

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM
Name of Debtor: The Cliffs at High Carolina Golf & Country Club, LLC	Case Number: 12-01231	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Wetland and Natural Resource Consultants, Inc.		COURT USE ONLY
Name and address where notices should be sent: Martin L. White Johnston, Allison & Hord, P.A. Post Office Box 36469 Charlotte, NC 28236 Telephone number: 704-998-2218 email: mwhite@jahlaw.com		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
RECEIVED MAY 21 2012 BMC GROUP		
1. Amount of Claim as of Date Case Filed: \$ <u>77,711.17</u>		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>services rendered</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	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 the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to 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 priority and state the amount.		
<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 \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, 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). Amount entitled to priority: \$ _____
<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"/> 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)(____). \$ _____
*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)		



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7. Documents: Attached are 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. 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 the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:


8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor.
- (Attach copy of power of attorney, if any.) (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: Martin L. White
 Title: Attorney
 Company: Johnston, Allison & Hord, P.A.
 Address and telephone number (if different from notice address above):



(Signature)

MAY 18, 2012
 (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.

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, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

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 Priority Under 11 U.S.C. §507(a).

If any portion of the claim falls into any category shown, 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.

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
7/30/08	4535

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	7/30/08	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
3017.1	Trout Buffer Permitting office documentation, analysis, assessment and quantification	54.5	115.00	7/18/08	6,267.50
3013.1	Permitting agency coordination, correspondence, strategic planning and negotiation	8	115.00	7/23/08	920.00
3012.1	Permitting office documentation, analysis, assessment and quantification	26	115.00	7/25/08	2,990.00
5012	Erosion Control office documentation, analysis, assessment and quantification	190	85.00	7/21/08	16,150.00
3017.2	Trout Buffer Permitting office documentation, analysis, assessment and quantification	139	65.00	7/24/08	9,035.00
1014.1	Wetland and Stream Delineation client coordination, correspondence and analysis	14	115.00	7/22/08	1,610.00
5011	Erosion Control field studies, analysis, observations and quantification	31	85.00	6/26/08	2,635.00
3018.1	Trout Buffer Permitting field studies, analysis, observations and quantification	2	115.00	6/25/08	230.00
2011	Mitigation field studies, analysis, observations and quantification	9.5	85.00	6/16/08	807.50
3017	Trout Buffer Permitting office documentation, analysis, assessment and quantification	111.25	55.00	7/15/08	6,118.75
1011.1	Wetland and Stream Delineation field studies, analysis, observations and quantification	1	115.00	6/18/08	115.00
3011	Permitting field studies, analysis, observations and quantification	2.25	85.00	6/20/08	191.25
3018	Trout Buffer Permitting field studies, analysis, observations and quantification	203.5	55.00	7/24/08	11,192.50
3014.1	Permitting client coordination, correspondence and analysis	9	115.00	6/26/08	1,035.00

High Carolina Fairview. Thank you for your continued business. PO#70892;
 Job#3601536D00012038Z.

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Total
Payments/Credits
Balance Due

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
7/30/08	4535

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	7/30/08	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
3012	Permitting office documentation, analysis, assessment and quantification	19.25	85.00	7/24/08	1,636.25
3018.2	Trout Buffer Permitting field studies, analysis, observations and quantification	71	65.00	7/23/08	4,615.00
6011	Plant Community field studies, analysis, observations and quantification	10	85.00	7/3/08	850.00
7012	Site Assessment office documentation, analysis, assessment and quantification	57.5	55.00	7/15/08	3,162.50
7021	Fish Survey, field studies, analysis, observations and quantification	104	55.00	7/23/08	5,720.00
7011	Site Assessment field studies, analysis, observations and quantification	21.5	55.00	7/10/08	1,182.50
3013	Permitting agency coordination, correspondence, strategic planning and negotiation	5	85.00	7/14/08	425.00
1013.1	Wetland and Stream Delineation agency coordination, correspondence, strategic planning and negotiation	3	115.00	7/14/08	345.00
7011.1	Site Assessment field studies, analysis, observations and quantification	1.5	115.00	7/14/08	172.50
2012	Mitigation office documentation, analysis, assessment and quantification	14	85.00	7/17/08	1,190.00
8013.1	Site Assessment agency coordination, correspondence, strategic planning and negotiation	5	115.00	7/17/08	575.00
Mileage	78 miles 06.18.08	78	0.70	6/18/08	54.60
Mileage	71 miles 06.19.08	71	0.70	6/19/08	49.70
Mileage	54 miles 06.24.08	54	0.70	6/30/08	37.80
Mileage	153 miles 07.02.08	153	0.70	7/2/08	107.10
Mileage	315 miles 07.03.08-07.15.08	315	0.70	7/15/08	220.50

High Carolina Fairview. Thank you for your continued business. PO#70892; Job#3601536D00012038Z.

