


B 10 (Official Form 10) (12/11)

<b>UNITED STATES BANKRUPTCY COURT OF SOUTH CAROLINA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>The Cliffs Club &amp; Hopitality Group, Inc.</b>		Case Number: 12-01220
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>The Cliffs Club &amp; Hopitality Group, Inc.</b>		<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>Ricoh Americas Corporation ATTN: Bankruptcy 3920 Arkwright Road, Suite 400 Macon, GA 31210</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number _____ (If known) Filed on _____
Name and address where payment should be sent (if different from above):   Telephone number: (800) 505-8326 ext 2567      Email: Jennifer.orenstein@ricoh-usa.com		<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>\$6627.99</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>Maintenance Agreement/Executory Contract</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>455425</u>	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 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		Basis for perfection _____
Value of Property: \$ _____ Annual Interest Rate _____ %  <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)		Amount of Secured Claim:    \$ _____ Amount of 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"/> 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"/> 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"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).  Amount entitled to priority: \$ _____
 Cliffs POC 01288		
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)		

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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.

Jennifer Orenstein  
 Bankruptcy Specialist  
 Ricoh Americas Corporation  
 3920 Arkwright Road, Suite 200  
 Macon, GA 31210  
 (800) 505-8326 ext 2567  
 Jennifer.orenstein@ricoh-usa.com

/s/ Jennifer Orenstein  
 (Signature)

05/31/12  
 (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.

DEFINITIONS

INFORMATION

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. § 506 (a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. § 507 (a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.uscourts.gov](http://www.pacer.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.



**INVOICE**

5 Dedrick Place  
West Caldwell, NJ 07006

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
329153	455425
<b>Invoice Date</b>	<b>Due Date</b>
01/01/2011	01/31/2011
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

**Federal ID Number: 22-2783521**

**Bill To:**

CLIFFS COMMUNITIES  
STEVE FENDER,  
3598 HWY 11  
TRAVELERS REST, SC 29690

Description	Serial Number	Amount	Tax	Extended Amount
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411081269  
SVC01047874  
CLIFFS COMMUNITIES  
3851 HWY 11  
TRAVELERS REST, SC 29690

Maintenance Agreement - Regular Bill	L8986320713	23.37	1.40	24.77
Floor Suite Room: Cliffs Corp 2				
Bill From: 01/01/2011 Thru 01/31/2011				

Maintenance Agreement - Regular Bill	L4688801289	0.00	0.00	0.00
Bill From: 01/01/2011 Thru 01/31/2011				

B/W Total	L8986320713	38.89	2.33	41.22
Floor Suite Room: Cliffs Corp 2				
Current Meter : 64774(12/31/2010)				
Previous Meter : 61105(10/01/2010)				
Total : 3669				
Credit: 0				
Allowance : 0				
Billable : 3669				
Overage Rate : .01060				



**INVOICE**

5 Dedrick Place  
 West Caldwell, NJ 07006

Federal ID Number: 22-2783521

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
329153	455425
<b>Invoice Date</b>	<b>Due Date</b>
01/01/2011	01/31/2011
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Description	Serial Number	Amount	Tax	Extended Amount
Color Total Floor Suite Room: Cliffs Corp 2 Current Meter : 142402(12/31/2010) Previous Meter : 133394(10/01/2010) Total : 9008 Credit: 0 Allowance : 0 Billable : 9008 Overage Rate : .08960	L8986320713	807.12	48.43	855.55
*****				
411081290 SVC01047875 CLIFFS COMMUNITIES 3851 HWY 11 TRAVELERS REST, SC 29690				
Maintenance Agreement - Regular Bill Bill From: 01/01/2011 Thru 01/31/2011	L8986320717	23.37	1.40	24.77
Maintenance Agreement - Regular Bill Bill From: 01/01/2011 Thru 01/31/2011	L4688800347	0.00	0.00	0.00
B/W Total Current Meter : 42544(12/31/2010) Previous Meter : 40805(10/01/2010) Total : 1739 Credit: 0 Allowance : 0 Billable : 1739 Overage Rate : .01060	L8986320717	18.43	1.11	19.54
Color Total Current Meter : 45891(12/31/2010) Previous Meter : 43797(10/01/2010) Total : 2094 Credit: 0 Allowance : 0 Billable : 2094 Overage Rate : .07280	L8986320717	152.44	9.15	161.59
*****				



5 Dedrick Place  
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

**INVOICE**

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
329153	455425
<b>Invoice Date</b>	<b>Due Date</b>
01/01/2011	01/31/2011
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Description	Serial Number	Amount	Tax	Extended Amount
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For inquiries regarding your account, contact us at 888-201-5601 or via email at MajorAccountCollections@Ricoh-USA.com.

