

UNITED STATES BANKRUPTCY COURT District of South Carolina		PROOF OF CLAIM
Name of Debtor: The Cliffs at Keowee Vineyards Golf & Country Club, LLC		Case Number: 12-01226
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): Agricredit Acceptance LLC		COURT USE ONLY
Name and address where notices should be sent: Agricredit Acceptance LLC P.O. Box 2000 Johnston, IA 50131 Telephone number: (515) 251-2859 email: d.c.murphy@delaqelanden.com		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		RECEIVED MAY 23 2012 BMC GROUP
1. Amount of Claim as of Date Case Filed: \$ <u>9,090.92</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>Lease Agreement</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 8 1 0 2	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: \$ <u>861.12</u>
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: Club Car Cafe Express Gas Beverage Cart		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).
<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)(____).
		Amount entitled to priority: \$ _____
*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:

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, I am a guarantor, surety, indorser, or other codebtor.
(Attach copy of power of attorney, if any.) or their authorized agent. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

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: Daniel Murphy
Title: Sr. Workout and Litigation Manager
Company: Agricredit Acceptance LLC
Address and telephone number (if different from notice address above):

(Signature)

05/22/2012

(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.

In re The Cliffs at Keowee Vineyards Golf & Country Club, LLC
Debtor

Case No. 12-01226
(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE. OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT
1847 AGRICREDIT ACCEPTANCE, LLC PO BOX 3000 JOHNSTON, IA 50131	AGREEMENT BEVERAGE CART LEASE
3691 ALEXANDER, JAY PATEWOOD PLAZA 1 30 PATEWOOD DRIVE SUITE 200 GREENVILLE, SC 29615	AGREEMENT MEMBERSHIP CONTRACT
1846 ALLORA DESIGN AGREEMENT 201 RIVERPLACE, STE 501 GREENVILLE, SC 29601	AGREEMENT
3351 ALTIZER, GUY 106 DECATUR STREET SIMPSONVILLE, SC 29681	AGREEMENT MEMBERSHIP CONTRACT
5411 ANGELA HANKS (PAUL HANKS) PO BOX 346 TATE, GA 30177	AGREEMENT MEMBERSHIP CONTRACT
5374 ARMSTRONG, JEFFREY 4563 TALL PINES DRIVE ATLANTA, GA 30327	AGREEMENT MEMBERSHIP CONTRACT
3494 ARNOLD, RICHARD PO BOX 165 SOLEBURY, PA 18933	AGREEMENT MEMBERSHIP CONTRACT
3366 ASKEW, MARK 16 STONEBROOK FARM WAY GREENVILLE, SC 29615	AGREEMENT MEMBERSHIP CONTRACT
3434 AUDIE, JAMES 6069 MASTERS BLVD ORLANDO, FL 32819	AGREEMENT MEMBERSHIP CONTRACT
3345 AUST, STEPHEN 854 WHISPERING MARSH DRIVE CHARLESTON, SC 29412	AGREEMENT MEMBERSHIP CONTRACT
3438 BALL, DAN 109 GATEWOOD AVENUE SIMPSONVILLE, SC 29681	AGREEMENT MEMBERSHIP CONTRACT
3259 BALLINGER, JACK 603 NORTH WATER STREET SPARTA, WI 54656	AGREEMENT MEMBERSHIP CONTRACT
5379 BARBAS, PAUL AND JAN 201 PAW PAW WAY SUNSET, SC 29685	AGREEMENT MEMBERSHIP CONTRACT
3377 BARBAS, PAUL 10075 PUTTERVIEW WAY DAYTON, OH 45458	AGREEMENT MEMBERSHIP CONTRACT



101.348102
LEASE SCHEDULE

Schedule No. 101.347887

This Lease Schedule (the "Lease") is dated as of November 25, 2009 and is by between The Cliffs Communities, Inc. ("Borrower") and Agricredit Acceptance LLC ("Lender") and incorporates the terms and conditions of the execution original of the Master Loan / Lease Agreement Number: 452550 between Borrower and Lender (the "Agreement"). Capitalized terms used and not otherwise defined herein shall have the same meaning herein as in the Agreement.

