

UNITED STATES BANKRUPTCY COURT OF SOUTH CAROLINA		PROOF OF CLAIM
Name of Debtor: The Cliffs Club & Hospitality Group, Inc.	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): The Cliffs Club & Hospitality Group, Inc.		
Name and address where notices should be sent: Ricoh Americas Corporation ATTN: Bankruptcy 3920 Arkwright Road, Suite 400 Macon, GA 31210		COURT USE ONLY
		RECEIVED JUN 08 2012 BMC GROUP
		<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):		<input checked="" 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.
Telephone number: (800) 505-8326 ext 2567 Email: Jennifer.orenstein@ricoh-usa.com		
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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). Amount entitled to priority: \$ _____
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 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 400
 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.nsc.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.

RICOH

INVOICE

Page Number 1 of 3

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

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

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

RICOH

INVOICE

Page Number 2 of 3

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

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

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

Color Total	L8986320713	807.12	48.43	855.55
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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

411081290
 SVC01047875
 CLIFFS COMMUNITIES
 3851 HWY 11
 TRAVELERS REST, SC 29690

Maintenance Agreement - Regular Bill	L8986320717	23.37	1.40	24.77
Bill From: 01/01/2011 Thru 01/31/2011				

Maintenance Agreement - Regular Bill	L4688800347	0.00	0.00	0.00
Bill From: 01/01/2011 Thru 01/31/2011				

B/W Total	L8986320717	18.43	1.11	19.54
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Current Meter : 42544(12/31/2010)
 Previous Meter : 40805(10/01/2010)
 Total : 1739
 Credit: 0
 Allowance : 0
 Billable : 1739
 Overage Rate : .01060

Color Total	L8986320717	152.44	9.15	161.59
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Current Meter : 45891(12/31/2010)
 Previous Meter : 43797(10/01/2010)
 Total : 2094
 Credit: 0
 Allowance : 0
 Billable : 2094
 Overage Rate : .07280

RICOH

INVOICE

Page Number 3 of 3

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

Consolidated Invoice #	Customer Number
329153	455425
Invoice Date	Due Date
01/01/2011	01/31/2011
Terms	Purchase Order Number
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.

Subtotal	\$1,063.62
Tax	\$63.82
Total	\$1,127.44

^Please detach this portion and return with your payment^

Make Checks Payable to: Ricoh Americas Corporation

Pay this Amount \$1,127.44

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

0000329153 0455425 000112744 7

RICOH

INVOICE

Page Number 1 of 2

5 Dedrick Place
West Caldwell, NJ 07006

Consolidated Invoice#	Customer Number
319908	455425
Invoice Date	Due Date
12/01/2010	12/31/2010
Terms	Purchase Order Number
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

RICOH

INVOICE

Page Number 2 of 2

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

Consolidated Invoice #	Customer Number
319908	455425
Invoice Date	Due Date
12/01/2010	12/31/2010
Terms	Purchase Order Number
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.

Subtotal	\$46.74
Tax	\$2.80
Total	\$49.54

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

Pay this Amount	\$49.54
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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

0000319908 0455425 000004954 3

RICOH

INVOICE

Page Number 1 of 2

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

Item	Description	Serial Number	Qty	UOM	Unit Price	Amount
LABOR_ST ANDARD	Labor Charge for Service - Standard Hours	85101134- 2161233	1	HR	149.00	149.00
	1.FS-Labor - Standard					
B2232027	PCU:AP:COLOR:EXP:ASSY	85101134- 2161233	2	EA	724.23	1,448.46
	1.FS-Parts - Standard					

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

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

RICOH

5 Dedrick Place
West Caldwell, NJ 07006

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

^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
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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

0507030542 0455425 000168437 9

RICOH

INVOICE

Page Number 1 of 2

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

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.

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

RICOH

5 Dedrick Place
West Caldwell, NJ 07006

Page Number 2 of 2

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

^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

0507033049 0455425 000014900 7

RICOH

INVOICE

Page Number 1 of 1

5 Dedrick Place
West Caldwell, NJ 07006Federal 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 29690Ship 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.

Subtotal:	\$170.87
Tax:	\$10.26
Total:	\$181.13

^Please detach this portion and return with your payment^

Make Checks Payable to: Ricoh Americas Corporation

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

Pay this Amount:	\$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

0412163815 0455425 000018113 6

RICOH

INVOICE

Page Number 1 of 3

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

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

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

Description	Serial Number	Amount	Tax	Extended Amount
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410249749

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: 10/01/2010 Thru 10/31/2010				

Maintenance Agreement - Regular Bill	L4688801289	0.00	0.00	0.00
Bill From: 10/01/2010 Thru 10/31/2010				

B/W Total	L8986320713	28.17	1.69	29.86
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				

RICOH

INVOICE

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

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

Description	Serial Number	Amount	Tax	Extended Amount
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Color Total	L8986320713	1,033.89	62.03	1,095.92
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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
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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

RICOH

INVOICE

Page Number 3 of 3

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

Consolidated Invoice #	Customer Number
302048	455425
Invoice Date	Due Date
10/01/2010	10/31/2010
Terms	Purchase Order Number
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.

