT, 15' X 15' FRAME (HIGH PEAK)	1 D	195.00	390.00
2	TENT, 20' X 20' FRAME (HIGH PEAK)	1.00 D	240.00	480.00
4	TENT LEG EXTENDERS (WARNER - 24")	1.00 D	4.00	16.00
3	GUTTER, 10' WARNER	1.00 D	10.00	30.00

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PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

71266

Job # DEL 114309-1

Ship To:
CLIFFS AT WALNUT COVE

1866 BREVARD RD

ARDEN, NC 28704

Attn: CATHY BROVET

(828) 687-1738

Ordered by: CATHY BROVET

Bill To:

CLIFFS CLUB & HOSPITALITY GROUP-N. CAROLINA
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date

AUG 9 11

Order/PO Number

CATHY - W. COVE MEMBER GUEST

Sales Person TH	Begin AUG 4 11 6:00PM	Complete AUG 8 11 11:59PM	Job Description JM-CATHY-MEN'S MEM GUEST	Terms Net-60	
1			GUTTER, 15' WARNER	1 D	15.00 15.00
1			GUTTER, 20' WARNER	1.00 D	10.00 10.00
14			WATER WEIGHT (55 GALLON)	1 D	5.00 70.00
14			WHITE COVER FOR WATER WEIGHT	1 D	0.00
6			WATER WEIGHT (SMALL) 20 GALLON	1 D	4.00 24.00
6			WHITE COVER FOR SMALL WATER WEIGHTS	1 D	0.00
300			TENT LIGHTS, STRING LIGHTS (PER FT.)	1 D	1.00 300.00
4			FAN, WHITE 12" (FOR TENTS)	1.00 D	40.00 160.00
15			EXTENSION CORD, 50 FT WHITE	1 D	4.00 60.00
2			EXTENSION CORD, 3 WAY ADAPTER WHITE	1 D	2.50 5.00
90			CHAIR, CHIVARI (MAHOGANY)	1 D	6.00 540.00
90			CUSHION FOR CHIVARI, IVORY	1 D	0.00
2			GRILL, GAS 2' X 5'	1.00 D	125.00 250.00
2			PROPANE, 20 LB. TANK (FOR GRILL)	1.00 D	0.00

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Page 2



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

71266

Job # DEL 114309-1

Ship To:
CLIFFS AT WALNUT COVE

1866 BREVARD RD

ARDEN, NC 28704

Attn: CATHY BROVET

(828) 687-1738

Ordered by: CATHY BROVET

Bill To:

CLIFFS CLUB & HOSPITALITY GROUP-N. CAROLINA
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date
AUG 9 11

Order/PO Number
CATHY - W. COVE MEMBER GUEST

Sales Person TH	Begin AUG 4 11 6:00PM	Complete AUG 8 11 11:59PM	Job Description JM-CATHY-MEN'S MEM GUEST	Terms Net-60	
4			TABLE, 8' BANQUET	1.00 D	8.00 32.00
4			TABLE, 6' BANQUET	1.00 D	8.00 32.00
4			TABLE, 60" ROUND	1 D	9.00 36.00
6			TABLE, 30" COCKTAIL W/ MARBLE TOP (42" TALL)	1.00 D	10.00 60.00
6			SKIRT, RED 21'	1.00 D	22.00 132.00
90			SKIRT CLIP, VELCRO	1.00 D	0.15 13.50
2			BUTANE STOVE (TABLE TOP) W/ 1 CAN BUTANE	1 D	20.00 40.00
6			CHAFER, SS 8 QT. RECTANGULAR	1 D	20.00 120.00
6			PAN, FOOD PAN FOR 8 QT RECTANGULAR	1 D	0.00
12			STERNO HOLDER, S.S.	1.00 D	0.00
100			GLASS, FORTESSA WINE 10.5 OZ (WHITE) (25)	1.00 D	0.50 50.00
98			GLASS, WHISKEY SHOOTER 2 OZ (49)	1.00 D	0.40 39.20