Total

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Payments/Credits

Balance Due

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
7/30/08	4535

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	7/30/08	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
Mileage	73 miles 07.23.08	73	0.70	7/20/08	51.10
Mileage	148 miles 07.21.08	148	0.70	7/21/08	103.60
Rcimb Group	20 copies 05.27.08		3.00	5/29/08	3.00
	50 miles 05.28.08		35.00	6/1/08	35.00
	60 miles 05.27.08		42.00	6/1/08	42.00
	140 miles 05.29.08		98.00	6/1/08	98.00
	77 miles 05.21.08		53.90	6/1/08	53.90
	40 miles 06.11.08		28.00	6/29/08	28.00
	40 miles 06.12.08		28.00	6/29/08	28.00
	150 miles 06.12.08		105.00	6/29/08	105.00
	108 miles 06.20.08		75.60	6/29/08	75.60
	85.5 miles 06.23.08		59.85	6/29/08	59.85
	70.3 miles 06.24.08		49.21	6/29/08	49.21
	70.7 miles 06.25.08		49.49	6/29/08	49.49
	50 miles 06.23.08		35.00	6/29/08	35.00
	560 miles 06.26.08		392.00	6/29/08	392.00
	05.27.08 Postage To DWQ		45.90	6/29/08	45.90
	Lodging 02.13.08		34.56	6/29/08	34.56
	meal 05.15.08		12.98	6/29/08	12.98
	meal 06.26.08		28.78	6/29/08	28.78
	Chainsaw File & Oil 06.11.08		9.74	6/29/08	9.74
	40 miles 07.01.08		28.00	8/3/08	28.00
	60 miles 06.30.08		42.00	8/3/08	42.00
	40 miles 07.02.08		28.00	8/3/08	28.00
	4 miles 07.10.08		28.00	8/3/08	28.00
	100 miles 07.17.08		70.00	8/3/08	70.00
	50 miles 07.22.08		35.00	8/3/08	35.00
	Postage 07.17.08		16.50	8/3/08	16.50

High Carolina Fairview. Thank you for your continued business. PO#70892;
 Job#3601536D00012038Z.

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Total
Payments/Credits
Balance Due

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
7/30/08	4535

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	7/30/08	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
	50 miles 07.14.08		35.00	8/3/08	35.00
	Bar Oil 07.02.08		8.96	8/3/08	8.96
	Total Reimbursable Expenses				1,477.47

High Carolina Fairview. Thank you for your continued business. PO#70892;
 Job#3601536D00012038Z.
 WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Total	\$81,273.12
Payments/Credits	\$-65,500.00
Balance Due	\$15,773.12

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
10/22/08	4732

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	10/22/08	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
3017.1	Trout Buffer Permitting office documentation, analysis, assessment and quantification	2	115.00	9/11/08	230.00
3012.1	Permitting office documentation, analysis, assessment and quantification	23	115.00	10/16/08	2,645.00
3012.2	Permitting office documentation, analysis, assessment and quantification	33	95.00	10/16/08	3,135.00
3012	Permitting office documentation, analysis, assessment and quantification	36.25	85.00	9/25/08	3,081.25
3013.1	Permitting agency coordination, correspondence, strategic planning and negotiation	6.5	115.00	10/7/08	747.50
2012	Mitigation office documentation, analysis, assessment and quantification	16	85.00	9/30/08	1,360.00
2011	Mitigation field studies, analysis, observations and quantification	65.5	85.00	9/30/08	5,567.50
2011.1	Mitigation field studies, analysis, observations and quantification	3	115.00	10/6/08	345.00
1014.1	Wetland and Stream Delineation client coordination, correspondence and analysis	7	115.00	10/16/08	805.00
Mileage Reimb Group	100 miles 08.26.08	100	0.70	8/26/08	70.00
	Postage 09.11.08		21.35	9/11/08	21.35
	60 miles 09.26.08		910.25	9/25/08	910.25
	Postage 09.12.08		42.00	9/28/08	42.00
	Postage 09.13.08		1.17	9/28/08	1.17
	35 miles 10.13.08		22.75	9/28/08	22.75
	30 miles 10.16.08		24.50	11/2/08	24.50
	Total Reimbursable Expenses		21.00	11/2/08	21.00
					1,043.02

High Carolina Fairview. Thank you for your continued business. PO#70892; Job#3601536D00012038Z.