Subtotal	\$1,286.90
Tax	\$77.21
Total	\$1,364.11

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

Pay this Amount	\$1,364.11
------------------------	------------

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

0000302048 0455425 000136411 3

RICOH

INVOICE

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

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

Bill To:

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

Description	Serial Number	Amount	Tax	Extended Amount
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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				

RICOH

INVOICE

Page Number 2 of 2

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

Consolidated Invoice#	Customer Number
309667	455425
Invoice Date	Due Date
11/01/2010	12/01/2010
Terms	Purchase Order Number
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.

Subtotal	\$46.74
Tax	\$2.80
Total	\$49.54

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

Pay this Amount	\$49.54
------------------------	---------

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

0000309667 0455425 000004954 5

RICOH

INVOICE

Page Number 1 of 2

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

Item	Description	Serial Number	Qty	UOM	Unit Price	Amount
LABOR_ST ANDARD 1.FS-Labor - Standard	Labor Charge for Service - Standard Hours	85101134- 2161233	1	HR	149.00	149.00
B2232027 1.FS-Parts - Standard	PCU:AP:COLOR:EXP:ASS'Y	85101134- 2161233	2	EA	724.23	1,448.46

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

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

RICOH

5 Dedrick Place
West Caldwell, NJ 07006

Page Number 2 of 2

Invoice Number	
507234101	
Invoice Date	Shipping Date
11/04/2010	
PO Number	Sales Order
10953	28598179
Customer Number	Customer Location
455425	1527243
Terms	Due Date
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

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

0507234101 0455425 000168437 7

RICOH

INVOICE

Page Number 1 of 3

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

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

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

Description	Serial Number	Amount	Tax	Extended Amount
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410249749

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: 10/01/2010 Thru 10/31/2010

Maintenance Agreement - Regular Bill

L4688801289

0.00

0.00

0.00

Bill From: 10/01/2010 Thru 10/31/2010

B/W Total

L8986320713

28.17

1.69

29.86

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

RICOH

INVOICE

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

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

Description	Serial Number	Amount	Tax	Extended Amount
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Color Total	L8986320713	1,033.89	62.03	1,095.92
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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
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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

RICOH

INVOICE

Page Number 3 of 3

5 Dedrick Place
West Caldwell, NJ 07006

Federal ID Number: 22-2783521

Consolidated Invoice#	Customer Number
302048	455425
Invoice Date	Due Date
10/01/2010	10/31/2010
Terms	Purchase Order Number
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.

Subtotal	\$1,286.90
Tax	\$77.21
Total	\$1,364.11

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

Pay this Amount	\$1,364.11
------------------------	-------------------

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

0000302048 0455425 000136411 3

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.

Subtotal:	\$178.14
Tax:	\$10.69
Total:	\$188.83

^Please detach this portion and return with your payment^

Make Checks Payable to: Ricoh Americas Corporation

Pay this Amount:	\$188.83
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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

PROPERTY TAX INVOICE

5 Dedrick Place
West Caldwell, NJ 07006

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

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



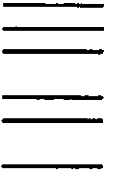
If Paying by Credit Card:

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



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

United States Bankruptcy Court**District of South Carolina**

Notice of Electronic Claims Filing

The following transaction was received from Ricoh Americas Corporation on 5/31/2012 at 1:42 PM EDT

File another claim

Case Name: The Cliffs Club & Hospitality Group, Inc.

Case Number: 12-01220-jw

Ricoh Americas Corporation

Creditor Name: Attn: Bankruptcy
3920 Arkwright Road, Suite 400
Macon GA 31210

Claim Number: 19 Claims Register

Amount Claimed: \$6627.99

Amount Secured:

Amount Priority:

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:C:\Documents and Settings\JOrenstein\Desktop\Bankruptcy Files\Cliffs Club\POC.pdf

Electronic document Stamp:

[STAMP bkecfStamp_ID=983900449 [Date=5/31/2012] [FileNumber=14457680-0]
] [496a6765152427ce49cadf7ee79ee4fae20fbe91196c048ef21dad7bb5bd35faa66
e20daa335923cf4706e39d2ef7ca5b50975d90fa6d55e6d63d443c007790c]]

RICOH

RICOH AMERICAS CORPORATION

P.O. Box 6897
Macon, GA 31208-6897

RECEIVED

JUN 08 2012

BMC GROUP

RECEIVED

JUN 03 2012

BMC GROUP

BMC Group, Inc

Attn: Cliffs Claims Processing

PO Box 3020

Chanhassen MN 55317

6/9/12 RET SERV REC

02 1M
0008005003
MAILED FROM ZIP CODE 30349

\$ 00.188

JUN05 2012



PRESORTED
FIRST CLASS



Hasler

016H2052Z2666
\$01.424
06/01/2012
Mailed From 3121
US POSTAGE