Lender hereby leases to Borrower and Borrower hereby leases from Lender the equipment described in Exhibit A, attached hereto and incorporated herein by reference (the "Equipment") for the Term and on terms and conditions set forth below and in the Agreement. This being an agreement of lease and not of sale, no title or ownership interest shall vest in the Borrower hereby. A description of the trade-in equipment, if any, is provided on Exhibit B, attached hereto and incorporated herein by reference.

EQUIPMENT LOCATION				
Address: 856 Club House Drive	City: Sunset	State: SC	Zip Code: 29685	County: Pickens
Located inside of City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Supplier	Name:	Club Car Inc
	Address:	PO Box 204658, Augusta, GA 30917
	Phone:	706-228-2636

TERM AND LEASE PAYMENT SCHEDULE

The Borrower agrees to the following terms:

TERM		
The Initial Term ("Term"):	48 months	Commencing on: 12/01/2009
		Terminating on: 12/01/2013

PAYMENT

The lease payment shall be as follows (the "Lease Payment"):

The first scheduled payment will be due on 12/01/2009 and each payment thereafter will be:

on the 1st day of the month or as indicated below.

Number of Lease Payments: 54	Lease Payment Amount: \$289.89	Payment Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly; or On the following day(s)
Use tax per Payment (estimated): \$17.39	Total Lease Payment with Sales/ Use Taxes (estimated): \$307.28	

TAXES

Sales/use tax has been estimated above to provide an approximation of the taxes and total Lease Payment. The actual sales and use tax may vary and may be, depending on state law, collected at the time this Lease Schedule is entered into or added to each payment on the terms of the Master Loan / Lease Agreement. Property tax will be billed annually and is due on invoice. If the use tax payment box above is empty or indicates \$0, we anticipate receiving a valid exemption certificate. If such certificate is not received, Sales or use tax may be billed to you and/or added to the Lease payment.

Borrower agrees that a copy of this Lease bearing a signature of Borrower which was transmitted by facsimile or printed from an electronic file shall be admissible in any legal proceeding as evidence of its contents and its execution by the parties in the same manner as an original document. Borrower further agrees to not object to the admissibility of a copy of this Lease bearing a signature of Borrower into evidence under the business records exception to the hearsay rule or based on the best evidence rule or otherwise and expressly waives any right to do so. Notwithstanding the fact that this Lease may be executed in more than one counterpart, the sole execution original of this Lease for purposes of taking possession of this Lease, including without limitation taking possession under UCC 9-330, shall be either: (a) the original of this Lease which bears an original signature of each party to this Lease and which bears the original signature of Lender accepting this Lease or (b) the facsimile, electronic or other counterpart copy of this Lease signed by the parties and bearing the original signature of Lender accepting this Lease. This Lease is not binding upon Lender until signed and accepted by Lender. This Lease is accepted on behalf of Lender only at Lender's office in Johnston, Iowa.

BORROWER SIGNATURE	The Cliffs Communities, Inc.		LENDER SIGNATURE	Agricredit Acceptance LLC, At: 8001 Birchwood Court, Johnston, IA 50131	
	Authorized Signature Steve Saman, Director of Procurement	Date 12/1/09		Authorized Signature	Date 2/26/10
Print Name & Title DIRECTOR OF PROCUREMENT			Print Name & Title		Date

Exhibit A Equipment Description

	New/ Used	Make and Model of Equipment	Serial Number	Minimum Equipment Insurance Amount Required	Hours at delivery	Hours during Lease Term	Rate per Excess Hour
	New	One (1) Club Car Cafe Express Gas Beverage Cart		\$13,642.00	n/a	n/a	n/a

Note: Although the above Property may be described as "New", that description does not mean it was necessarily manufactured in the current year.

I have reviewed and acknowledge and agree that the Equipment Description above is accurate and complete.

