

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>District of South Carolina</b>	<b>PROOF OF CLAIM</b>						
Name of Debtor: <b>The Cliffs Club &amp; Hospitality Group, Inc</b>		Case Number: <b>12-01220</b>	<p style="text-align: center;"><b>COURT USE ONLY</b></p> <p><input type="checkbox"/> Check this box if this claim amends a previously filed claim.</p> <p><b>Court Claim Number:</b> _____ (If known)</p> <p><b>Filed on:</b> _____</p> <p><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.</p>						
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): <b>Waste Management</b>									
Name and address where notices should be sent: <b>Waste Management – RMC 2625 W. Grandview Rd. Ste. 150 Phoenix, AZ 85023</b>		<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center; font-size: 1.2em;"><b>MAY 29 2012</b></p> <p style="text-align: center; font-size: 1.2em;"><b>BMC GROUP</b></p>							
Telephone number: <b>(866) 962-2287</b> email: <b>rmcbankruptcy@wm.com</b>									
Name and address where payment should be sent (if different from above):		<p><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.</p>							
Telephone number: _____ email: _____									
<p><b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>1,538.11</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p><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.</p>									
<p><b>2. Basis for Claim:</b> <u>Services Performed</u> (See instruction #2)</p>									
<p><b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>0 4 3 7</u></p>		<p><b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)</p>							
		<p><b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)</p>							
<p><b>4. Secured Claim (See instruction #4)</b> 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.</p> <p><b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____</p> <p><b>Value of Property:</b> \$ _____</p> <p><b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p>		<p><b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____</p> <p><b>Basis for perfection:</b> _____</p> <p><b>Amount of Secured Claim:</b> \$ _____</p> <p><b>Amount Unsecured:</b> \$ _____</p>							
<p><b>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.</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).             </td> <td style="width: 33%; vertical-align: top;"> <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).             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).             </td> </tr> <tr> <td style="vertical-align: top;"> <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).             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).             </td> </tr> </table> <p style="text-align: right;"><b>Amount entitled to priority:</b> \$ _____</p>				<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)(____).
<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).							
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<p style="text-align: center;">Cliffs POC</p> <p style="text-align: center; font-size: 0.8em;">01004</p>									
<p><i>*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.</i></p>									
<p><b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)</p>									

**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, or their authorized agent.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
 (Attach copy of power of attorney, if any.)    (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: Leona Kilday  
 Title: bankruptcy specialist  
 Company: Waste Management  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

*Leona Kilday*  
 (Signature)

05/24/2012  
 (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.

# INVOICE



**WASTE MANAGEMENT**  
 2625 W Grandview Rd Ste 150  
 Phoenix, AZ 85023  
 (866) 962-2287 fax (866) 281-9229

Invoice Date
02/15/2012

Invoice #
2407375

Acct # 105-70437

Billing Location:  
 THE CLIFFS COMMUNITIES  
 PO BOX 1549  
 TRAVELERS REST

Service Location:  
 CLIFFS AT KEOWEE FALLS (RCY)  
 770 CHERRY LAUREL WY S  
 St SC Zip 29676 SALEM St SC Zip 29676

Amount Paid

TO RECEIVE PROPER CREDIT, RETURN THIS PORTION WITH YOUR PAYMENT

**WASTE MANAGEMENT 2625 W Grandview Rd Ste 150 Phoenix, AZ 85023**  
 (866) 962-2287 FAX (866) 272-6859

Period:

Invoice #: 2407375

Invoice Date: 02/15/2012

Acct # 105-70437

Date	Service Description	Ticket	Qty.	Extended
02/15/2012	O-Finance charge			7.92
02/15/2012	AFO-ADMINISTRATIVE FEE	ZZZZZZ	1.00	4.00
TOTAL THIS INVOICE				\$11.92
BALANCE FROM PREVIOUS BILLING				\$0.00
<b>Total Due</b>				<b>\$11.92</b>

Please Pay From This Invoice. No Other Billing Will Be Sent.

**TERMS: Net 10 Days**



# INVOICE



**WASTE MANAGEMENT**  
2625 W Grandview Rd Ste 150  
Phoenix, AZ 85023  
(866) 962-2287 fax (866) 281-9229

Invoice Date
02/15/2012

Invoice #
2407376

Acct # 105-70438

Billing Location:  
THE CLIFFS COMMUNITIES  
PO BOX 1549  
TRAVELERS REST

Service Location:  
CLIFFS AT KEOWEE FALLS (PKR)  
770 CHERRY LAUREL WY S  
St SC Zip 29676 SALEM St SC Zip 29676

Amount Paid

TO RECEIVE PROPER CREDIT, RETURN THIS PORTION WITH YOUR PAYMENT

**WASTE MANAGEMENT 2625 W Grandview Rd Ste 150 Phoenix, AZ 85023**  
(866) 962-2287 FAX (866) 272-6859

Period:

Invoice #: 2407376

Invoice Date:

02/15/2012

Acct # 105-70438

Date	Service Description	Ticket	Qty.	Extended
02/15/2012	O-Finance charge			14.48
02/15/2012	AFO-ADMINISTRATIVE FEE	ZZZZZZ	1.00	4.00
TOTAL THIS INVOICE				\$18.48
BALANCE FROM PREVIOUS BILLING				\$0.00
<b>Total Due</b>				<b>\$18.48</b>

Please Pay From This Invoice. No Other Billing Will Be Sent.