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 Page 3



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

71266

Job # DEL 114309-1

Ship To:
CLIFFS AT WALNUT COVE

1866 BREVARD RD

ARDEN, NC 28704

Attn: CATHY BROVET

(828) 687-1738

Ordered by: CATHY BROVET

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP-N. CAROLINA
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date
AUG 9 11

Order/PO Number
CATHY - W. COVE MEMBER GUEST

Sales Person	Begin	Complete	Job Description	Terms
TH	AUG 4 11 6:00PM	AUG 8 11 11:59PM	JM-CATHY-MEN'S MEM GUEST	Net-60

DELIVERY & PICKUP

1	DELIVERY & P/U - CLIFFS WALNUT COVE	1 D	100.00	100.00
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Equipment Subtotal: 3,504.70
Equipment Discount: (340.47)
Equipment Total: \$ 3,164.23

Sales Items

Quantity	Description	Duration	Unit Price	Total
4	GLASS, FORTESSA WINE 10.5 OZ (WHITE) (25) Damaged/Missing		3.45	13.80

Sales Total: \$ 13.80
Sales Items Tax: \$ 1.07

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Page 4



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice 72400

Job # DEL 111233-1

Ship To:
CLIFFS - VINEYARDS

CLUBHOUSE

Attn: MELISSA MANN (864) 868-7000
Ordered by: MELISSA MANN

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
OCT 5 11	MELISSA-K.VINEYARDS

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	SEP 28 11 12:00AM	OCT 3 11 11:59PM	JM-MELISSA-MEMBER GUEST	Net-60

	Damaged/Missing		
4	SCALINI, SOUP / DESSERT SPOON	2.95	11.80
	Damaged/Missing		
6	FLATWARE, DRAGONFLY DEMI SPOON	1.95	11.70
	Damaged/Missing		
LINEN			
14	20X20 BEIGE (JOMAR) NAPKIN	1.75	24.50
	Damaged/Missing		

Sales Total: \$ 120.40
Sales Items Tax: \$ 7.22

Subtotal: \$ 6,150.40
Tax: \$ 369.02
Total Charges: \$ 6,519.42

Invoice Balance: \$ 6,519.42

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Page 7



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice 72400

Job #DEL 111233-1

Ship To:
CLIFFS - VINEYARDS

CLUBHOUSE

Attn: MELISSA MANN (864) 868-7000
Ordered by: MELISSA MANN

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
OCT 5 11	MELISSA-K.VINEYARDS

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	SEP 28 11 12:00AM	OCT 3 11 11:59PM	JM-MELISSA-MEMBER GUEST	Net-60

Equipment

Quantity	Description	Duration	Unit Price	Total
SALES NOTES				
1	DRIVERS NOTES	1.00 D		0.00
1	25% DEPOSITS ARE NON-REFUNDABLE	1.00 D		0.00
3	CUSTOM TENT GUTTER	1.00 D	50.00	150.00
RENTAL ITEMS				
5	TENT, 20' X 20' FRAME (HIGH PEAK)	1.00 D	240.00	1,200.00
2	TENT, 20' X 20' FRAME (HIGH PEAK)	1.00 D		0.00
8	WARNER SIDE, 9' X 20' SOLID	1.00 D	30.00	240.00
3	WARNER SIDE, 9' X 20' WINDOWS W/ C. ZIPPER	1 D	40.00	120.00
6	GUTTER, 20' WARNER	1.00 D	10.00	60.00
14	WATER WEIGHT (55 GALLON)	1.00 D	5.00	70.00
14	WHITE COVER FOR WATER WEIGHT	1.00 D		0.00

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 Page 1



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

72400

Job #DEL 111233-1

Ship To:
CLIFFS - VINEYARDS

CLUBHOUSE

Attn: MELISSA MANN (864) 868-7000
 Ordered by: MELISSA MANN

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
OCT 5 11	MELISSA-K.VINEYARDS

