

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:  
Schedule/Claim ID: s15720  
AMOUNT/CLASSIFICATION:  
\$5,389.62 UNSECURED

Name of Debtor:  
Cliffs Club & Hospitality Service Company, LLC

Case Number:  
12-01237

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).

Name of Creditor (the person or other entity to whom the debtor owes money or property) :  
*Claims Recovery Group LLC (An Assignee of Green River Enterprises)*

Name and address where notices should be sent:  
 29347866901287  
CLAIMS RECOVERY GROUP LLC  
(TRANSFEROR: Green River Enterprises)  
92 UNION AVE  
CRESSKILL, NJ 07626

RECEIVED  
MAY 29 2012  
BMC GROUP

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed except as provided in the accompanying bar date notice.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number *908-266-6188* email:

THIS SPACE IS FOR COURT USE ONLY

Name and address where payment should be sent (if different from above):

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.

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known):

Filed on:

Payment Telephone Number ( ) email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ *5,389.62 (partially entitled to administrative priority)*

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.

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: *Services and goods (part delivered w/in the 20 days prior to the filing)*

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 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:

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_

Annual Interest Rate: \_\_\_\_\_ %  Fixed or  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): \$ *113.06*

You MUST specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- 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).
- 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).

- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( \_\_\_\_\_ ).
- Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).

\* 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.

Cliffs POC  
 00985

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 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

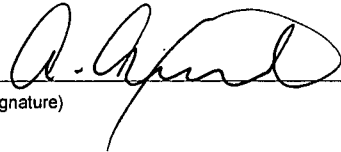
**8. SIGNATURE:** (See instruction #8)

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.  
 (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: Allison Axenced  
 Title: \_\_\_\_\_  
 Company: Claims Recovery Group LLC  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

      5/22/12  
 (Signature)      (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.

**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](http://www.bmcgroup.com/cliffs)

# Invoice

Date	Invoice #
8/18/2011	1557

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Keowee Springs

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 40713	Due on receipt		5/25/2011			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	100# Granular Chlorine			225.00	225.00T
4	Chemicals	Muriatic Acid			7.99	31.96T
59	Chemicals	Cyanuric Acid			2.00	118.00T
1	Chemicals	50# Sodium Bicarbonate			25.00	25.00T
1	Chemicals	50# Calcium Chloride			25.00	25.00T
1	Parts	WGX1048 \ stainless screws			40.00	40.00T
					<b>Sales Tax (6.75%)</b>	\$31.38

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

<b>Total</b>	\$496.34
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# Invoice

Date	Invoice #
8/22/2011	1566

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Valley

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 40367	Due on receipt		7/4/2011			
Quantity	Item Code	Description			Price Each	Amount
23	Service	CPO check 3 times a week			35.00	805.00
1	Parts	Test Kit			7.99	7.99
					<b>Sales Tax (0.0%)</b>	\$0.00
					<b>Total</b>	\$812.99

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
8/19/2011	1561

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Ticket#'s 393972, & 393982 Valley

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 10213V	Due on receipt		7/20/2011			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	R0001 Ticket# 393972 07/15/11			11.00	11.00
1	Chemicals	R0002			11.00	11.00
1	Chemicals	R0004			11.00	11.00
2	Chemicals	R0004 Ticket# 393982 07/20/11			11.00	22.00
1	Chemicals	R0001			11.00	11.00
1	Chemicals	R0002			11.00	11.00

	<b>Sales Tax (0.0%)</b>	\$0.00
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A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

<b>Total</b>	<b>\$77.00</b>
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# Invoice

Date	Invoice #
8/19/2011	1560

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Valley Ticket#'s 419183 & 419193

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 10741V	Due on receipt		8/19/2011			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	R0001			11.00	11.00T
1	Chemicals	R0002			11.00	11.00T
10	Chemicals	Muriatic Acid			7.99	79.90T
1	Chemicals	25# Bucket Granular Chlorine			80.00	80.00T
1	Chemicals	35# Bucket pH Decreaser			45.00	45.00T
1	Chemicals	50# Bucket Chlorine Sticks			150.00	150.00T
2	Chemicals	50# Bucket A300 Auto Feed Tablets			150.00	300.00T
3	Chemicals	Sodium Bicarbonate			25.00	75.00T
					<b>Sales Tax (6.75%)</b>	\$50.75

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

<b>Total</b>	\$802.65
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# Invoice

Date	Invoice #
8/19/2011	1562

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Glassy Wellness

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 41125	Due on receipt		8/19/2011			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	Mustard Algae Treatment			34.00	34.00T
					<b>Sales Tax (6.75%)</b>	\$2.30
					<b>Total</b>	\$36.30

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.