<b>Subtotal:</b>	\$1,063.62
<b>Tax:</b>	\$63.82
<b>Total:</b>	\$1,127.44

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^Please detach this portion and return with your payment^

Make Checks Payable to: Ricoh Americas Corporation

<b>Pay this Amount:</b>	<b>\$1,127.44</b>
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**If Paying by Credit Card:**

Credit Card Number : \_\_\_\_\_  
Name on Credit Card : \_\_\_\_\_  
Expiration Date : \_\_\_\_\_

RICOH AMERICAS CORPORATION  
PO Box 4245  
CAROL STREAM, IL 60197-4245



**INVOICE**

5 Dedrick Place  
West Caldwell, NJ 07006

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
319908	455425
<b>Invoice Date</b>	<b>Due Date</b>
12/01/2010	12/31/2010
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Federal ID Number: 22-2783521

**Bill To:**

CLIFFS COMMUNITIES  
STEVE FENDER,  
3598 HWY 11  
TRAVELERS REST, SC 29690

Description	Serial Number	Amount	Tax	Extended Amount
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410802360  
SVC01047874  
CLIFFS COMMUNITIES  
3851 HWY 11  
TRAVELERS REST, SC 29690

Maintenance Agreement - Regular Bill	L8986320713	23.37	1.40	24.77
Floor Suite Room: Cliffs Corp 2				
Bill From: 12/01/2010 Thru 12/31/2010				

Maintenance Agreement - Regular Bill	L4688801289	0.00	0.00	0.00
Bill From: 12/01/2010 Thru 12/31/2010				

.....

410802415  
SVC01047875  
CLIFFS COMMUNITIES  
3851 HWY 11  
TRAVELERS REST, SC 29690

Maintenance Agreement - Regular Bill	L8986320717	23.37	1.40	24.77
Bill From: 12/01/2010 Thru 12/31/2010				



**INVOICE**

5 Dedrick Place  
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
319908	455425
<b>Invoice Date</b>	<b>Due Date</b>
12/01/2010	12/31/2010
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Description	Serial Number	Amount	Tax	Extended Amount
Maintenance Agreement - Regular Bill Bill From: 12/01/2010 Thru 12/31/2010	L4688800347	0.00	0.00	0.00

For inquiries regarding your account, contact us at 877-597-4264 or via email at dalCSCar@ricoh-usa.com.

<b>Subtotal:</b>	\$46.74
<b>Tax:</b>	\$2.80
<b>Total:</b>	\$49.54

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**^Please detach this portion and return with your payment^**  
 Make Checks Payable to: Ricoh Americas Corporation

<b>Pay this Amount:</b>	<b>\$49.54</b>
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**If Paying by Credit Card:**

Credit Card Number : \_\_\_\_\_  
 Name on Credit Card : \_\_\_\_\_  
 Expiration Date : \_\_\_\_\_

RICOH AMERICAS CORPORATION  
 PO Box 4245  
 CAROL STREAM, IL 60197-4245





5 Dedrick Place  
West Caldwell, NJ 07006

Federal ID Number: 22-2783521  
DUNS Number: 06-107-9273

Bill To:  
CLIFFS COMMUNITIES  
Attn: STEVE FENDER  
3598 HWY 11  
TRAVELERS REST, SC 29690

Invoice Number	
507030542	
Invoice Date	Shipping Date
10/09/2010	
PO Number	Sales Order
	28401126
Customer Number	Customer Location
455425	1527243
Terms	Due Date
NET 30	11/08/2010

Item	Description	Serial Number	Qty	UOM	Unit Price	Amount
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This invoice is for service rendered on:  
Serial Number: 85101134-2161233  
Model Name: RICOH RMPC2500  
Date of Service: 06-OCT-10  
Service Request Number: 10222652

-----  
Installed At  
CLIFFS COMMUNITIES  
3598 HWY 11  
TRAVELERS REST, SC 29690  
-----

LABOR_ST	Labor Charge for Service - Standard	85101134-	1	HR	149.00	149.00
ANDARD	Hours	2161233				
	1.FS-Labor - Standard					
B2232027	PCU:AP:COLOR:EXP:ASS'Y	85101134-	2	EA	724.23	1,448.46
	1.FS-Parts - Standard	2161233				

For inquiries regarding your account, contact us at 888-447-4264 or via email at [atlcscinvoice@Ricoh-usa.com](mailto:atlcscinvoice@Ricoh-usa.com).