**TERMS: Net 10 Days**

# INVOICE



**WASTE MANAGEMENT**  
2625 W Grandview Rd Ste 150  
Phoenix, AZ 85023  
(866) 962-2287 fax (866) 281-9229

Invoice Date
03/01/2012

Invoice #
2414588

Acct # 105-70438

Billing Location:  
THE CLIFFS COMMUNITIES  
PO BOX 1549  
TRAVELERS REST

Service Location:  
CLIFFS AT KEOWEE FALLS (PKR)  
770 CHERRY LAUREL WY S  
St SC Zip 296 SALEM St SC Zip 29676-324

Amount Paid

TO RECEIVE PROPER CREDIT, RETURN THIS PORTION WITH YOUR PAYMENT

**WASTE MANAGEMENT 2625 W Grandview Rd Ste 150 Phoenix, AZ 85023**  
(866) 962-2287 FAX (866) 272-6859

Period:

Invoice #: 2414588

Invoice Date: 03/01/2012

Acct # 105-70438

Date	Service Description	Ticket	Qty.	Extended
03/01/2012	J34-34YD COMPACTOR LEASE		1.00	403.86
03/01/2012	STX-SC STATE SALES TAX -			24.23
03/01/2012	AFO-ADMINISTRATIVE FEE	ZZZZZZ	1.00	4.00
TOTAL THIS INVOICE				\$432.09
BALANCE FROM PREVIOUS BILLING				\$18.48
<b>Total Due</b>				<b>\$450.57</b>

Please Pay From This Invoice. No Other Billing Will Be Sent.

**TERMS: Net 10 Days**

# INVOICE



**WASTE MANAGEMENT**  
 2625 W Grandview Rd Ste 150  
 Phoenix, AZ 85023  
 (866) 962-2287 fax (866) 281-9229

Invoice Date
02/15/2012

Invoice #
495954

Acct # 344-16524

Billing Location:  
 THE CLIFFS COMMUNITIES  
 PO BOX 1549  
 TRAVELERS REST

Service Location:  
 CLIFFS AT WALNUT COVE THE (A2)  
 40 CLUB VILLAGE WAY  
 St SC Zip 2969 ARDEN St NC Zip 28704

Amount Paid

TO RECEIVE PROPER CREDIT, RETURN THIS PORTION WITH YOUR PAYMENT

**WASTE MANAGEMENT 2625 W Grandview Rd Ste 150 Phoenix, AZ 85023**  
 (866) 962-2287 FAX (866) 272-6859

Period:

Invoice #: 495954

Invoice Date:

02/15/2012

Acct # 344-16524

Date	Service Description	Ticket	Qty.	Extended
02/08/2012	DTN-DISPOSAL PER TON	835647	0.48	25.68
02/08/2012	30C-30 YD COMPACTOR	835647	1.00	209.63
02/15/2012	ENO-ENVIRONMENTAL FEE		1.00	27.40
02/15/2012	FSO-FUEL/ENVIRONMENTAL C		1.00	38.70
02/15/2012	O-Finance charge			12.06
02/15/2012	AFO-ADMINISTRATIVE FEE	ZZZZZZ	1.00	4.00
TOTAL THIS INVOICE				\$317.47
BALANCE FROM PREVIOUS BILLING				\$0.00
<b>Total Due</b>				<b>\$317.47</b>

Please Pay From This Invoice. No Other Billing Will Be Sent.

**TERMS: Net 10 Days**

# INVOICE



**WASTE MANAGEMENT**  
 2625 W Grandview Rd Ste 150  
 Phoenix, AZ 85023  
 (866) 962-2287 fax (866) 281-9229

Invoice Date
03/01/2012

Invoice #
498589

Acct # 344-16524

Billing Location:  
 THE CLIFFS COMMUNITIES  
 PO BOX 1549

Service Location:  
 CLIFFS AT WALNUT COVE THE (A2)  
 40 CLUB VILLAGE WAY  
 St SC Zip 296 ARDEN St NC Zip 28704

Amount Paid

TO RECEIVE PROPER CREDIT, RETURN THIS PORTION WITH YOUR PAYMENT

**WASTE MANAGEMENT 2625 W Grandview Rd Ste 150 Phoenix, AZ 85023**  
 (866) 962-2287 FAX (866) 272-6859

Period:

Invoice #: 498589

Invoice Date: 03/01/2012

Acct # 344-16524

Date	Service Description	Ticket	Qty.	Extended
02/22/2012	DTN-DISPOSAL PER TON	853972	0.56	29.96
2/22/2012	30C-30 YD COMPACTOR	853972	1.00	209.63
3/1/2012	ENO-ENVIRONMENTAL FEE		1.00	28.40
3/1/2012	FSO-FUEL/ENVIRONMENTAL C		1.00	44.43
3/1/2012	J30-30YD COMPACTOR LEASE		1.00	433.08
3/1/2012	AFO-ADMINISTRATIVE FEE	ZZZZZZ	1.00	4.00
3/1/2012	BUN-NC BUNCOMBE COUNTY T	853972		8.66
3/1/2012	NCS-NC STATE SALES TAX -	853972		20.57
	payment received			(\$539.14)
	TOTAL THIS INVOICE			\$239.59
	BALANCE FROM PREVIOUS BILLING			\$317.47
	<b>Total Due</b>			<b>\$557.06</b>

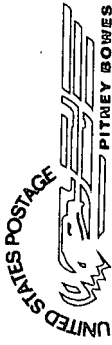
Please Pay From This Invoice. No Other Billing Will Be Sent.

**TERMS: Net 10 Days**





2625 W. Grandview Rd Ste 150  
Phoenix, AZ 85023



PITNEY BOWES

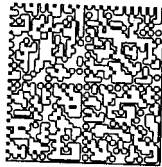
\$ 000.85

02 1P

0003172464

MAY 25 2012

MAILED FROM ZIP CODE 85029



RECEIVED

MAY 29 2012

BMC GROUP

BMC Group, Inc  
Attn: Cliffs Claims Processing  
PO Box 3020  
Charhassen, MN 55317-3020

5531733020 8050