# Invoice

Date	Invoice #
9/2/2011	1606

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Glassy

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 11188G	Due on receipt		8/26/2011			
Quantity	Item Code	Description			Price Each	Amount
2	Chemicals	Sodium Bicarbonate			25.00	50.00T
4	Chemicals	Muriatic Acid			7.99	31.96T
1	Chemicals	50# Bucket of Chlorine Sticks			150.00	150.00T
					<b>Sales Tax (6.75%)</b>	\$15.66
					<b>Total</b>	\$247.62

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
9/6/2011	1611

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Ticket# 648907 Walnut Cove

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 11296W	Due on receipt		8/26/2011			
Quantity	Item Code	Description			Price Each	Amount
4	Chemicals	90 Day Algaecide			20.95	83.80T
1	Chemicals	50# Bucket Chlorine Sticks			150.00	150.00T
1	Chemicals	50# Sodium Bicarbonate			25.00	25.00T
					<b>Sales Tax (0.0%)</b>	\$0.00
A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.					<b>Total</b>	\$258.80

# Invoice

Date	Invoice #
11/2/2011	1765

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Valley Ticket# 648913

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		8/31/2011			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	R004			11.00	11.00T
1	Chemicals	R001			11.00	11.00T
1	Chemicals	R002			11.00	11.00T
1	Chemicals	pH Reducer			38.00	38.00T
					<b>Sales Tax (0.0%)</b>	\$0.00
					<b>Total</b>	\$71.00

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
9/13/2011	1625

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Walnut Cove Ticket# 648915

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 1466W	Due on receipt		9/2/2011			
Quantity	Item Code	Description			Price Each	Amount
6	Chemicals	Muriatic Acid			7.99	47.94T
1	Chemicals	50# Bucket A300 Auto Feed Tablets			150.00	150.00T
					<b>Sales Tax (6.75%)</b>	\$13.36

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

<b>Total</b>	\$211.30
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# Invoice

Date	Invoice #
11/2/2011	1764

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Walnut Cove

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		9/15/2011			
Quantity	Item Code	Description			Price Each	Amount
2	Chemicals	50# Sodium Bicarbonate			25.00	50.00T
					<b>Sales Tax (6.75%)</b>	\$3.38

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

<b>Total</b>	\$53.38
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# Invoice

Date	Invoice #
9/21/2011	1644

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Ticket# 648934

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 10742V	Due on receipt		9/20/2011			
Quantity	Item Code	Description			Price Each	Amount
4	Chemicals	Muriatic Acid			7.99	31.96T
					<b>Sales Tax (6.75%)</b>	\$2.16
					<b>Total</b>	\$34.12

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
10/4/2011	1694

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Valley Wellness

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 11945V	Due on receipt		10/3/2011			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	Bucket of pH Reducer 30#			45.00	45.00T
1	Chemicals	50# Bag Soda Ash			30.00	30.00T
6	Chemicals	Muriatic Acid			7.99	47.94T
1	Chemicals	50# Sodium Bicarbonate			25.00	25.00T
1	Chemicals	100# Granular Chlorine			225.00	225.00T
1	Chemicals	R-0001			11.00	11.00T
1	Chemicals	R-0002			11.00	11.00T
1	Chemicals	R-0004			11.00	11.00T
					<b>Sales Tax (6.75%)</b>	\$27.40
					<b>Total</b>	\$433.34

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
10/10/2011	1711

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Ticket# 648806 Valley

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
12069V	Due on receipt		10/5/2011			
Quantity	Item Code	Description			Price Each	Amount
1	Parts	Seal A200			15.00	15.00T
					<b>Sales Tax (6.75%)</b>	\$1.01
					<b>Total</b>	\$16.01

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.



# Invoice

Date	Invoice #
10/10/2011	1712

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Ticket# 648805 Walnut Cove

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 12087W	Due on receipt		10/5/2011			
Quantity	Item Code	Description			Price Each	Amount
8	Chemicals	Muriatic Acid			7.99	63.92T
					<b>Sales Tax (6.75%)</b>	\$4.31
					<b>Total</b>	\$68.23

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
10/17/2011	1727

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Walnut Cove

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 12088W	Due on receipt		10/11/2011			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	50# Bucket of Bromine Tablets			265.00	265.00T
					<b>Sales Tax (6.75%)</b>	\$17.89

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

<b>Total</b>	\$282.89
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# Invoice

Date	Invoice #
10/18/2011	1799

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 12088W	Due on receipt		10/14/2011			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	50# Bromine Tablets			265.00	265.00T
					<b>Sales Tax (6.75%)</b>	\$17.89
A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.					<b>Total</b>	\$282.89

# Invoice

Date	Invoice #
10/20/2011	1734

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 12269W	Due on receipt		10/18/2011			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	Reagent R001			11.00	11.00T
1	Chemicals	Reagent R002			11.00	11.00T
1	Chemicals	Reagent R004			11.00	11.00T
					<b>Sales Tax (0.0%)</b>	\$0.00
					<b>Total</b>	\$33.00

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
10/20/2011	1735

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Walnut Cove

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 12292W	Due on receipt		10/18/2011			
Quantity	Item Code	Description			Price Each	Amount
8	Chemicals	Muriatic Acid			7.99	63.92T
2	Chemicals	Sodium Bicarbonate			25.00	50.00T
					<b>Sales Tax (0.0%)</b>	\$0.00
					<b>Total</b>	\$113.92