Subtotal:	\$1,597.46
Tax:	\$86.91
Total:	\$1,684.37



5 Dedrick Place  
West Caldwell, NJ 07006

<b>Invoice Number</b>	
507030542	
<b>Invoice Date</b>	<b>Shipping Date</b>
10/09/2010	
<b>PO Number</b>	<b>Sales Order</b>
	28401126
<b>Customer Number</b>	<b>Customer Location</b>
455425	1527243
<b>Terms</b>	<b>Due Date</b>
NET 30	11/08/2010

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^Please detach this portion and return with your payment^  
Make Checks Payable to: Ricoh Americas Corporation

Invoice Number:	507030542
Invoice Date:	10/09/2010

**Pay this Amount:** \$ 1,684.37

**If Paying by Credit Card:**  
Name on Credit Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

RICOH AMERICAS CORPORATION  
PO Box 4245  
CAROL STREAM, IL 60197-4245



5 Dedrick Place  
West Caldwell, NJ 07006

Federal ID Number: 22-2783521  
DUNS Number: 06-107-9273

Bill To:  
CLIFFS COMMUNITIES  
Attn: STEVE FENDER  
3598 HWY 11  
TRAVELERS REST, SC 29690

Invoice Number	
507033049	
Invoice Date	Shipping Date
10/09/2010	
PO Number	Sales Order
CLAIMS MA	28410335
Customer Number	Customer Location
455425	1527243
Terms	Due Date
NET 30	11/08/2010

Item	Description	Serial Number	Qty	UOM	Unit Price	Amount
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This invoice is for service rendered on:  
 Serial Number: L3685300494  
 Model Name: AFICIO MP C2500 SPF  
 Date of Service: 07-OCT-10  
 Service Request Number: 10239184

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 Installed At  
 CLIFFS COMMUNITIES  
 135 BOTANICAL CIRCLE  
 TRAVELERS REST, SC 29690  
 -----

LABOR_ST	Labor Charge for Service - Standard	L3685300494	1	HR	149.00	149.00
ANDARD	Hours					
	1.FS-Labor - Standard					

For inquiries regarding your account, contact us at 888-447-4264 or via email at [atlcscinvoice@Ricoh-usa.com](mailto:atlcscinvoice@Ricoh-usa.com).

Subtotal:	\$149.00
Tax:	\$0.00
Total:	\$149.00



5 Dedrick Place  
West Caldwell, NJ 07006

<b>Invoice Number</b>	
507033049	
<b>Invoice Date</b>	<b>Shipping Date</b>
10/09/2010	
<b>PO Number</b>	<b>Sales Order</b>
CLAIMS MA	28410335
<b>Customer Number</b>	<b>Customer Location</b>
455425	1527243
<b>Terms</b>	<b>Due Date</b>
NET 30	11/08/2010

-----  
^Please detach this portion and return with your payment^  
Make Checks Payable to: Ricoh Americas Corporation

Invoice Number:	507033049
Invoice Date:	10/09/2010

**Pay this Amount:** \$ 149.00

**If Paying by Credit Card:**

Name on Credit Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

RICOH AMERICAS CORPORATION  
PO Box 4245  
CAROL STREAM, IL 60197-4245



**INVOICE**

5 Dedrick Place  
 West Caldwell, NJ 07006

Federal ID Number: 22-2783521  
 DUNS Number: 06-107-9273

Invoice Number	Invoice Date
412163815	04/01/2011
PO Number	Contract Number
CLIFFS COMMUNITIES	SVC01047875
Customer Number	Customer Location
455425	1527243
Terms	Due Date
NET 30	05/01/2011

