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| UNITED STATES BANKRUPTCY COURT | | District of South Carolina | PROOF OF CLAIM |
| Name of Debtor: The Cliffs Club & Hospitality Group, Inc. | | Case Number: 12-01220 | |
| 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): Bell South Long Distance, Inc dba AT&T Long Distance Service | | | COURT USE ONLY |
| Name and address where notices should be sent: Bell South Long Distance, Inc dba AT&T Long Distance Service Attn: Credit & Collections LD Complx 675 W Peachtree St NW 10F32 Atlanta GA 30375-0001 | | RECEIVED MAY 21 2012 BMC GROUP | <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ |
| Telephone number: (404) 986-1909 email: | | | |
| Name and address where payment should be sent (if different from above): Bell South Long Distance Attn: Bankruptcy 220 N 5th St Bismarck ND 58501 | | | <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. |
| Telephone number: (866)817-6779 email: BMG.Bankruptcy@centurylink.com | | | |
| 1. Amount of Claim as of Date Case Filed: \$ <u>1,479.43</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>Telecommunications Services</u> (See instruction #2) | | | |
| 3. Last four digits of any number by which creditor identifies debtor: <u>See attached</u> | 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) | | | |



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: Invoices are too voluminous to attach but may be provided upon request.

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. (See Bankruptcy Rule 3004.)
- I am a guarantor, surety, indorser, or other codebtor. (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: Michelle Oppegard

Title: Credit Consultant


Company: CenturyLink

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

Attn: Bankruptcy

220 N 5th St

Bismarck ND 58501

 _____

(Signature) 05/18/2012
(Date)

Telephone number: (866) 817-6779 email: michelle.oppegard@centurylink.com



CenturyLink™

220 N 5th Street
Bismarck, ND 58501

\$0.65⁰

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BMC Group, Inc.
Attn: The Cliffs Club & Hospitality Group, Inc.
Claims Processing
PO Box 3020
Chanhassen MN 55317-3020

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BMC GROUP

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