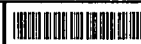


UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s15671
AMOUNT/CLASSIFICATION:
\$1,077.93 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) : Le Bleu Claims Recovery Group LLC (As Assignee of Bruno Enterprises dba Bottled Water)

Name and address where notices should be sent:

29347866901285
CLAIMS RECOVERY GROUP LLC
(TRANSFEROR: Bruno 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 (201) 266-6988 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 \$ 978.40 (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/ the 20 days prior to the filing)
(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 your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____

Nature of property or right of setoff:

Basis for Perfection: _____

Describe:

Real Estate Motor Vehicle Other _____

Amount of Secured Claim: \$ _____

Value of Property: \$ _____

Amount Unsecured: \$ _____

Annual Interest Rate: _____ % Fixed or Variable
(when case was filed)

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): \$ 112.25

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.



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

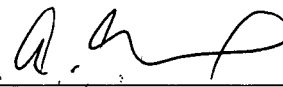
8. SIGNATURE: (See instruction #8)

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 Axenrod
 Title: _____
 Company: Claims Recovery Group LLC
 Address and telephone number (if different from notice address above): _____

 5/24/12
 (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 |

INVOICE**Le Bleu Bottled Water**

PO Box 8127

Asheville NC 28814

Date: 12/16/2011

Invoice# 008503

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # VB006

Bill To

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

/29690491/

Ship To

Cliffs- Valley Wellness Center

25 Painter Creek Road

Traveler's Rest, NC 29690

Acct# 012379

| Description | Quantity | Unit Price | Taxable | Amount |
|-----------------|----------|------------|----------|--------|
| Altamont | 20 @ | 7.00 | [Tx] | 140.00 |
| Fuel Surcharge | 1 @ | 0.95 | | 0.95 |
| (Bottle Deposit | Sold: 20 | Ret: 16 | Net: 4) | |
| Deposit Amount | | | | 28.00 |
| Tax | | | | 8.40 |
| Received by: | | | | |

Invoice Total : 177.35
Previous Balance: 407.07
Acct Balance : 584.42

✂

Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Please Return This Portion With Payment

✂

Payment Voucher

Account #

012379

Due Date

Upon Receipt

Invoice Total

177.35

Amount Paid

Le Bleu Bottled Water

PO Box 8127

Asheville NC 28814

/28814278/

INVOICE

Le Bleu Bottled Water

PO Box 8127
Asheville NC 28814

Date: 01/17/2012 Invoice# 010903

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # VB006

Bill To

Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690
/29690491/

Ship To

Cliffs- Valley Wellness Center
25 Painter Creek Road
Traveler's Rest, NC 2969

Acct# 012379

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------|----------|------------|---------|--------|
| Altamont | 18 @ | 7.00 | [Tx] | 126.00 |
| Fuel Surcharge | 1 @ | 0.95 | | 0.95 |
| Tax | | | | 7.56 |

Received by:



Invoice Total : 134.51
Previous Balance: 584.42
Acct Balance : 718.93

✂

Please Return This Portion With Payment

✂

Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Payment Voucher

Account #
012379

Due Date
Upon Receipt

Invoice Total
134.51

Amount Paid

Le Bleu Bottled Water

PO Box 8127
Asheville NC 28814

/28814278/

INVOICE

Le Bleu Bottled Water
 PO Box 8127
 Asheville NC 28814

Date: 02/14/2012 Invoice# 013302

Direct all inquiries regarding this invoice to
 our accounting department at 828-254-5105
 P. O. # VB006


Bill To
 Cliffs Communities
 Attn: Accounts Payable
 PO Box 1549
 Traveler's Rest NC 29690
 /29690491/

Ship To
 Cliffs- Valley Wellness Center
 25 Painter Creek Road
 Traveler's Rest, NC 2969

Acct# 012379

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------|----------|------------|---------|--------|
| Altamont | 15 @ | 7.00 | [Tx] | 105.00 |
| Fuel Surcharge | 1 @ | 0.95 | | 0.95 |
| Tax | | | | 6.30 |

Received by:



Invoice Total : 112.25
 Previous Balance: 398.21
 Acct Balance : 510.46



Please Return This Portion With Payment



Cliffs Communities
 Attn: Accounts Payable
 PO Box 1549
 Traveler's Rest NC 29690

Payment Voucher

Account #
 012379

Due Date
 Upon Receipt

Invoice Total
 112.25

Amount Paid

Le Bleu Bottled Water
 PO Box 8127
 Asheville NC 28814

INVOICE**Le Bleu Bottled Water**

PO Box 8127

Asheville NC 28814

Date: 10/31/2011

Invoice# 035228

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # FB011

Bill To

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

/29690491/

Ship To

Cliffs- Keowee Falls Clubhouse

770 South Cherry Laurel Way

Salem, SC 29676

Acct# 012370

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------------|----------|------------|---------|--------|
| Monthly Oct - A12370 | 1 | 8.00 | [Tx] | 8.00 |
| Tax | | | | 0.48 |