**Bill To:**  
 CLIFFS COMMUNITIES  
 3598 HWY 11  
 TRAVELERS REST, SC 29690

**Ship To:**  
 CLIFFS COMMUNITIES  
 3851 HWY 11  
 TRAVELERS REST, SC 29690

Model	Serial Number	Description	Amount
MPC3500SPF	L8986320717	Maintenance Agreement - Termination Bill	18.43
	Current Meter:	42544 (12/31/2010)	
	Previous Meter:	40805 (10/01/2010)	
	Total:	1739	
	Credit:	0	
	Allowance:	0	
	Billable:	1739	
	Overage Rate:	.0106	
MPC3500SPF	L8986320717	Maintenance Agreement - Termination Bill	152.44
	Current Meter:	45891 (12/31/2010)	
	Previous Meter:	43797 (10/01/2010)	
	Total:	2094	
	Credit:	0	
	Allowance:	0	
	Billable:	2094	
	Overage Rate:	.0728	

For inquiries regarding your account, contact us at 888-447-4264 or via email at atlcscinvoice@Ricoh-usa.com.

<b>Subtotal:</b>	\$170.87
<b>Tax:</b>	\$10.26
<b>Total:</b>	\$181.13

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 ^Please detach this portion and return with your payment^

Make Checks Payable to: Ricoh Americas Corporation

Invoice Number:	412163815
Invoice Date:	04/01/2011

<b>Pay this Amount:</b>	\$181.13
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**If Paying by Credit Card:**  
 Credit Card Number: \_\_\_\_\_  
 Name on Credit Card: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

RICOH AMERICAS CORPORATION  
 PO Box 4245  
 CAROL STREAM, IL 60197-4245

5 Dedrick Place  
 West Caldwell, NJ 07006

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
302048	455425
<b>Invoice Date</b>	<b>Due Date</b>
10/01/2010	10/31/2010
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Federal ID Number: 22-2783521

**Bill To:**

CLIFFS COMMUNITIES  
 STEVE FENDER,  
 3598 HWY 11  
 TRAVELERS REST, SC 29690

Description	Serial Number	Amount	Tax	Extended Amount
410249749 SVC01047874 CLIFFS COMMUNITIES 3851 HWY 11 TRAVELERS REST, SC 29690				
Maintenance Agreement - Regular Bill Floor Suite Room: Cliffs Corp 2 Bill From: 10/01/2010 Thru 10/31/2010	L8986320713	23.37	1.40	24.77
Maintenance Agreement - Regular Bill Bill From: 10/01/2010 Thru 10/31/2010	L4688801289	0.00	0.00	0.00
B/W Total Floor Suite Room: Cliffs Corp 2 Current Meter : 61105(09/30/2010) Previous Meter : 58447(07/01/2010) Total : 2658 Credit: 0 Allowance : 0 Billable : 2658 Overage Rate : .01060	L8986320713	28.17	1.69	29.86



**INVOICE**

5 Dedrick Place  
 West Caldwell, NJ 07006

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
302048	455425
<b>Invoice Date</b>	<b>Due Date</b>
10/01/2010	10/31/2010
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Federal ID Number: 22-2783521

Description	Serial Number	Amount	Tax	Extended Amount
-------------	---------------	--------	-----	-----------------

Color Total L8986320713 1,033.89 62.03 1,095.92

Floor Suite Room: Cliffs Corp 2  
 Current Meter : 133394(09/30/2010)  
 Previous Meter : 121855(07/01/2010)  
 Total : 11539  
 Credit: 0  
 Allowance : 0  
 Billable : 11539  
 Overage Rate : .08960

410249750  
 SVC01047875  
 CLIFFS COMMUNITIES  
 3851 HWY 11  
 TRAVELERS REST, SC 29690

Maintenance Agreement - Regular Bill L8986320717 23.37 1.40 24.77  
 Bill From: 10/01/2010 Thru 10/31/2010

Maintenance Agreement - Regular Bill L4688800347 0.00 0.00 0.00  
 Bill From: 10/01/2010 Thru 10/31/2010

B/W Total L8986320717 19.83 1.19 21.02

Current Meter : 40805(09/30/2010)  
 Previous Meter : 38934(07/01/2010)  
 Total : 1871  
 Credit: 0  
 Allowance : 0  
 Billable : 1871  
 Overage Rate : .01060

Color Total L8986320717 158.27 9.50 167.77

Current Meter : 43797(09/30/2010)  
 Previous Meter : 41623(07/01/2010)  
 Total : 2174  
 Credit: 0  
 Allowance : 0  
 Billable : 2174  
 Overage Rate : .07280



INVOICE

5 Dedrick Place  
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
302048	455425
<b>Invoice Date</b>	<b>Due Date</b>
10/01/2010	10/31/2010
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Description	Serial Number	Amount	Tax	Extended Amount
-------------	---------------	--------	-----	-----------------

For inquiries regarding your account, contact us at 888-201-5601 or via email at MajorAccountCollections@Ricoh-USA.com.