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Total	\$19,029.27
Payments/Credits	\$-11,417.56
Balance Due	\$7,611.71

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
11/17/08	4795

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	11/17/08	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
2012	Mitigation office documentation, analysis, assessment and quantification	99	85.00	11/13/08	8,415.00
3012.2	Permitting office documentation, analysis, assessment and quantification	6	95.00	11/13/08	570.00
3012.1	Permitting office documentation, analysis, assessment and quantification	21.5	115.00	11/14/08	2,472.50
2012.1	Mitigation office documentation, analysis, assessment and quantification	2	115.00	11/12/08	230.00
3012	Permitting office documentation, analysis, assessment and quantification	7	85.00	11/6/08	595.00
7012	Site Assessment office documentation, analysis, assessment and quantification	65	85.00	11/13/08	5,525.00
3017.2	Trout Buffer Permitting office documentation, analysis, assessment and quantification	7	95.00	11/10/08	665.00
3017.1	Trout Buffer Permitting office documentation, analysis, assessment and quantification	3	115.00	11/10/08	345.00
7011.1	Site Assessment field studies, analysis, observations and quantification	3	115.00	11/7/08	345.00
2011.1	Mitigation field studies, analysis, observations and quantification	2	115.00	11/11/08	230.00
3014.1	Permitting client coordination, correspondence and analysis	2	115.00	11/11/08	230.00
7011	Site Assessment field studies, analysis, observations and quantification	5	85.00	11/13/08	425.00
7031	Water Quality/Quantity Sampling, field studies, analysis, observations and quantification	11	85.00	11/13/08	935.00
Reimb Group	Postage 11.10.08		46.86	11/10/08	46.86
	Postage 11.12.08		17.07	11/13/08	17.07

High Carolina Fairview. Thank you for your continued business. PO#70892;
 Job#3601536D00012038Z.

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Total
Payments/Credits
Balance Due

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
11/17/08	4795

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	11/17/08	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
	50 miles 11.07.08		35.00	11/30/08	35.00
	40 miles 11.13.08		28.00	11/30/08	28.00
	50 miles 11.13.08		35.00	11/30/08	35.00
	Total Reimbursable Expenses				161.93

High Carolina Fairview. Thank you for your continued business. PO#70892;
 Job#3601536D00012038Z.

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Total	\$21,144.43
Payments/Credits	\$0.00
Balance Due	\$21,144.43

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
12/11/08	4837

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	12/11/08	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
3012	Permitting office documentation, analysis, assessment and quantification	34	85.00	11/24/08	2,890.00
2012	Mitigation office documentation, analysis, assessment and quantification	7.25	85.00	9/9/08	616.25
3017	Trout Buffer Permitting office documentation, analysis, assessment and quantification	10	85.00	11/20/08	850.00
3012.1	Permitting office documentation, analysis, assessment and quantification	8	115.00	12/10/08	920.00
7011.1	Site Assessment field studies, analysis, observations and quantification	1	115.00	11/18/08	115.00
3013.1	Permitting agency coordination, correspondence, strategic planning and negotiation	2	115.00	11/18/08	230.00
3014.1	Permitting client coordination, correspondence and analysis	3	115.00	11/18/08	345.00
3011.1	Permitting field studies, analysis, observations and quantification	5	115.00	11/18/08	575.00
3012.2	Permitting office documentation, analysis, assessment and quantification	3	95.00	11/19/08	285.00
7031	Water Quality/Quantity Sampling, field studies, analysis, observations and quantification	35.75	85.00	12/4/08	3,038.75
7031.1	Water Quality/Quantity Sampling, field studies, analysis, observations and quantification	2	115.00	12/4/08	230.00
Mileage	99 miles 11.18.08	99	0.70	11/18/08	69.30
Mileage	33.20 miles 12.01.08	33.2	0.70	12/2/08	23.24
Reimb Group	30 miles 11.25.08		21.00	11/30/08	21.00
	60 miles 11.18.08		42.00	11/30/08	42.00
	Postage 11.19.08		44.67	11/30/08	44.67
	Total Reimbursable Expenses				107.67

High Carolina Fairview. Thank you for your continued business. PO#70892;
 Job#3601536D00012038Z.