Invoice Total : 8.48

Previous Balance: 85.82

Acct Balance : 94.30



Please Return This Portion With Payment



Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Payment Voucher

Account #
012370

Due Date
Upon Receipt

Invoice Total
8.48

Amount Paid

Le Bleu Bottled Water

PO Box 8127

Asheville NC 28814

/28814278/

INVOICE**Le Bleu Bottled Water**

PO Box 8127

Asheville

NC 28814

Date: 11/30/2011

Invoice# 035576

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # FB011

Bill To

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

/29690491/

Ship To

Cliffs- Keowee Falls Clubhouse

770 South Cherry Laurel Way

Salem, SC 29676

Acct# 012370

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------------|----------|------------|---------|--------|
| Monthly Nov - A12370 | 1 @ | 8.00 | [Tx] | 8.00 |
| Tax | | | | 0.48 |

Invoice Total : 8.48

Previous Balance: 66.31

Acct Balance : 63.79



Please Return This Portion With Payment



Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Payment Voucher

Account #
012370

Due Date
Upon Receipt

Invoice Total
8.48

Amount Paid

Le Bleu Bottled Water

PO Box 8127

Asheville

NC 28814

/28814278/

INVOICE**Le Bleu Bottled Water**

PO Box 8127

Asheville NC 28814

Date: 12/31/2011

Invoice# 035921

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # FB011

Bill To

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

/29690491/**Ship To**

Cliffs- Keowee Falls Clubhouse

770 South Cherry Laurel Way

Salem, SC 29676

Acct# 012370

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------------|----------|------------|---------|--------|
| Monthly Dec - A12370 | 1 @ | 8.00 | [Tx] | 8.00 |
| Tax | | | | 0.48 |

Invoice Total : 8.48

Previous Balance: 63.79

Acct Balance : 72.27



Please Return This Portion With Payment



Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Payment Voucher

Account #

012370

Due Date

Upon Receipt

Invoice Total

8.48

Amount Paid

Le Bleu Bottled Water

PO Box 8127

Asheville NC 28814

/28814278/

INVOICE**Le Bleu Bottled Water**

PO Box 8127

Asheville NC 28814

Date: 01/31/2012

Invoice# 036306

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # FB011

Bill To

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

/29690491/**Ship To**

Cliffs- Keowee Falls Clubhouse

770 South Cherry Laurel Way

Salem, SC 29676

Acct# 012370

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------------|----------|------------|---------|--------|
| Monthly Jan - A12370 | 1 @ | 8.00 | [Tx] | 8.00 |
| Tax | | | | 0.48 |

Invoice Total : 8.48

Previous Balance: 72.27

Acct Balance : 80.75

✂

Please Return This Portion With Payment

✂

Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Payment Voucher**Account #**

012370

Due Date

Upon Receipt

Invoice Total**8.48****Amount Paid**

Le Bleu Bottled Water

PO Box 8127

Asheville NC 28814

/28814278/

INVOICE

Le Bleu Bottled Water
 PO Box 8127
 Asheville NC 28814

Date: 02/29/2012 Invoice# 036677

Direct all inquiries regarding this invoice to
 our accounting department at 828-254-5105
 P. O. # FB011

Bill To
 Cliffs Communities
 Attn: Accounts Payable
 PO Box 1549
 Traveler's Rest NC 29690
 /29690491/

Ship To
 Cliffs- Keowee Falls Clubhouse
 770 South Cherry Laurel Way
 Salem, SC 29676

Acct# 012370

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------------|----------|------------|---------|--------|
| Monthly Feb - A12370 | 1 | @ 8.00 | [TX] | 8.00 |
| Tax | | | | 0.48 |

Invoice Total : 8.48
 Previous Balance: 33.92
 Acct Balance : 42.40

↑
 final balance is
 \$ 33.92. \$ 8.48 was paid



Cliffs Communities
 Attn: Accounts Payable
 PO Box 1549
 Traveler's Rest NC 29690