<b>Subtotal:</b>	\$1,286.90
<b>Tax:</b>	\$77.21
<b>Total:</b>	\$1,364.11

-----  
^Please detach this portion and return with your payment^

Make Checks Payable to: Ricoh Americas Corporation

<b>Pay this Amount:</b>	<b>\$1,364.11</b>
-------------------------	-------------------

**If Paying by Credit Card:**

Credit Card Number : \_\_\_\_\_  
Name on Credit Card : \_\_\_\_\_  
Expiration Date : \_\_\_\_\_

RICOH AMERICAS CORPORATION  
PO Box 4245  
CAROL STREAM, IL 60197-4245





5 Dedrick Place  
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

**Bill To:**

CLIFFS COMMUNITIES  
STEVE FENDER,  
3598 HWY 11  
TRAVELERS REST, SC 29690

**INVOICE**

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
309667	455425
<b>Invoice Date</b>	<b>Due Date</b>
11/01/2010	12/01/2010
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Description	Serial Number	Amount	Tax	Extended Amount
-------------	---------------	--------	-----	-----------------

410588651  
SVC01047874  
CLIFFS COMMUNITIES  
3851 HWY 11  
TRAVELERS REST, SC 29690

Maintenance Agreement - Regular Bill	L8986320713	23.37	1.40	24.77
Floor Suite Room: Cliffs Corp 2				
Bill From: 11/01/2010 Thru 11/30/2010				

Maintenance Agreement - Regular Bill	L4688801289	0.00	0.00	0.00
Bill From: 11/01/2010 Thru 11/30/2010				

\*\*\*\*\*

410588656  
SVC01047875  
CLIFFS COMMUNITIES  
3851 HWY 11  
TRAVELERS REST, SC 29690

Maintenance Agreement - Regular Bill	L8986320717	23.37	1.40	24.77
Bill From: 11/01/2010 Thru 11/30/2010				



5 Dedrick Place  
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

**INVOICE**

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
309667	455425
<b>Invoice Date</b>	<b>Due Date</b>
11/01/2010	12/01/2010
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Description	Serial Number	Amount	Tax	Extended Amount
Maintenance Agreement - Regular Bill Bill From: 11/01/2010 Thru 11/30/2010	L4688800347	0.00	0.00	0.00

For inquiries regarding your account, contact us at 877-597-4264 or via email at dalCSCar@ricoh-usa.com.

<b>Subtotal:</b>	\$46.74
<b>Tax:</b>	\$2.80
<b>Total:</b>	\$49.54

-----  
 ^Please detach this portion and return with your payment^  
 Make Checks Payable to: Ricoh Americas Corporation

<b>Pay this Amount:</b>	<b>\$49.54</b>
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**If Paying by Credit Card:**

Credit Card Number : \_\_\_\_\_  
 Name on Credit Card : \_\_\_\_\_  
 Expiration Date : \_\_\_\_\_

RICOH AMERICAS CORPORATION  
 PO Box 4245  
 CAROL STREAM, IL 60197-4245



**INVOICE**

5 Dedrick Place  
West Caldwell, NJ 07006

Federal ID Number: 22-2783521  
DUNS Number: 06-107-9273

Bill To:  
CLIFFS COMMUNITIES  
Attn: STEVE FENDER  
3598 HWY 11  
TRAVELERS REST, SC 29690

<b>Invoice Number</b>	
507234101	
<b>Invoice Date</b>	<b>Shipping Date</b>
11/04/2010	
<b>PO Number</b>	<b>Sales Order</b>
10953	28598179
<b>Customer Number</b>	<b>Customer Location</b>
455425	1527243
<b>Terms</b>	<b>Due Date</b>
NET 30	12/04/2010

