1	Case Nu		Your Claim is Scheduled As Follows: Schedule/Claim ID: s15538 AMOUNT/CLASSIFICATION: \$21,957.44 UNSECURED
Cliffs Club & Hospitality Service Company, LLC NOTE: See reverse and attached for List of Debtors/Case Numbers/important deta		than claims under 11 U.S.C. §	\$21,997.44 UNSECURED
503(b)(9), this form should not be used to make a claim for Administrative Expense case. A "request" for payment of an administrative expense may be filed pursuant	es ansing a to 11 U.S.	fter the commencement of the C. § 503(a).	•
Name and address where notices should be sent: 29347866901281	Cinta	Corperation LOC 21 RECEIVED	this proof of claim EXCEPT as stated below.
CLAIMS RECOVERY GROUP LLC (TRANSFEROR: Cintas Corporation LOC 216) 92 UNION AVE CRESSKILL, NJ 07626	• •	AY 29 2012	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.
Craditar Talanhana Number (14) 966 64 99 amail	וכו	MC GROUP	THIS SPACE IS FOR COLIRT LISE ONLY
Creditor Telephone Number (201) 2.66, (, 977 email: Name and address where payment should be sent (if different from a	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.	THIS SPACE IS FOR COURT USE ONLY Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known):
Payment Telephone Number () email:			Filed on:
1. AMOUNT OF CLAIM AS OF DATE CASE FILED 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 pri 2. BASIS FOR CLAIM: (See instruction #2)			stement of interest or charges.
3. LAST FOUR DIGITS OF ANY NUMBER BY 3a. Debtor may have	cohodul	nd appaunt on 12h Uni	form Claim Identifier (optional):
WHICH CREDITOR IDENTIFIES DEBTOR: (See instruction #3a)	Scriedur	<u> </u>	struction #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.		nt of arrearage and other charged in secured claim	
Nature of property or right of setoff: Describe:	Basis fo	or Perfection:	
Real Estate Motor Vehicle Other	Amoun	t of Secured Claim: \$	
Value of Property: \$	Amoun	t Unsecured: \$	
Annual Interest Rate: %			
Amount of Claim Entitled to Administrative Expense status unde falls into one of the following categories, check the box specifying	the adm	inistrative expense or pric	
Amount entitled to priority: \$		ount entitled to administrative ense under 11 U.S.C. § 503(b)(9): \$
You MUST specify the priority of the claim:	_	I т	441100000000000000000000000000000000000
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).			overnmental units - 11 U.S.C. § 507(a)(8).
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).		• • •	benefit plan - 11 U.S.C. § 507(a)(5). agraph of 11 U.S.C. § 507(a) ().
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).		•	e debtor within 20 days before the date of the
* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with res	spect to cas	ses commenced on or after the o	
6. CREDITS: The amount of all payments on this claim has been cred	lited for th	ne purpose of making this p	roof of claim. (See instruction #6)

7.	statements of running accounts, contracts, judgments, mortga redacted copies of documents providing evidence of perfection DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS are not available, please explain:	
	DATE-STAMPED COPY: To receive an acknowledgment envelope and copy of this proof of claim.	of the filing of your claim, enclose a stamped, self-addressed
	The original of this completed proof of claim form must be actually received on or before 4:00 pm prevailing Eastern prevailing Eastern Time on August 27, 2012 for Governme	e sent by mail or hand delivered (FAXES OR EMAIL NOT ACCEPTED) so that it is Time on May 31, 2012 for Non-Governmental Claimants OR on or before 4:00 pm ental 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)	
	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 3005.)
Pr Ti	rint Name: A Lise Axurad tle: company: Claim Recevery Groy LLC	s true and correct to the best of my knowledge, information, and reasonable belief.
	ddress and telephone number (if different from notice address above):	(Signature) (Date)
Te	elephone number: email:	see the second of the second
P	enalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonm	nent 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

Page 1 *Indicate the amount of the sales tax for all invoices written off as I state in which the customer is located. Customer filed Chapter 11 Case # 27-1396559 Manager Approval Customer filed Chapter 11 Case # 27-1396559 Drop Down Mann Approval to a Loc.Received
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Batch Date 2-29-12