Please Return This Portion With Payment

Payment Voucher

Account #
 012370

Due Date
 Upon Receipt

Invoice Total
 8.48

Amount Paid

Le Bleu Bottled Water
 PO Box 8127
 Asheville NC 28814

/28814278/

INVOICE**Le Bleu Bottled Water**

PO Box 8127

Asheville

NC 28814

Date: 03/03/2011

Invoice# 030708

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # AB049

Bill To

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

/29690491/**Ship To**

Cliffs - Corporate Office

3598 Highway 11

Greenville, NC 29690

Acct# 012367

| Description | Quantity | Unit Price | Taxable | Amount |
|-----------------------------------|--------------------------------|------------|---------|--------|
| Altamont | 10 @ | 7.00 | [Tx] | 70.00 |
| Fuel Surcharge | 1 @ | 0.95 | | 0.95 |
| (Bottle Deposit Deposit Amount | Sold: 10 Ret: 8 Net: 2) | | | 14.00 |
| Tax | | | | 4.20 |

Invoice Total : 89.15
Previous Balance: 83.52
Acct Balance : 172.67

✂

Please Return This Portion With Payment

✂

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

Payment Voucher

Account #

012367

Due Date

Upon Receipt

Invoice Total

89.15

Amount Paid

Le Bleu Bottled Water

PO Box 8127

Asheville

NC 28814

/28814278/

INVOICE**Le Bleu Bottled Water**

PO Box 8127

Asheville NC 28814

Date: 03/31/2011

Invoice# 032708

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # AB049

Bill To

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

/29690491/

Ship To

Cliffs - Corporate Office

3598 Highway 11

Greenville, NC 29690

Acct# 012367

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------|----------|------------|---------|--------|
| Altamont | 15 @ | 7.00 | [Tx] | 105.00 |
| Fuel Surcharge | 1 @ | 0.95 | | 0.95 |
| Tax | | | | 6.30 |

Received by:



Invoice Total : 112.25

Previous Balance : 172.67

Acct Balance : 284.92

✂

Please Return This Portion With Payment

✂

Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Payment Voucher

Account #
012367

Due Date
Upon Receipt

Invoice Total
112.25

Amount Paid

Le Bleu Bottled Water

PO Box 8127

Asheville NC 28814

/28814278/

INVOICE**Le Bleu Bottled Water**

PO Box 8127

Asheville NC 28814

Date: 04/30/2011

Invoice# 034709

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # AB049

Bill To

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

/29690491/

Ship To

Cliffs - Corporate Office

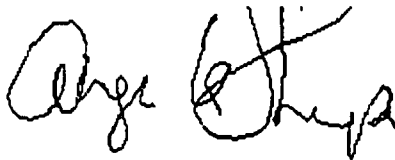
3598 Highway 11

Greenville, NC 29690

Acct# 012367

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------|----------|------------|---------|--------|
| Altamont | 9 @ | 7.00 | [Tx] | 63.00 |
| Fuel Surcharge | 1 @ | 1.25 | | 1.25 |
| Tax | | | | 3.78 |

Received by:



Invoice Total : 68.03

Previous Balance: 284.92

Acct Balance : 352.95



Please Return This Portion With Payment



Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Payment Voucher

Account #

012367

Due Date

Upon Receipt

Invoice Total

68.03

Amount Paid

Le Bleu Bottled Water

PO Box 8127

Asheville NC 28814

/28814278/

INVOICE**Le Bleu Bottled Water**

PO Box 8127

Asheville

NC 28814

Date: 05/28/2011

Invoice# 036810

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # AB049

Bill To

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

/29690491/

Ship To

Cliffs - Corporate Office

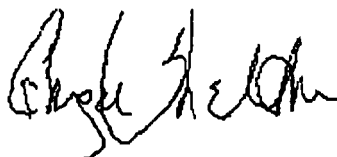
3598 Highway 11

Greenville, NC 29690

Acct# 012367

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------|----------|------------|---------|--------|
| Altamont | 9 @ | 7.00 | [Tx] | 63.00 |
| Fuel Surcharge | 1 @ | 1.25 | | 1.25 |
| Tax | | | | 3.78 |

Received by:



Invoice Total : 68.03

Previous Balance: 352.95

Acct Balance : 420.98

✂

Please Return This Portion With Payment

✂

Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Payment Voucher

Account #

012367

Due Date

Upon Receipt

Invoice Total

68.03

Amount Paid

Le Bleu Bottled Water

PO Box 8127

Asheville

NC 28814

/28814278/

INVOICE

Le Bleu Bottled Water

PO Box 8127
Asheville NC 28814

Date: 06/27/2011

Invoice# 038811

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # AB049

Bill To

Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690
/29690491/

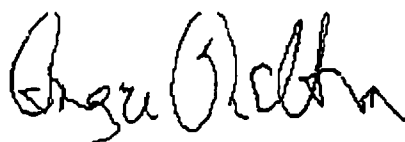
Ship To

Cliffs - Corporate Office
3598 Highway 11
Greenville, NC 29690

Acct# 012367

| Description | Quantity | Unit Price | Taxable | Amount |
|--|----------|------------|---------|--------|
| Altamont | 6 @ | 7.00 | [Tx] | 42.00 |
| Fuel Surcharge | 1 @ | 1.25 | | 1.25 |
| (Bottle Deposit Sold: 6 Ret: 7 Net: -1) Deposit Amount | | | | -7.00 |
| Tax | | | | 2.52 |