Item	Description	Serial Number	Qty	UOM	Unit Price	Amount
------	-------------	---------------	-----	-----	------------	--------

This invoice is for service rendered on:  
 Serial Number: 85101134-2161233  
 Model Name: RICOH RMPC2500  
 Date of Service: 02-NOV-10  
 Service Request Number: 10494842

-----  
 Installed At  
 CLIFFS COMMUNITIES  
 3598 HWY 11  
 TRAVELERS REST, SC 29690  
 -----

LABOR_ST	Labor Charge for Service - Standard	85101134-	1	HR	149.00	149.00
ANDARD	Hours	2161233				
	1.FS-Labor - Standard					
B2232027	PCU:AP:COLOR:EXP:ASS'Y	85101134-	2	EA	724.23	1,448.46
		2161233				
	1.FS-Parts - Standard					

For inquiries regarding your account, contact us at 888-447-4264 or via email at [atfcscinvoice@Ricoh-usa.com](mailto:atfcscinvoice@Ricoh-usa.com).

<b>Subtotal:</b>	\$1,597.46
<b>Tax:</b>	\$86.91
<b>Total:</b>	\$1,684.37

# RICOH

5 Dedrick Place  
West Caldwell, NJ 07006

<b>Invoice Number</b>	
507234101	
<b>Invoice Date</b>	<b>Shipping Date</b>
11/04/2010	
<b>PO Number</b>	<b>Sales Order</b>
10953	28598179
<b>Customer Number</b>	<b>Customer Location</b>
455425	1527243
<b>Terms</b>	<b>Due Date</b>
NET 30	12/04/2010

-----  
^Please detach this portion and return with your payment^

Make Checks Payable to: Ricoh Americas Corporation

Invoice Number:	507234101
Invoice Date:	11/04/2010

<b>Pay this Amount:</b>	<b>\$ 1,684.37</b>
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**If Paying by Credit Card:**

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

RICOH AMERICAS CORPORATION  
PO Box 4245  
CAROL STREAM, IL 60197-4245



**INVOICE**

5 Dedrick Place  
West Caldwell, NJ 07006

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
302048	455425
<b>Invoice Date</b>	<b>Due Date</b>
10/01/2010	10/31/2010
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Federal ID Number: 22-2783521

**Bill To:**

CLIFFS COMMUNITIES  
STEVE FENDER,  
3598 HWY 11  
TRAVELERS REST, SC 29690

Description	Serial Number	Amount	Tax	Extended Amount
410249749 SVC01047874 CLIFFS COMMUNITIES 3851 HWY 11 TRAVELERS REST, SC 29690				
Maintenance Agreement - Regular Bill Floor Suite Room: Cliffs Corp 2 Bill From: 10/01/2010 Thru 10/31/2010	L8986320713	23.37	1.40	24.77
Maintenance Agreement - Regular Bill Bill From: 10/01/2010 Thru 10/31/2010	L4688801289	0.00	0.00	0.00
<b>B/W Total</b> Floor Suite Room: Cliffs Corp 2 Current Meter : 61105(09/30/2010) Previous Meter : 58447(07/01/2010) Total : 2658 Credit: 0 Allowance : 0 Billable : 2658 Overage Rate : .01060	L8986320713	28.17	1.69	29.86

**INVOICE**

5 Dedrick Place  
 West Caldwell, NJ 07006

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
302048	455425
<b>Invoice Date</b>	<b>Due Date</b>
10/01/2010	10/31/2010
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Federal ID Number: 22-2783521

Description	Serial Number	Amount	Tax	Extended Amount
-------------	---------------	--------	-----	-----------------

Color Total L8986320713 1,033.89 62.03 1,095.92

Floor Suite Room: Cliffs Corp 2  
 Current Meter : 133394(09/30/2010)  
 Previous Meter : 121855(07/01/2010)  
 Total : 11539  
 Credit: 0  
 Allowance : 0  
 Billable : 11539  
 Overage Rate : .08960

410249750  
 SVC01047875  
 CLIFFS COMMUNITIES  
 3851 HWY 11  
 TRAVELERS REST,SC 29690

Maintenance Agreement - Regular Bill L8986320717 23.37 1.40 24.77  
 Bill From: 10/01/2010 Thru 10/31/2010