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
11/2/2011	1762

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Valley

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 12237V	Due on receipt		11/2/2011			
Quantity	Item Code	Description			Price Each	Amount
4	Chemicals	Muriatic Acid			7.99	31.96T
1	Chemicals	Sodium Bicarbonate			25.00	25.00T
					<b>Sales Tax (6.75%)</b>	\$3.84

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

<b>Total</b>	\$60.80
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# Invoice

Date	Invoice #
12/2/2011	1827

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Valley Ticket# 648838

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 30499	Due on receipt		11/17/2011			
Quantity	Item Code	Description			Price Each	Amount
1	Parts	304 bearing			60.00	60.00T
3	Parts	302 bearings			60.00	180.00T

					<b>Sales Tax (6.75%)</b>	\$16.20
					<b>Total</b>	\$256.20

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
12/2/2011	1831

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Walnut Cove

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 38989	Due on receipt		11/18/2011			
Quantity	Item Code	Description			Price Each	Amount
0.5	Labor	Diagnose problem with spa heater clogged pump basket and clogged impeller ordered new pump baskets			65.00	32.50
					<b>Sales Tax (6.75%)</b>	\$0.00
					<b>Total</b>	\$32.50

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.



# Invoice

Date	Invoice #
12/2/2011	1830

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Walnut Cove Ticket# 648839

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 38985	Due on receipt		11/21/2011			
Quantity	Item Code	Description			Price Each	Amount
2	Parts	Pump Baskets			18.00	36.00T
					<b>Sales Tax (6.75%)</b>	\$2.43
A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.					<b>Total</b>	\$38.43

# Invoice

Date	Invoice #
12/2/2011	1828

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Valley Ticket# 648847

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 12904V	Due on receipt		11/22/2011			
Quantity	Item Code	Description			Price Each	Amount
2	Parts	Go Kit 5			36.00	72.00T
					<b>Sales Tax (6.75%)</b>	\$4.86
A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.					<b>Total</b>	\$76.86

# Invoice

Date	Invoice #
12/2/2011	1829

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Valley Ticket# 648846

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 12761V	Due on receipt		11/22/2011			
Quantity	Item Code	Description			Price Each	Amount
8	Chemicals	Muriatic Acid			7.99	63.92T
1	Chemicals	Sodium Bicarbonate			40.00	40.00T
1	Chemicals	pH Minus			45.00	45.00T
					<b>Sales Tax (6.75%)</b>	\$10.05
					<b>Total</b>	\$158.97

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
12/9/2011	1841

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Walnut Cove Ticket# 812851

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 12981W	Due on receipt		12/8/2011			
Quantity	Item Code	Description			Price Each	Amount
10	Chemicals	Muriatic Acid			7.99	79.90
1	Parts	Comparator Tub			15.00	15.00
					<b>Sales Tax (0.0%)</b>	\$0.00
					<b>Total</b>	\$94.90

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
1/20/2012	1872

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Walnut Cove

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 12981W	Due on receipt		12/15/2011			
Quantity	Item Code	Description			Price Each	Amount
10	Chemicals	Muriatic Acid			7.99	79.90T
					<b>Sales Tax (6.75%)</b>	\$5.39
					<b>Total</b>	\$85.29

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
1/20/2012	1873

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Walnut Cove

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 13263W	Due on receipt		1/5/2012			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	Sodium Bicarbonate			25.00	25.00T
8	Chemicals	Muriatic Acid			7.99	63.92T
1	Chemicals	R-0008			10.00	10.00T
					<b>Sales Tax (6.75%)</b>	\$6.68
					<b>Total</b>	\$105.60

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
1/20/2012	1871

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Walnut Cove

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 13225W	Due on receipt		1/5/2012			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	R0001 Water Testing Agent			11.00	11.00T
1	Chemicals	R0002 Water Testing Agent			11.00	11.00T
1	Chemicals	R0004 Water Testing Agent			11.00	11.00T
					<b>Sales Tax (6.75%)</b>	\$2.23
					<b>Total</b>	\$35.23

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

# Invoice

Date	Invoice #
2/22/2012	1900

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Ticket# 812871 Valley

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO13578V	Due on receipt		2/14/2012			
Quantity	Item Code	Description			Price Each	Amount
1	Chemicals	R0001			11.00	11.00T
1	Chemicals	R0002			11.00	11.00T
1	Chemicals	R0004			9.00	9.00T
					<b>Sales Tax (6.75%)</b>	\$2.09
					<b>Total</b>	\$33.09

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.



# Invoice

Date	Invoice #
2/22/2012	1901

<b>Bill To</b>
The Cliffs Communities Attn: Accounts Payable PO Box 1549 Travelers Rest, SC 29690

<b>Ship To</b>
Ticket# 212878 Valley

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PO 13693V	Due on receipt		2/14/2012			
Quantity	Item Code	Description			Price Each	Amount
8	Chemicals	Muriatic Acid			7.99	63.92T
1	Chemicals	Tile Cleaner			10.99	10.99T
					<b>Sales Tax (6.75%)</b>	\$5.06
					<b>Total</b>	\$79.97

A finance charge 1-1/2% (18% per year) will be added to balances due after 30 days.

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