Received by:



Invoice Total : 38.77
Previous Balance: 337.46
Acct Balance : 376.23



Please Return This Portion With Payment



Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Payment Voucher

Account #

012367

Due Date

Upon Receipt

Invoice Total

38.77

Amount Paid

Le Bleu Bottled Water

PO Box 8127
Asheville NC 28814

/28814278/

INVOICE

Le Bleu Bottled Water
PO Box 8127
Asheville NC 28814

Date: 07/28/2011 Invoice# 040811

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105
P. O. # AB049

Bill To
Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690
/29690491/

Ship To
Cliffs - Corporate Office
3598 Highway 11
Greenville, NC 29690

Acct# 012367

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------|----------|------------|---------|--------|
| Altamont | 5 @ | 7.00 | [Tx] | 35.00 |
| Fuel Surcharge | 1 @ | 1.25 | | 1.25 |
| Tax | | | | 2.10 |

Received by:



| | |
|-------------------|--------|
| Invoice Total : | 38.35 |
| Previous Balance: | 376.23 |
| Acct Balance : | 414.58 |



Please Return This Portion With Payment



Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Payment Voucher

Account #
012367

Due Date
Upon Receipt

Invoice Total
38.35

Amount Paid

Le Bleu Bottled Water
PO Box 8127
Asheville NC 28814

/28814278/

INVOICE**Le Bleu Bottled Water**

PO Box 8127

Asheville

NC 28814

Date: 08/24/2011

Invoice# 000211

Direct all inquiries regarding this invoice to
our accounting department at 828-254-6105

P. O. # AB049

Bill To

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

/29690491/**Ship To**

Cliffs - Corporate Office

3598 Highway 11

Greenville, NC 29690

Acct# 012367

| Description | Quantity | Unit Price | Taxable | Amount |
|-----------------------------------|--------------------------------|------------|---------|--------|
| Altamont | 4 @ | 7.00 | [TX] | 28.00 |
| Fuel Surcharge | 1 @ | 1.25 | | 1.25 |
| (Bottle Deposit Deposit Amount | Sold: 4 Ret: 9 Net: -5) | | | -35.00 |
| Tax | | | | 1.68 |

Received by:

April Brudwell

Invoice Total : -4.07

Previous Balance: 414.58

Acct Balance : 410.51

✂

Please Return This Portion With Payment

✂

Cliffs Communities
Attn: Accounts Payable
PO Box 1549
Traveler's Rest NC 29690

Payment Voucher

Account #

012367

Due Date

Upon Receipt

Invoice Total

-4.07

Amount Paid

Le Bleu Bottled Water

PO Box 8127

Asheville

NC 28814

/28814278/

INVOICE**Le Bleu Bottled Water**

PO Box 8127

Asheville

NC 28814

Date: 09/21/2011

Invoice# 002309

Direct all inquiries regarding this invoice to
our accounting department at 828-254-5105

P. O. # AB049

Bill To

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

/29690491/

Ship To

Cliffs - Corporate Office

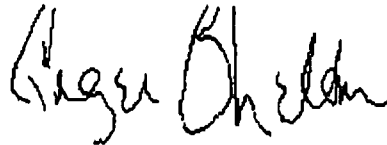
3598 Highway 11

Greenville, NC 29690

Acct# 012367

| Description | Quantity | Unit Price | Taxable | Amount |
|----------------|----------|------------|---------|--------|
| Altamont | 3 @ | 7.00 | [Tx] | 21.00 |
| Fuel Surcharge | 1 @ | 1.25 | | 1.25 |
| Tax | | | | 1.26 |

Received by:



Invoice Total : 23.51

Previous Balance: 410.51

Acct Balance : 434.02

Please Return This Portion With Payment

Cliffs Communities

Attn: Accounts Payable

PO Box 1549

Traveler's Rest NC 29690

Payment Voucher

Account #

012367

Due Date

Upon Receipt

Invoice Total

23.51

Amount Paid

Le Bleu Bottled Water

PO Box 8127

Asheville

NC 28814

/28814278/

PLEASE PRESS FIRMLY

PLEASE PRESS FIRMLY



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| | | 0006 RECEIVED MAY 29 2012 |
| SHIP TO: | BMC Group, Inc. Attn: Cliffs Claims Processing PO Box 3020 Chanhassen MN 55317-3020 | |
| | | |
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| | | |
| 420 55317 9101 9690 0094 0991 3185 59 | | |



EP14F