BORROWER SIGNATURE	The Cliffs Communities, Inc.	
	Borrower	<i>[Signature]</i>
	Authorized Signature	STEVE SENAN
	Print Name & Title	Steve Senan, Director of Procurement
	Date	12/1/09

Delivery and Acceptance Certificate

	New/Used	Make and Model of Equipment	Serial Number	Minimum Equipment Insurance Amount Required	Hours at delivery	Hours during Lease Term	Rate per Excess Hour
	New	One (1) Club Car Cafe Express Gas Beverage Cart		\$13,642.00	n/a	n/a	n/a

The undersigned ("Borrower") hereby certifies that Borrower has leased all items described in (the "Equipment") pursuant to the Master Lease Agreement between Agricultural Acceptance ("Lender") and the Borrower identified below and Master Lease Schedule No. _____ (the "Lease") and further certifies that:

- (i) the Equipment has been delivered to and has been received by Borrower;
- (ii) all installation or other work necessary prior to the use thereof has been completed;
- (iii) all Equipment has been examined by Borrower, is in good operating order and condition, and is in all respects satisfactory to Borrower;
- (iv) the Equipment is accepted by Borrower for all purposes under the Master Lease Agreement and the Lease.

BORROWER SIGNATURE	The Cliffs Communities, Inc.
	<i>[Handwritten Signature]</i>
	STEVE SEMAN
	Authorized Signature
	DIR. OF PROWAGEMENT
	Date 2/4/10

Delivery and Acceptance Certificate

	New/Used	Make and Model of Equipment	Serial Number	Minimum Equipment Insurance Amount Required	Hours at delivery	Hours during Lease Term	Rate per Excess Hour
	New	One (1) Club Car Cafe Express Gas Beverage Cart		\$13,642.00	n/a	n/a	n/a

The undersigned ("Borrower") hereby certifies that Borrower has leased all items described in (the "Equipment") pursuant to the Master Lease Agreement between Agricredit Acceptance ("Lender") and the Borrower identified below and Master Lease Schedule No. _____ (the "Lease") and further certifies that:

- (i) the Equipment has been delivered to and has been received by Borrower;
- (ii) all installation or other work necessary prior to the use thereof has been completed;
- (iii) all Equipment has been examined by Borrower, is in good operating order and condition, and is in all respects satisfactory to Borrower;
- (iv) the Equipment is accepted by Borrower for all purposes under the Master Lease Agreement and the Lease.

BORROWER SIGNATURE	The Cliffs Communities, Inc.
	Borrower <i>[Signature]</i>
	Authorized Signature STEVE SEMAN
	Print Name & Title DIR. OF PROCUREMENT
	Date <i>[Signature]</i>

101-348102de

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & ADDRESS OF CONTACT AT FILER (optional)
David Boyd, 515-251-2813

B. SEND ACKNOWLEDGMENT TO: (Name and Address)
**Agricredit Acceptance LLC
 P.O. Box 4000
 Johnston, IA 50131-9854**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATIONS NAME
THE CLIFFS COMMUNITIES, INC.

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
3598 HIGHWAY 11 TRAVELERS REST SC 29690 USA

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any
CORPORATION SC NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATIONS NAME
CLIFFS COMMUNITIES, INC. THE

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
3598 HITHWAY 11 TRAVELERS REST SC 29690 USA

2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any
CORP SC NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATIONS NAME
AGRICREDIT ACCEPTANCE LLC

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
P.O. BOX 2000 JOHNSTON IA 50131-0020 USA

4. This FINANCING STATEMENT covers the following collateral: (Make, Model, Desc, Serial #)
"LEASE TRANSACTION - This filing is for information purposes only"
CLUB CAR, CAFEEXP, GAS BEVERAGE UNIT, AF1023103896

100222-1012596 UCC-1 FINANCING STATEMENT
 Lapse Date: 02/22/2015 10:12:59 Filing Fee: 8 ORIG

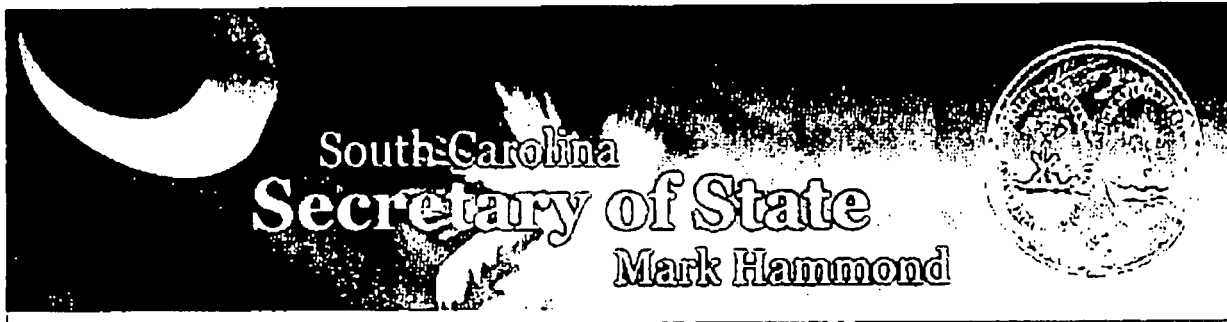


5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOB SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable)