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms	
JM	SEP 28 11 12:00AM	OCT 3 11 11:59PM	JM-MELISSA-MEMBER GUEST	Net-60	
400			TENT LIGHTS, STRING LIGHTS (PER FT.)	1.00 D	400.00
10			EXTENSION CORD, 50' FT WHITE	1.00 D	40.00
2			EXTENSION CORD, 3 WAY ADAPTER WHITE	1.00 D	5.00
10			STAGE, 4' X 4' SECTION	1 D	300.00
160			CARPET, BLACK (FOR STAGE) (PER SQ. FT.)	1.00 D	128.00
3			SKIRT, BLACK 20' X 15" (FOR STAGE)	1 D	60.00
3			VELCRO TAPE (1 BAG PER STAGE SKIRT)	1 D	0.00
16			DANCE FLOOR, BLACK & WHITE 3X4 SECTION	1 D	288.00
160			CHAIR, GARDEN BLACK W/ PADDED SEAT	1.00 D	480.00
1			GRIDDLE, 15" X 30" - COVERS HALF OF GAS GRILL	1.00 D	35.00
1			CHAFER, SILVER 3QT. QUEEN ANNE RD.	1.00 D	20.00
1			PAN, FOOD PAN FOR 3 QT. ROUND	1.00 D	0.00
1			STERNO HOLDER, SILVER (SMALL)	1 D	0.00
2			PEWTER, 17" SQUARE W/ WROUGHT IRON STAND	1.00 D	50.00

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PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

72400

Job # DEL 111233-1

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Ship To:
CLIFFS - VINEYARDS

CLUBHOUSE

Attn: MELISSA MANN (864) 868-7000
Ordered by: MELISSA MANN

Date	Order/PO Number
OCT 5 11	MELISSA-K.VINEYARDS

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	SEP 28 11 12:00AM	OCT 3 11 11:59PM	JM-MELISSA-MEMBER GUEST	Net-60
1			TRAY, CHOCOLATE 4-TIER CUPCAKE STAND	1.00 D 40.00 40.00
6			TRASH CAN (33 GALLON) (INCLUDES 2 TRASH BAGS)	1.00 D 8.50 51.00
12			TRASH BAG, BLACK (SEND 2 PER TRASH CAN)	1.00 D 0.00
6			TRASH CAN COVER (LINEN) BLACK	1 D 5.00 30.00
256			GLASS, DESSERT GLASS 8 OZ (16)	1 D 0.50 128.00
100			GLASS, FORTESSA WINE 18 OZ (LARGE) (25)	1.00 D 0.65 65.00
240			GLASS, BOWL SQUARE 5.5"	1.00 D 0.55 132.00
120			CHINA, FORTESSA OVAL BOWL 4" (DIPPING)	1.00 D 0.35 42.00
200			CHINA, WHITE TEARDROP PLATE 8"	1.00 D 0.50 100.00
75			CHINA, RECT. WHITE PLATE 9.5" X 4.5"	1.00 D 0.50 37.50
200			CHINA, SQUARE WHITE PLATE 7"	1.00 D 0.55 110.00
200			CHINA, TRIANGLE WHITE PLATE 7"	1.00 D 0.55 110.00
300			SCALINI DINNER FORK	1.00 D 0.50 150.00
300			SCALINI DINNER KNIFE	1 D 0.50 150.00

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 Page 3



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice 72400

Job # DEL 111233-1

Ship To:
CLIFFS - VINEYARDS

CLUBHOUSE

Attn: MELISSA MANN (864) 868-7000
Ordered by: MELISSA MANN

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
OCT 5 11	MELISSA-K.VINEYARDS

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms	
JM	SEP 28 11 12:00AM	OCT 3 11 11:59PM	JM-MELISSA-MEMBER GUEST	Net-60	
450			SCALINI SALAD FORK	1 D	0.50 225.00
300			SCALINI TEASPOON	1 D	0.50 150.00
220			SCALINI, SOUP / DESSERT SPOON	1 D	0.50 110.00
120			FLATWARE, DRAGONFLY DEMI SPOON	1.00 D	0.30 36.00
6			W.I. STAND (TT), W/ GALV. VASE (SMALL) 8" TALL	1.00 D	5.00 30.00
LINEN					
20			70 X 70 BLACK & WHITE CHECK	1.00 D	7.50 150.00
9			70X70 IRID. - TURQUOISE/GOLD	1 D	15.00 135.00
9			70X70 KRINKLE - TURQUOISE	1 D	15.00 135.00
250			20X20 BEIGE (JOMAR) NAPKIN	1.00 D	0.65 162.50