Total \$10,295.21

WNR Federal Tax ID 56-21 69988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Payments/Credits \$-7,206.65

Balance Due \$3,088.56

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
9/2/09	5016

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	9/2/09	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
3012	Permitting office documentation, analysis, assessment and quantification	99	85.00	8/24/09	8,415.00
3012.1	Permitting office documentation, analysis, assessment and quantification	127	115.00	8/26/09	14,605.00
3013.1	Permitting agency coordination, correspondence, strategic planning and negotiation	64	115.00	8/20/09	7,360.00
2012.1	Mitigation office documentation, analysis, assessment and quantification	7.5	115.00	7/16/09	862.50
3017	Trout Buffer Permitting office documentation, analysis, assessment and quantification	25.5	85.00	8/28/09	2,167.50
3012.2	Permitting office documentation, analysis, assessment and quantification	1	95.00	5/14/09	95.00
3017.1	Trout Buffer Permitting office documentation, analysis, assessment and quantification	28	115.00	7/20/09	3,220.00
2012	Mitigation office documentation, analysis, assessment and quantification	3	85.00	6/4/09	255.00
2013.1	Mitigation agency coordination, correspondence, strategic planning and negotiation	2.5	115.00	6/18/09	287.50
3013	Permitting agency coordination, correspondence, strategic planning and negotiation	3	85.00	6/15/09	255.00
3014.1	Permitting client coordination, correspondence and analysis	14.5	115.00	8/12/09	1,667.50
1012.1	Wetland and Stream Delineation office documentation, analysis, assessment and quantification	1	115.00	7/7/09	115.00
7031	Water Quality/Quantity Sampling, field studies, analysis, observations and quantification	1.25	85.00	7/29/09	106.25
7012.1	Site Assessment office documentation, analysis, assessment and quantification	1	115.00	8/12/09	115.00

High Carolina Fairview. Thank you for your continued business. PO#70892; Job#3601536D0001 2038Z.

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Total
Payments/Credits
Balance Due

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
9/2/09	5016

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	9/2/09	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
3011	Permitting field studies, analysis, observations and quantification	6	85.00	8/24/09	510.00
Reimb Group	95 miles 06.04.09		66.50	7/5/09	66.50
	120 miles 07.14.09		84.00	8/2/09	84.00
	60 miles 07.16.09		42.00	8/2/09	42.00
	NC DWQ Permit Filing Fee for Permit Modification Request		240.00	8/24/09	240.00
	60 miles 08.11.09		42.00	9/6/09	42.00
	290 miles 08.18.09		203.00	9/6/09	203.00
	290 miles 08.20.09		203.00	9/6/09	203.00
	40 miles; 08.20.09		28.00	9/6/09	28.00
	60 miles; 08.24.09		42.00	9/6/09	42.00
	95 miles; 08.25.09		66.50	9/6/09	66.50
	60 miles; 08.24.09		42.00	9/6/09	42.00
	Overnight Postage to DWQ, Corps, and Land Quality; 08.24.09		57.00	9/6/09	57.00
	Lodging 08.18.09		104.85	9/6/09	104.85
	meals 08.18.09		16.72	9/6/09	16.72
	meals 08.19.09		14.43	9/6/09	14.43
	meals 08.20.09		33.16	9/6/09	33.16
	field supplies; 08.24.09		4.26	9/6/09	4.26
	Total Reimbursable Expenses				1,289.42

High Carolina Fairview. Thank you for your continued business. PO#70892;
 Job#3601536D00012038Z.

Total	\$41,325.67
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WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Payments/Credits	\$-35,126.82
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Balance Due	\$6,198.85
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Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
10/6/09	5056