Maintenance Agreement - Regular Bill L4688800347 0.00 0.00 0.00  
 Bill From: 10/01/2010 Thru 10/31/2010

B/W Total L8986320717 19.83 1.19 21.02

Current Meter : 40805(09/30/2010)  
 Previous Meter : 38934(07/01/2010)  
 Total : 1871  
 Credit: 0  
 Allowance : 0  
 Billable : 1871  
 Overage Rate : .01060

Color Total L8986320717 158.27 9.50 167.77

Current Meter : 43797(09/30/2010)  
 Previous Meter : 41623(07/01/2010)  
 Total : 2174  
 Credit: 0  
 Allowance : 0  
 Billable : 2174  
 Overage Rate : .07280

5 Dedrick Place  
 West Caldwell, NJ 07006

Federal ID Number: 22-2783521

<b>Consolidated Invoice #</b>	<b>Customer Number</b>
302048	455425
<b>Invoice Date</b>	<b>Due Date</b>
10/01/2010	10/31/2010
<b>Terms</b>	<b>Purchase Order Number</b>
NET 30	CLIFFS COMMUNITIES

Description	Serial Number	Amount	Tax	Extended Amount
-------------	---------------	--------	-----	-----------------

For inquiries regarding your account, contact us at 888-201-5601 or via email at MajorAccountCollections@Ricoh-USA.com.

<b>Subtotal:</b>	\$1,286.90
<b>Tax:</b>	\$77.21
<b>Total:</b>	\$1,364.11

-----  
 ^Please detach this portion and return with your payment^  
 Make Checks Payable to: Ricoh Americas Corporation

<b>Pay this Amount:</b>	<b>\$1,364.11</b>
-------------------------	-------------------

**If Paying by Credit Card:**

Credit Card Number : \_\_\_\_\_  
 Name on Credit Card : \_\_\_\_\_  
 Expiration Date : \_\_\_\_\_

RICOH AMERICAS CORPORATION  
 PO Box 4245  
 CAROL STREAM, IL 60197-4245

# RICOH

## PROPERTY TAX INVOICE

5 Dedrick Place  
West Caldwell, NJ 07006

Federal ID Number : 22-2783521  
DUNS Number : 06-107-9273

Invoice Number	Invoice Date
900097901	09/23/2011
PO Number	Contract Number
	100-3001965-100
Customer Number	Customer Location
455425	1527243
Terms	Due Date
NET 30	10/23/2011

Bill To: 166



CLIFFS COMMUNITIES  
STEVE FENDER,  
3598 HIGHWAY 11  
TRAVELERS REST SC 29690-3598

Ship To:  
CLIFFS COMMUNITIES  
135 BOTANICAL CIRCLE  
TRAVELERS REST SC 29690

Description	Serial Number	Contract Number	Amount
Bill Period : 2010			
C2525SPF/LD425CSPF/MPC2500SPF	L3685300494		160.15
PAPER FEED UNIT PB3000	L4688801326		17.99

For inquiries regarding your account, contact us at 888-447-4264 or via email at [atlcscinvoice@Ricoh-usa.com](mailto:atlcscinvoice@Ricoh-usa.com).

<b>Subtotal:</b>	<b>\$178.14</b>
<b>Tax:</b>	<b>\$10.69</b>
<b>Total:</b>	<b>\$188.83</b>

-----  
^Please detach this portion and return with your payment^  
Make Checks Payable to: Ricoh Americas Corporation

**Pay this Amount: \$188.83**

Invoice Number:	900097901
Invoice Date:	09/23/2011

Remit To:

RICOH AMERICAS CORPORATION  
PO BOX 4245  
CAROL STREAM IL 60197-4245



If Paying by Credit Card:

Credit Card Number: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

0900097901 0455425 000018883 4



# RICOH

RICOH AMERICAS CORPORATION  
Five Dedrick Place  
West Caldwell, NJ 07006  
Phone: 973-882-2000  
Fax: 973-882-5840



Dear Valued Customer,

Enclosed please find your Property Tax invoice for 2010. As part of your lease agreement with Ricoh, we have paid the taxes on your behalf. We are now billing you for reimbursement as specified in the terms and conditions.

Please carefully review the Frequently Asked Questions portion of this letter. If you have additional questions after reading them, please contact the 800 number listed on the invoice.