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 Page 4



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice 72400

Job #DEL 111233-1

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Ship To:
CLIFFS - VINEYARDS

CLUBHOUSE

Attn: MELISSA MANN (864) 868-7000
Ordered by: MELISSA MANN

Date	Order/PO Number
OCT 5 11	MELISSA-K.VINEYARDS

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	SEP 28 11 12:00AM	OCT 3 11 11:59PM	JM-MELISSA-MEMBER GUEST	Net-60

RESALE

1	STERNO, SMALL CAN	1 D	1.00	1.00
4	STERNO, SMALL CAN	1 D	1.00	4.00

DELIVERY & PICKUP

1	DELIVERY & P/U - CLIFFS K. VINEYARD	1 D	100.00	100.00
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Equipment Subtotal: 6,030.00
Equipment Total: \$ 6,030.00

Sales Items

Quantity	Description	Duration	Unit Price	Total
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 Page 5



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice 72400

Job # DEL 111233-1

Ship To:
CLIFFS - VINEYARDS
CLUBHOUSE

Attn: MELISSA MANN (864) 868-7000
 Ordered by: MELISSA MANN

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
OCT 5 11	MELISSA-K.VINEYARDS

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	SEP 28 11 12:00AM	OCT 3 11 11:59PM	JM-MELISSA-MEMBER GUEST	Net-60

RENTAL ITEMS

1	TRASH CAN (33 GALLON) (INCLUDES 2 TRASH BAGS)	12.00	12.00
	Damaged/Missing		
6	GLASS, DESSERT GLASS 8 OZ (16)	2.25	13.50
	Damaged/Missing		
2	CHINA, FORTESSA OVAL BOWL 4" (DIPPING)	1.55	3.10
	Damaged/Missing		
3	CHINA, WHITE TEARDROP PLATE 8"	3.55	10.65
	Damaged/Missing		
1	CHINA, RECT. WHITE PLATE 9.5" X 4.5"	3.45	3.45
	Damaged/Missing		
1	CHINA, TRIANGLE WHITE PLATE 7"	4.95	4.95
	Damaged/Missing		
9	SCALINI SALAD FORK	2.75	24.75

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 Page 6



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

73580

Job #CPU 117158-1

Ship To:
CLIFFS CLUB

Attn: MEGAN BRACKET (864) 895-0222
Ordered by: MEGAN BRACKET

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date DEC 2 11	Order/PO Number 12713G
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Ph: (864) 371-1000

Sales Person JM	Begin NOV 11 11	Complete NOV 14 11 11:59PM	Job Description JM-MEGAN	Terms COD
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Invoice Balance:

\$ 107.12

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PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice 73580

Job #CPU 117158-1

Ship To:
CLIFFS CLUB

Attn: MEGAN BRACKET (864) 895-0222
 Ordered by: MEGAN BRACKET

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
DEC 2 11	12713G

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	NOV 11 11	NOV 14 11 11:59PM	JM-MEGAN	COD

Equipment

Quantity	Description	Duration	Unit Price	Total
RENTAL ITEMS				
112	GLASS, DESSERT GLASS 8 OZ (16)	1.00 D	0.50	56.00
98	GLASS, WHISKEY SHOOTER 2 OZ (49)	1.00 D	0.35	34.30
<i>Equipment Subtotal:</i>				90.30
Equipment Total:				\$ 90.30

Sales Items

Quantity	Description	Duration	Unit Price	Total
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PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice 73580

Job # CPU 117158-1

Ship To:
CLIFFS CLUB

Attn: MEGAN BRACKET (864) 895-0222
Ordered by: MEGAN BRACKET

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
DEC 2 11	12713G

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	NOV 11 11	NOV 14 11 11:59PM	JM-MEGAN	COD