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	10/6/09	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
3012.1	Permitting office documentation, analysis, assessment and quantification	8	115.00	9/25/09	920.00
3017.1	Trout Buffer Permitting office documentation, analysis, assessment and quantification	96	115.00	10/4/09	11,040.00
3013.1	Permitting agency coordination, correspondence, strategic planning and negotiation	16	115.00	9/22/09	1,840.00
3014.1	Permitting client coordination, correspondence and analysis	3	115.00	9/14/09	345.00
3017	Trout Buffer Permitting office documentation, analysis, assessment and quantification	54.5	85.00	9/24/09	4,632.50
5011.1	Erosion Control field studies, analysis, observations and quantification	1	115.00	9/11/09	115.00
7031	Water Quality/Quantity Sampling, field studies, analysis, observations and quantification	24	85.00	9/21/09	2,040.00
7021	Fish Survey, field studies, analysis, observations and quantification	1	85.00	9/14/09	85.00
7031.1	Water Quality/Quantity Sampling, field studies, analysis, observations and quantification	2	115.00	9/17/09	230.00
7011.1	Site Assessment field studies, analysis, observations and quantification	6	115.00	9/18/09	690.00
7032	Water Quality/Quantity Sampling, office documentation, analysis, assessment and quantification	2	85.00	9/22/09	170.00
3013	Permitting agency coordination, correspondence, strategic planning and negotiation	1.5	85.00	9/22/09	127.50
3012	Permitting office documentation, analysis, assessment and quantification	27.75	85.00	10/1/09	2,358.75
Reimb Group	80 miles 04.29.09		56.00	5/3/09	56.00

High Carolina Fairview. Thank you for your continued business. PO#70892; Job#3601536D00012038Z.

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Total
Payments/Credits
Balance Due

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
10/6/09	5056

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	10/6/09	TCC-1009-07-Fairview High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
	Postage; 05/28/09		6.21	7/5/09	6.21
	09.30.09		26.86	10/4/09	26.86
	45 MILES 09.17.09		31.50	10/4/09	31.50
	60 MILES 09.14.09		42.00	10/4/09	42.00
	80 miles 09.18.09		56.00	10/4/09	56.00
	40 miles 09.21.09		28.00	10/4/09	28.00
	25 miles 09.22.09		17.50	10/4/09	17.50
	620 miles 09.22.09		434.00	10/4/09	434.00
	09.22.09		15.52	10/4/09	15.52
	Water Hoses x Four 09.14.09		170.00	10/4/09	170.00
	Total Reimbursable Expenses				883.59

High Carolina Fairview. Thank you for your continued business. PO#70892; Job#3601536D00012038Z.	Total	\$25,477.34
WNR Federal Tax ID 56-2169988 Accounts Payable Contact: Jennifer Robertson (828) 712-9205	Payments/Credits	\$-20,381.87
	Balance Due	\$5,095.47

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
12/11/08	4836

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	12/11/08	TCC-1005-06-Swannanoa High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
3017	Trout Buffer Permitting office documentation, analysis, assessment and quantification	10	85.00	11/20/08	850.00
3012.1	Permitting office documentation, analysis, assessment and quantification	6	115.00	12/5/08	690.00
7011.1	Site Assessment field studies, analysis, observations and quantification	1	115.00	11/18/08	115.00
3013.1	Permitting agency coordination, correspondence, strategic planning and negotiation	7	115.00	11/18/08	805.00
3014.1	Permitting client coordination, correspondence and analysis	3	115.00	11/18/08	345.00
3012.2	Permitting office documentation, analysis, assessment and quantification	3	95.00	11/19/08	285.00
3012	Permitting office documentation, analysis, assessment and quantification	5	85.00	11/24/08	425.00
7031	Water Quality/Quantity Sampling, field studies, analysis, observations and quantification	29.75	85.00	12/4/08	2,528.75
7031.1	Water Quality/Quantity Sampling, field studies, analysis, observations and quantification	1	115.00	12/1/08	115.00
7013	Site Assessment agency coordination, correspondence, strategic planning and negotiation	5	85.00	12/2/08	425.00
Mileage	99 miles 11.18.08	99	0.70	11/18/08	69.30
Mileage	33.20 miles 12.02.08	33.2	0.70	12/2/08	23.24
Mileage	33.20 miles 12.03.08	33.2	0.70	12/3/08	23.24
Reimb Group	30 miles 11.25.08		21.00	11/30/08	21.00
	60 miles 11.18.08		42.00	11/30/08	42.00
	Total Reimbursable Expenses				63.00

High Carolina Swannanoa. Thank you for your continued business. PO#70891; Job#3601599d00042038Z.