Frequently Asked Questions

***My organization is tax exempt, why am I being billed?***

The reimbursement of property tax is based on Ricoh's tax status and does not depend on your tax-exempt status.

***Do I receive one invoice for all the property tax that I owe in one year?***

If you have more than one machine, you will receive an invoice for each machine.

***What if I returned equipment in 2010?***

If you had the machine for any portion of 2010, the property tax is still assessed and therefore, you are still liable.

We would also like to take this opportunity to thank you for your business in 2010. We look forward to working with you in the new year and for many years to come.

Thank you and best regards,

Ricoh Business Solutions

**Case 12-01220-jw Claim 19-1 Filed 05/31/12 Desc Main Document Page 20 of 27**  
**RICOH**

**PROPERTY TAX INVOICE**

5 Dedrick Place  
West Caldwell, NJ 07006

Federal ID Number : 22-2783521  
DUNS Number : 06-107-9273

Invoice Number	Invoice Date
900098123	09/23/2011
PO Number	Contract Number
None	100-3000684-100
Customer Number	Customer Location
455425	2112712
Terms	Due Date
NET 30	10/23/2011

Bill To: 205



CLIFFS COMMUNITIES  
PO BOX 1549  
TRAVELERS REST SC 29690-1206

Ship To:  
CLIFFS COMMUNITIES  
3598 HWY 11  
TRAVELERS REST SC 29690

Description	Serial Number	Contract Number	Amount
Bill Period :2010			
PAPER FEED UNIT PB3000			16.80
1 BIN TRAY BN3000			4.20
FAX UNIT ATHENA-C1			15.09
PAPER FEED UNIT PB3000			16.80
1 BIN TRAY BN3000			4.20
C2525/LD425C/MPC2500	85101134-2161233		163.34
FAX UNIT ATHENA-C1			15.07
C2525/LD425C/MPC2500	85101161-2161233		120.09
RICOH AFICIO GX 3000	87400348-479155		3.21

For inquiries regarding your account, contact us at 888-447-4264 or via email at [atlcsinvoice@Ricoh-usa.com](mailto:atlcsinvoice@Ricoh-usa.com).

Subtotal:	\$358.80
Tax:	\$21.53
Total:	\$380.33

-----  
^Please detach this portion and return with your payment^  
Make Checks Payable to: Ricoh Americas Corporation

Pay this Amount: \$380.33

Invoice Number:	900098123
Invoice Date:	09/23/2011

Remit To:

RICOH AMERICAS CORPORATION  
PO BOX 4245  
CAROL STREAM IL 60197-4245



If Paying by Credit Card:

Credit Card Number: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

0900098123 0455425 000038033 8

# RICOH

RICOH AMERICAS CORPORATION  
Five Dedrick Place  
West Caldwell, NJ 07006  
Phone: 973-882-2000  
Fax: 973-882-5840

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We would also like to take this opportunity to thank you for your business in 2010. We look forward to working with you in the new year and for many years to come.

Thank you and best regards,

Ricoh Business Solutions

## District of South Carolina Claims Register

12-01220-jw The Cliffs Club & Hospitality Group, Inc.

**Chief Judge:** John E. Waites      **Chapter:** 11  
**Office:** Spartanburg              **Last Date to file claims:**  
**Trustee:**                              **Last Date to file (Govt):** 08/27/2012

<p><i>Creditor:</i> (541981482)          Ricoh Americas Corporation          Attn: Bankruptcy          3920 Arkwright Road, Suite          400          Macon GA 31210</p>	<p><b>Claim No:</b> 19  <i>Original Filed</i>  <i>Date:</i> 05/31/2012  <i>Original Entered</i>  <i>Date:</i> 05/31/2012</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> Ricoh Americas          Corporation  <i>Modified:</i></p>
--	--	--

Amount claimed: \$6627.99

*History:*

Details    19-1    05/31/2012 Claim #19 filed by Ricoh Americas Corporation, Amount claimed: \$6627.99  
 (Ricoh Americas Corporation)

*Description:*

*Remarks:*

### Claims Register Summary

**Case Name:** The Cliffs Club & Hospitality Group, Inc.  
**Case Number:** 12-01220-jw  
**Chapter:** 11  
**Date Filed:** 02/28/2012  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$6627.99
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		