RENTAL ITEMS

4	GLASS, DESSERT GLASS 8 OZ (16) Damaged/Missing	2.25	9.00
1	GLASS, WHISKEY SHOOTER 2 OZ (49) Damaged/Missing	1.75	1.75

Sales Total: \$ 10.75
Sales Items Tax: \$ 0.65
Subtotal: \$ 101.05
Tax: \$ 6.07
Total Charges: \$ 107.12

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Page 2



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

74229

Job #DEL 112010-1

Ship To:
CLIFFS CLUB - KEOWEE FALLS

Attn: KYLE BROWN (864) 944-2010
Ordered by: MELISSA MANN

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
JAN 4 12	13357F

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	DEC 30 11 12:00AM	JAN 3 12 11:59PM	JM/TH-KYLE BROW-NYE	COD

Sales Items Tax: \$ 1.17

Subtotal: \$ 3,366.13

Tax: \$ 201.97

Total Charges: \$ 3,568.10

Invoice includes a discount of \$205.71. After JAN 4 12 Please Pay \$3,773.81

Invoice Balance: \$ 3,568.10

PLEASE ENCLOSE COPY OF INVOICE WITH REMITTANCE



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice 74229

Job #DEL 112010-1

Ship To:
CLIFFS CLUB - KEOWEE FALLS

Attn: KYLE BROWN (864) 944-2010
 Ordered by: MELISSA MANN

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
JAN 4 12	13357F

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	DEC 30 11 12:00AM	JAN 3 12 11:59PM	JM/TH-KYLE BROW-NYE	COD

Equipment

Quantity	Description	Duration	Unit Price	Total
RENTAL ITEMS				
3	TENT HEATER, 170,000 BTU (LARGE-WHITE)	1.00 D	220.00	660.00
3	DIFFUSER (FOR 170,000 TENT HEATER)	1.00 D	15.00	45.00
3	PROPANE, 100 LB. TANK (LARGE)	1 D		0.00
12	EXTENSION CORD, 50 FT WHITE	1.00 D	4.00	48.00
30	DANCE FLOOR, BLACK & WHITE 3X4 SECTION	1 D	18.00	540.00
130	CHAIR, GARDEN BLACK W/ PADDED SEAT	1.00 D	3.00	390.00
108	GLASS, CHAMPAGNE FLUTE 6 OZ (36)	1 D	0.40	43.20
64	GLASS, DESSERT GLASS 8 OZ (16)	1 D	0.50	32.00
100	GLASS, FORTESSA WINE 13.8 OZ (RED) (25)	1 D	0.45	45.00
250	CHINA, TRIANGLE WHITE PLATE 7"	1 D	0.55	137.50
1	MISC. CHARGES	1.00 D	1,500.00	1,500.00

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 Page 1



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

74229

Job #DEL 112010-1

Ship To:
CLIFFS CLUB - KEOWEE FALLS

Attn: KYLE BROWN (864) 944-2010
Ordered by: MELISSA MANN

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
JAN 4 12	13357F

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
JM	DEC 30 11 12:00AM	JAN 3 12 11:59PM	JM/TH-KYLE BROW-NYE	COD

DELIVERY & PICKUP

1	DELIVERY & P/U - CLIFFS K. FALLS	1.00 D	100.00	100.00
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Equipment Subtotal: 3,540.70
Equipment Discount: (194.07)
Equipment Total: \$ 3,346.63

Sales Items

Quantity	Description	Duration	Unit Price	Total
RENTAL ITEMS				
2	GLASS, CHAMPAGNE FLUTE 6 OZ (36)		3.25	6.50
	Damaged/Missing			
2	CHINA, TRIANGLE WHITE PLATE 7"		6.50	13.00
	Damaged/Missing			

Sales Total: \$ 19.50

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PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

74235

Job #DEL 118256-1

Ship To:
CLIFFS GLASSY

Attn: MEGAN BRACKET (864) 895-0222
Ordered by: MEGAN BRACKET

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date JAN 4 12	Order/PO Number MEGAN-GLASSY
------------------	---------------------------------

Ph: (864) 371-1000

Sales Person TH	Begin DEC 30 11	Complete JAN 3 12 11:59PM	Job Description TH-MEGAN-NYE	Terms COD
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Invoice Balance: \$ 528.68

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PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice 74235