Batch No. 36566

Batch Tota

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Page 27 Manager Approval Description of Adjustmen Customer filed Bankruptcy / Case # 12-01220 Customer filed Bankruptcy / Case # 12-01220 Customer filed Bankruptcy / Case # 12-01220 *Indicate the amount of the sales tax for all invoices written off as I state in which the customer is located. Customer filed Bankruptcy / Case # 12-01220 Horas Codes Approval to a Loc.Received
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Page 28						Date	2/29/2017)	
Manager Approval	Approval to a	8	Profit Center:	216		Entered by	Entered by Anita Town		
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Customer filed Bankruptcy / Case # 12-01220	J	BD	Cliffs Valley	287	389294	9/15/2011	S (158.93)	\$ (9.00) SC	ľ
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Page 29 state in which the customer is located. Customer filed Bankruptcy / Case # 12-01220 Manager Approval Indicate the amount of the sales tax for all invoices written off as I Customer filed Bankruptcy / Case # 12-01220 cription of Adjustmen Por Barrey Approval to as Loc.Received
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Page 1 state in which the customer is located. Customer Filed Bankruptcy/case number 12-Customer Filed Bankruptcy/case number 12-Manager Approval Customer Filed Bankruptcy/case number 12-Customer Filed Bankruptcy/case number 12-Customer Filed Bankruptcy/case number 12-*Indicate the amount of the sales tax for all invoices written off as I Customer Filed Bankruptcy/case number 12-Customer Filed Bankruptcy/case number 12-Customer Filed Bankruptcy/case number 12scription of Adjustment Use Drop Down Massu For Codes Approval to as Loc.Received
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Page 7			'			•	Date	2012	
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Customer filed bankruptcy/ Case #12-01220	J	BD	Keowee Vin	286		437316	1/5/2012	\$ (161.93)	(161.93) \$(10.59) SC
Contract 61-4 hardware / Care #12 01220	1	כל	Vaccina Vin	786	7	77077	1/10/2017	€ (103.73)	73/64 CIV® (EC EQIV
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Customer filed bankruptcy/ Case #12-01220	J	BD	Cliffs at Glassy	296	383219	9/1/2011	S (58.12)	\$ (3.29) SC
Customer filed bankruptcy/ Case #12-01220	J	BD	Cliffs at Glassy	296	383220	9/1/2011	S	(123.50) \$ (6.99) SC
Customer med bankruptcy/ Case #12-01220	-	BU	Chitts at Glassy	270	38022	7/8/2011	3 (38.12)	3 (3.29) 30
Customer filed bankruptcy/ Case #12-01220	J	BD	Cliffs at Glassy	296	386253	9/8/2011	S	(123.50) \$ (6.99) SC
Customer filed benkrinten/ Case #12.01220	1	B)	Cliffic at Glassy	306	75,581	1105/8/0	\$ (40 80) \$	35 (68.0.3)

Customer filed bankruptcy/ Case #12-01220	J	BD	Cliffs at Glassy	296	389301	9/15/2011 \$		(447.62) \$(25.34) SC
Customer filed bankruptcy/ Case #12-01220	J	BD	Cliffs at Glassy	296	389302	9/15/2011 \$		(123.50) \$ (6.99) SC
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Page 10 Manager Approval Customer filed bankruptcy/ Case #12-01220 state in which the customer is located. *Indicate the amount of the sales tax for all invoices written off as I Customer filed bankruptcy/ Case #12-01220 Customer filed bankruptcy/ Case #12-01220 Approval to as Loc-Received
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Page 11	Ammuel		Profit Center:	415 ×	`	,	Date 2/29	2012	
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Customer filed bankruptcy/ Case #12-01220	J	BD	Cliffs at Glassy	296		407461	407461 10/27/2011 S	\$ (123.50) \$ (6.99) SC	S (6.9
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Page 12 state in which the customer is located. Customer filed bankruptcy/ Case #12-01220 Customer filed bankruptcy/ Case #12-01220 Customer filed bankruptcy/ Case #12-01220 •Indicate the amount of the sales tax for all invoices written off as I Customer filed bankruptcy/ Case #12-01220 Manager Approval Customer filed bankruptcy/ Case #12-01220 Description of Adjustmen Dog Dog Mana Fer Approval to a Loc.Received
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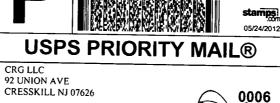
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