

UNITED STATES BANKRUPTCY COURT District of South Carolina		PROOF OF CLAIM
Name of Debtor: Cliffs Club & Hospitality Service Company, LLC	Case Number: 12-01237	
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): Claims Recovery Group LLC (As Assignee of <i>E3S Soil and Peat Industries, Inc.</i>)		
Name and address where notices should be sent: Claims Recovery Group LLC 92 Union Avenue Cresskill, NJ 07626 Telephone number: (201) 266-6988 email:		COURT USE ONLY <input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: <u>8</u> <i>(if known)</i> Filed on: <u>03/08/12</u>
Name and address where payment should be sent (if different from above): <div style="text-align: center; font-size: 1.2em;">RECEIVED MAY 29 2012 BMC GROUP</div> 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.
1. Amount of Claim as of Date Case Filed: <u>\$ 2,607.60</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>goods delivered</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: <hr/> <i>(See instruction #3a)</i>	3b. Uniform Claim Identifier (optional): <hr/> <i>(See instruction #3b)</i>
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:

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.

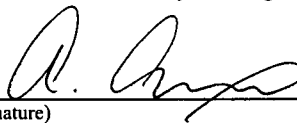
Print Name: Allison Axenard

Title: _____

Company: Claims Recovery Group LLC

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

Telephone number: _____ email: _____

 5/22/12
(Signature) (Date)

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.

E & S Soil & Peat Industries

5484 S. Old Carriage Road
 Rocky Mount, NC 27803
 USA

COMMERCIAL INVOICE

Invoice Number: 064074

Invoice Date: Jun 23, 2011

Page: 1

Voice: 800-942-0448

Fax: 252-443-0320

Bill To:
The Cliffs at Glassy PO Box 1549 Travelers Rest, SC 29690

Ship To/Consignee:
The Cliffs at Glassy 200 Fire Pink Way Landrum, SC 29356

Customer ID	Customer PO	Payment Terms	
CLI G1	61011 email	Net 10th of Next Month	
Sales Rep ID	Shipping Method	Ship Date	Payment Due Date
BERT	UPS Ground	6/13/11	7/10/11

Quantity	Item	Description	Unit Price	Amount
2.00	AA OARS 5G SC SER C	AQUA AID OARS 5 GAL A Service charge of 1.5% per month will be charged on all invoices not paid by due date.	410.00	820.00
Subtotal				820.00
Sales Tax				51.72
Freight				42.00
Total Invoice Amount				913.72
Payment/Credit Applied				
TOTAL				913.72

Check/Credit Memo No:

Overdue invoices are subject to late charges.

E & S Soil & Peat Industries
 5484 S. Old Carriage Road
 Rocky Mount, NC 27803
 USA

COMMERCIAL INVOICE

Invoice Number: 064175
 Invoice Date: Jul 22, 2011
 Page: 1

Voice: 800-942-0448
 Fax: 252-443-0320

Bill To:
 The Cliffs at Glassy
 PO Box 1549
 Travelers Rest, SC 29690

Ship To / Consignee:
 The Cliffs at Glassy
 200 Fire Pink Way
 Landrum, SC 29356

Customer ID	Customer PO	Payment Terms	
CLI G1		Net 10th of Next Month	
Sales Rep ID	Shipping Method	Ship Date	Payment Due Date
ROBR	BE	7/21/11	8/10/11

Quantity	Item	Description	Unit Price	Amount
2.00	AA 5 GAL	Aqua-Aid Liquid 2x2.5 gallon jugs	137.50	275.00
1.00	AA OARS 5G	AQUA AID OARS 5 GAL	410.00	410.00
1.00	AA TUR S	Turf Screen 2 x 2.5 gal case	438.50	438.50
1.00	AA PBS 150 55 G	Aqua Aid PBS 150 55 Gal @ \$38.50 per gal for a total of \$2117.50 at NO CHARGE.		
	SC SER C	A Service charge of 1.5% per month will be charged on all invoices not paid by due date.		
Subtotal				1,123.50
Sales Tax				67.41
Freight				
Total Invoice Amount				1,190.91
Payment/Credit Applied				
TOTAL				1,190.91

Check/Credit Memo No:

Overdue invoices are subject to late charges.

E & S Soll & Peat Industries

5484 S. Old Carriage Road
 Rocky Mount, NC 27803
 USA

COMMERCIAL INVOICE

Invoice Number: 064253
 Invoice Date: Aug 11, 2011
 Page: 1

Voice: 800-942-0448
 Fax: 252-443-0320

Bill To:
The Cliffs at Glassy PO Box 1549 Travelers Rest, SC 29690

Ship To/Consignee:
The Cliffs at Glassy 200 Fire Pink Way Landrum, SC 29356

Customer ID	Customer PO	Payment Terms	
CLI G1		Net 10th of Next Month	
Sales Rep ID	Shipping Method	Ship Date	Payment Due Date
ROBR	UPS Ground	8/10/11	9/10/11

Quantity	Item	Description	Unit Price	Amount
1.00	AA TUR S	Turf Screen 2 x 2.5 gal case	438.50	438.50
1.00	SC SER C	A Service charge of 1.5% per month will be charged on all invoices not paid by due date.		
Subtotal				438.50
Sales Tax				28.47
Freight				36.00
Total Invoice Amount				502.97
Payment/Credit Applied				
TOTAL				502.97

Check/Credit Memo No:

Overdue invoices are subject to late charges.

PLEASE PRESS FIRMLY

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PRIORITY MAIL

UNITED STATES POSTAL SERVICE

Flat Rate
Mailing Envelope

For Domestic and International Use

Visit us at usps.com

Any amount of mailable material may be enclosed, as long as the envelope is not modified, and the contents are entirely confined within the envelope with the adhesive provided as the means of closure.

INTERNATIONAL RESTRICTIONS APPLY:

4-POUND WEIGHT LIMIT ON INTERNATIONAL APPLIES

Customs forms are required. Consult the *International Mail Manual (IMM)* at pe.usps.gov or ask a retail associate for details.



USPS packaging products have been awarded Canada's Green Choice award for their eco-friendly design. For more information go to niboc.ca/usps. Canada's Green Choice is a certification mark of ASBC.

Please recycle.



P	\$4.90	06250007344972
	US POSTAGE PRIORITY MAIL COMMERCIAL BASE PRICING	FROM 07626
		stamps.com 05/24/2012
USPS PRIORITY MAIL®		
CRG LLC 92 UNION AVE CRESSKILL NJ 07626		
		0006 RECEIVED MAY 29 2012
SHIP TO:	BMC Group, Inc. Attn: Cliffs Claims Processing PO Box 3020 Chanhassen MN 55317-3020 	
ZIP - e/ USPS DELIVERY CONFIRM		
420 55317 9101 9690 0094 0991 3185 59		



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