Job #DEL 118256-1

Ship To:
CLIFFS GLASSY

Attn: MEGAN BRACKET (864) 895-0222
Ordered by: MEGAN BRACKET

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
JAN 4 12	MEGAN-GLASSY

Ph: (864) 371-1000

Sales Person	Begin	Complete	Job Description	Terms
TH	DEC 30 11	JAN 3 12 11:59PM	TH-MEGAN-NYE	COD

Equipment

Quantity	Description	Duration	Unit Price	Total
RENTAL ITEMS				
2	TABLE, 6' BANQUET	1 D	8.00	16.00
180	GLASS, FORTESSA CHAMPAGNE FLUTE	1 D	0.40	72.00
180	GLASS, 8" ROUND PLATE	1 D	0.40	72.00
190	CHINA, SQUARE WHITE PLATE 7"	1 D	0.55	104.50
195	CHINA, TRIANGLE BLACK PLATE 7"	1 D	0.55	107.25
195	CHINA, TRIANGLE WHITE PLATE 7"	1 D	0.55	107.25
DELIVERY & PICKUP				
1	DELIVERY & P/U - CLIFFS GLASSY MTN.	1 D		0.00

Equipment Subtotal: 479.00
Equipment Total: \$ 479.00

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PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

74235

Job # DEL 118256-1

Ship To:
CLIFFS GLASSY

Attn: MEGAN BRACKET (864) 895-0222
Ordered by: MEGAN BRACKET

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Ph: (864) 371-1000

Date	Order/PO Number
JAN 4 12	MEGAN-GLASSY

Sales Person	Begin	Complete	Job Description	Terms
TH	DEC 30 11	JAN 3 12 11:59PM	TH-MEGAN-NYE	COD

Sales Items

Quantity	Description	Duration	Unit Price	Total
RENTAL ITEMS				
5	CHINA, SQUARE WHITE PLATE 7" Damaged/Missing		3.95	19.75

Sales Total: \$ 19.75
Sales Items Tax: \$ 1.19
Subtotal: \$ 498.75
Tax: \$ 29.93
Total Charges: \$ 528.68

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PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

74231

Job #DEL 118147-1

Ship To:
CLIFFS CLUB NORTH CAROLINA

, NC
Attn: CATHY BROVET (828) 687-1738
Ordered by: CATHY BROVET

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP-N. CAROLINA
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date	Order/PO Number
JAN 4 12	CATHY - W. COVE

Sales Person	Begin	Complete	Job Description	Terms
SK	DEC 17 11	DEC 19 11 11:59PM	SK-CATHY	COD

Invoice Balance: \$ 234.85

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Page 2



PROFESSIONAL PARTY RENTALS, INC.
647 CONGAREE ROAD
GREENVILLE, SC 29607

Voice: (864) 627-8808
Fax: (864) 627-8807
Tax ID:

Invoice

74231

Job # DEL 118147-1

Ship To:
CLIFFS CLUB NORTH CAROLINA

, NC
Attn: CATHY BROVET (828) 687-1738
Ordered by: CATHY BROVET

Bill To:
CLIFFS CLUB & HOSPITALITY GROUP-N. CAROLINA
P.O. BOX 1549
TRAVELERS REST, SC 29690
Attn: Accounts Payable

Date
JAN 4 12

Order/PO Number
CATHY - W. COVE

Sales Person	Begin	Complete	Job Description	Terms
SK	DEC 17 11	Complete DEC 19 11 11:59PM	SK-CATHY	COD

Equipment

Quantity	Description	Duration	Unit Price	Total
RENTAL ITEMS				
1	SOUND SYSTEM GRAY (2 SPEAKERS & STANDS)	1 D	120.00	120.00
DELIVERY & PICKUP				
1	DELIVERY & P/U - CLIFFS WALNUT COVE	1 D	100.00	100.00

Equipment Subtotal: 220.00
Equipment Total: \$ 220.00

Subtotal: \$ 220.00
Tax: \$ 14.85
Total Charges: \$ 234.85

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Professional Party Rentals
647 Congaree Rd
Greenville, SC 29607
MAY 18 2012

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