

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:  
Schedule/Claim ID: s15583  
AMOUNT/CLASSIFICATION:  
\$1,080.16 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) :

Name and address where notices should be sent:  
29347866010427  
Elite Comerical Ser. Inc.  
Billy  
808 Laurel Bluff  
Spartanburg, SC 29301

RECEIVED  
MAY 31 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 (864) 505-6254 email: elite.1@charter.net

THIS SPACE IS FOR COURT USE ONLY

Name and address where payment should be sent (if different from above):  
Payment Telephone Number ( ) email:

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:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 7438.44  
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 (Floor cleaning) Provided  
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: ELITECO  
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): \$ \_\_\_\_\_  
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  
01217

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)



808 Laurel Bluff  
Spartanburg, SC. 29301

# Invoice

Date	Invoice #
6/10/2011	2616

<b>Bill To</b>
Cliffs Communities 3598 Hwy. 11 Travelers Rest, SC 29690

P.O. No.	Terms	Project
40761	Due on receipt	

Quantity	Description	Rate	Amount
	<b>WATER DAMAGE RESTORATION:</b>		0.00
1	General Labor	28.00	28.00
144	Clear water extraction-Carpet	0.30	43.20
144	Clean Water Damaged Carpet	0.29	41.76
144	Anti-Bacterial Treatment	0.20	28.80
1	Rental for Air Mover (\$25.00 per day)	25.00	25.00
	Minimum Charge-\$250	83.24	83.24

Thank you for your business.	<b>Total</b>	\$250.00
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# Invoice

808 Laurel Bluff  
Spartanburg, SC. 29301

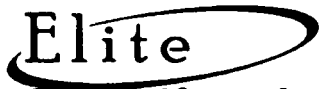
Date	Invoice #
5/8/2011	2617

Bill To
Cliffs Communities 3598 Hwy. 11 Travelers Rest, SC 29690

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	<b>WATER DAMAGE RESTORATION:</b>		0.00
1	General Labor	28.00	28.00
576	Clear water extraction-Carpet	0.30	172.80
576	Clean Water Damaged Carpet	0.29	167.04
576	Anti-Bacterial Treatment	0.20	115.20
1	Rental for Air Mover (\$25.00 per day)	25.00	25.00

Thank you for your business.	<b>Total</b>	\$508.04
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Commercial Services, Inc.

808 Laurel Bluff  
Spartanburg, SC. 29301

# Invoice

Date	Invoice #
1/4/2011	2536

<b>Bill To</b>
Cliffs Communities 3598 Hwy. 11 Travelers Rest, SC 29690

P.O. No.	Terms	Project
35800	Due on receipt	

Quantity	Description	Rate	Amount
	CARPET CLEANING & RESTORATION-ADMINISTRATION II Spot Clean Carpet	250.00	250.00

Thank you for your business.	<b>Total</b>	\$250.00
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808 Laurel Bluff  
Spartanburg, SC. 29301

# Invoice

Date	Invoice #
10/29/2010	2501

<b>Bill To</b>
Cliffs Communities 3598 Hwy. 11 Travelers Rest, SC 29690

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	CARPET CLEANING & RESTORATION-WALNUT COVE		
	WATER DAMAGE RESTORATION:		
1,152	Grey water cleanup & extraction	0.38	437.76
	Customer discount	-137.76	-137.76
1,152	Anti-Bacterial Treatment	0.20	230.40
Thank you for your business.		<b>Total</b>	\$530.40



Commercial Services, Inc.

808 Laurel Bluff  
Spartanburg, SC. 29301

# Invoice

Date	Invoice #
11/15/2010	2520

<b>Bill To</b>
Cliffs Property Management 3598 Hwy 11 Travelers Rest, SC 29690

P.O. No.	Terms	Project
Colby	Due on receipt	

Quantity	Description	Rate	Amount
	WATER DAMAGE RESTORATION-113 HUNTING WOOD CT., SIX MILE 29682		0.00
	Clear water extraction-Carpet Clean Water Damaged Carpet Apply Mildew Treatment Minimum Charge-\$250	250.00	250.00

Thank you for your business.	<b>Total</b>	\$250.00
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Elite

Commercial Services, Inc.

183 River Falls Dr.

Duncan, SC 29334

BMC Group, Inc.

Attn: Cliffs Claims Processing

18675 Lake Drive East

Chanhassen, NM 55317

**FedEx** **NEW Package**  
Express **US Airbill** FedEx Tracking Number **8001 1961 5241**

**0200** From ID No.

**FedEx Retrieval Copy**

**1** From **5/30/12**

**Senders Name** **Elite Commercial Svcs** **Phone** **864 505.6254**

**Company**

**Address** **183 River Falls Dr**

**City** **Duncan** **State** **SC** **ZIP** **29334**

**2 Your Internal Billing Reference**

**3 To** **Recipients Name** **Bme Group, Inc** **Phone**

**Company** **Attn: Cliffs Claims Processing**

**Address** **18675 Lake Drive East**

**City** **Charhassen** **State** **MD** **ZIP** **55317**

**Address** Use the line for the HQID location address or for combination of your shipping address.

**City** **Charhassen** **State** **MD** **ZIP** **55317**



8001 1961 5241

**4 Express Package Service**  
NOTE: Service order has changed. Please select carefully.

**Next Business Day**

**06** **FedEx First Overnight**  
FedEx First Overnight delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

**01** **FedEx Priority Overnight**  
FedEx Priority Overnight delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

**05** **FedEx Standard Overnight**  
FedEx Standard Overnight delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

**5 Packaging** \* Declared value limit: \$500

**06** **FedEx Envelope\*** **02** **FedEx Pak\*** **03** **FedEx Box** **04** **FedEx Tube** **01** **Other**

**6 Special Handling and Delivery Signature Options**

**03** **SATURDAY DELIVERY**

**04** **No Signature Required**  
Package may be left without obtaining a signature for delivery.

**10** **Direct Signature**  
Someone at recipient address may sign for delivery. **Fee applies.**

**34** **Indirect Signature**  
Someone at recipient address may sign for delivery for residential deliveries only. **Fee applies.**

**06** **Drop/In**  
Drop/In (M-F, 9AM-5PM)

**06** **Cargo Aircraft Only**

**7 Payment Bill to:**

**1** **Sender** **2** **Recipient** **3** **Third Party** **4** **Credit Card** **5** **Cash/Check**

**Total Packages** **Total Weight**

**612**

**2 or 3 Business Days**  
**NEW FEDEX SERVICE**  
**RECEIVED**  
**MAY 31 2012**  
**ELITE COMMERCIAL SVCS**

**49** **NEW FEDEX SERVICE**  
Senders Name

**03** **FedEx 2Day**  
Senders Name

**20** **FedEx 2Day**  
Senders Name

**03** **FedEx 2Day**  
Senders Name

**03** **FedEx 2Day**  
Senders Name

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