7. Check to REQUEST SEARCH REPORT(s) on Debtor(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA **SMI SC 101** **8-**



UCCCCCCC

UCC ID: 100222-1012595

*Note: This online database was last updated on 6/2/2010 6:01:38 PM.
See our Disclaimer.*

Filing Date: 2/22/2010

Expiration Date: 2/22/2015

Type	Name	Address	Status
DEBTOR	CLIFFS COMMUNITIES INC THE	3598 HIGHWAY 11 TRAVELERS REST SC 29690	Active
SECURED	AGRICREDIT ACCEPTANCE LLC	PO BOX 2000 JOHNSTON IA 50131 0020	Active

Disclaimer: The South Carolina Secretary of State's Uniform Commercial Code database is provided as a convenience to our customers to research information on secured transactions filed with our office. Updates are uploaded every 48 hours. Users are advised that the Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the individual filing the record to inform the Secretary of State of any updated information. While every effort is made to insure the reliability of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from this database does so at his own risk.



Agricredit Acceptance LLC
P.O. Box 2000
Johnston, IA 50131-0020
(800) 873 2474 FAX: 515-334-5833

May 22, 2012

BMC Group, Inc.
Attn: The Cliffs Club & Hospitality Group, Inc. Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

Re: Name: The Cliffs at Keowee Falls Golf & Country Club, LLC.
Case No. 12-012360- southern District of Carolina
Account No.: 3436; 3652; 8102 and 6530

To Whom It May Concern:

Enclosed please find our Lease Agreements and our UCC 1 filings for the 4 above accounts for filing of our Proof of Claims.

Please return a copy of the stamped and filed "Proof of Claims" in the attached stamped envelope.

If you need additional information, please advise.

Thanking you in advance.

Regards,

A handwritten signature in cursive script that reads "Donna Ibsen".

Donna Ibsen
Litigation and Bankruptcy Specialist

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Following services:

Visit **ups.com**® or call **1-800-PICK-UPS® (1-800-742-5877)** to schedule a pickup or find a drop off location near you.

Domestic Shipments

- To qualify for the Letter rate, UPS Express Envelopes may only contain correspondence, urgent documents, and/or electronic media, and must weigh 8 oz. or less. UPS Express Envelopes containing items other than those listed or weighing more than 8 oz. will be billed by weight.

International Shipments

- The UPS Express Envelope may be used only for documents of no commercial value. Certain countries consider electronic media as documents. Visit ups.com/importexport to verify if your shipment is classified as a document.
- To qualify for the Letter rate, the UPS Express Envelope must weigh 8 oz. or less. UPS Express Envelopes weighing more than 8 oz. will be billed by weight.

Note: Express Envelopes are not recommended for shipments of electronic media containing sensitive personal information or breakable items. Do not send cash or cash equivalent.

ANDREA ROUBIN
 15321 BOTTOR CENTER
 BLDG 1 BIRCHWOOD COURT
 JOHNSTON IA 50131

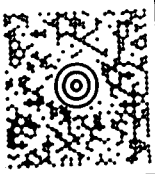
LTR 1 OF 1

Apply shipping documents on this side.

to not use this envelope for:

- PS Ground
- PS Standard
- PS 3 Day Select®
- PS Worldwide Expedited®

SHIP TO:
 BMC GROUP INC
 THE CLIFFS CLUB & HOSPITALITY GROUP
 CLAIMS PROCESSING
 18675 LAKE DRIVE EAST
 CHANHASSEN MN 55317



MN 559 9-03



UPS NEXT DAY AIR

1

TRACKING #: 1Z 5E2 408 01 7482 6762



BILLING: P/P

RECEIVED

REF 1: 0773

MAY 23 2012

BMC GROUP



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