Total \$6,762.53

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Payments/Credits \$0.00

Balance Due \$6,762.53

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
2/4/09	4874

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	2/4/09	TCC-1005-06-Swannanoa High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
3013.1	Permitting agency coordination, correspondence, strategic planning and negotiation	10	115.00	1/14/09	1,150.00
2012	Mitigation office documentation, analysis, assessment and quantification	25.25	55.00	1/5/09	1,388.75
3012.1	Permitting office documentation, analysis, assessment and quantification	30	115.00	1/30/09	3,450.00
3012	Permitting office documentation, analysis, assessment and quantification	48	55.00	1/29/09	2,640.00
2012.1	Mitigation office documentation, analysis, assessment and quantification	3	115.00	1/16/09	345.00
7031	Water Quality/Quantity Sampling, field studies, analysis, observations and quantification	8.5	45.00	1/7/09	382.50
1012	Wetland and Stream Delineation office documentation, analysis, assessment and quantification	10	65.00	1/13/09	650.00
2013.1	Mitigation agency coordination, correspondence, strategic planning and negotiation	2	115.00	1/13/09	230.00
3014	Permitting client coordination, correspondence and analysis	1.5	65.00	1/19/09	97.50
1014.1	Wetland and Stream Delineation client coordination, correspondence and analysis	1	115.00	1/23/09	115.00
7013	Site Assessment agency coordination, correspondence, strategic planning and negotiation	3.75	65.00	1/29/09	243.75
3012.2	Permitting office documentation, analysis, assessment and quantification	2.5	65.00	1/28/09	162.50
Reimb Group	16 Plot Copies		90.00	12/15/08	90.00
	15 miles 12.26.08		10.50	1/4/09	10.50

High Carolina Swannanoa. Thank you for your continued business. PO#70891; Job#3601599d00042038Z.

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Total
Payments/Credits
Balance Due

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
2/4/09	4874

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	2/4/09	TCC-1005-06-Swannanoa High Carolina

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT	
7031	250 miles 01.09.09	5	175.00	2/1/09	175.00	
	30 miles 01.14.09		21.00	2/1/09	21.00	
	Total Reimbursable Expenses					296.50
	Water Quality/Quantity Sampling, field studies, analysis, observations and quantification		85.00	12/11/08	425.00	

High Carolina Swannanoa. Thank you for your continued business. PO#70891;
 Job#3601599d00042038Z.

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Total	\$11,576.50
Payments/Credits	\$0.00
Balance Due	\$11,576.50

Wetland and Natural Resource Consultants
 87 Silent Forest Drive
 Canton, NC 28716

Invoice

DATE	INVOICE #
2/10/10	5141

BILL TO

The Cliffs Communities, Inc.
 Attn: Accounts Payable Department
 PO Box 1549
 Travelers Rest, South Carolina 29690

TERMS	DUE DATE	PROJECT
Due on receipt	2/10/10	TCC-1011-08-Water Line

ITEM	DESCRIPTION	QTY	RATE	SERVICED	AMOUNT
3013.1	Permitting agency coordination, correspondence, strategic planning and negotiation	4	115.00	2/4/10	460.00

High Carolina Water Line Project on Swannanoa River. Thank you for your continued business.

WNR Federal Tax ID 56-2169988
 Accounts Payable Contact: Jennifer Robertson (828) 712-9205

Total	\$460.00
Payments/Credits	\$0.00
Balance Due	\$460.00

District of South Carolina Claims Register

12-01231-jw The Cliffs at High Carolina Golf & Country Club, L

Chief Judge: John E. Waites **Chapter:** 11
Office: Spartanburg **Last Date to file claims:**
Trustee: **Last Date to file (Govt):** 08/27/2012

Creditor: (542007309) **Claim No:** 2 *Status:*
Wetland and Natural *Original Filed* *Filed by:* CR
Resource Consultants, Inc. *Date:* 05/18/2012 *Entered by:* Laura E. F.
c/o Johnston Allison & Hord *Original Entered* Thompson
Attn: Martin White *Date:* 05/18/2012 *Modified:*
1065 East Morehead Street
Charlotte NC 28204

Amount claimed: \$77711.17

History:

Details 2-1 05/18/2012 Claim #2 filed by Wetland and Natural Resource Consultants, Inc.,
Amount claimed: \$77711.17 (Thompson, Laura)

Description: (2-1) Services rendered

Remarks:

Claims Register Summary

Case Name: The Cliffs at High Carolina Golf & Country Club, L
Case Number: 12-01231-jw
Chapter: 11
Date Filed: 02/28/2012
Total Number Of Claims: 1

Total Amount Claimed*	\$77711.17
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		