

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s15790
AMOUNT/CLASSIFICATION:
\$77.79 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:
29347866011144
Tri-County Ace Hardware
BECKY
Po Box 159
Seneca, SC 29679

RECEIVED
JUN 22 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 () email:

THIS SPACE IS FOR COURT USE ONLY

Name and address where payment should be sent (if different from above):

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known):

Filed on:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 833.11

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: goods sold
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
0235

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.

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____

Nature of property or right of setoff:

Basis for Perfection: _____

Describe:

Real Estate Motor Vehicle Other _____

Amount of Secured Claim: \$ _____

Value of Property: \$ _____

Amount Unsecured: \$ 833.11

Annual Interest Rate: _____ % Fixed or Variable
(when case was filed)

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
01348

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 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 definition of "redacted").
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
 If the documents are not available, please explain:

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES OR EMAIL NOT ACCEPTED) so that it is actually received on or before 4:00 pm prevailing Eastern Time on May 31, 2012 for Non-Governmental Claimants OR on or before 4:00 pm prevailing Eastern Time on August 27, 2012 for Governmental Claimants.

BY MAIL TO: BMC Group, Inc Attn: Cliffs Claims Processing PO Box 3020 Chanhassen, MN 55317-3020	BY MESSENGER OR OVERNIGHT DELIVERY TO: BMC Group, Inc Attn: Cliffs Claims Processing 18675 Lake Drive East Chanhassen, MN 55317
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8. SIGNATURE: (See instruction #8)

Check the appropriate box.

- I am the creditor.
 I am the creditor's authorized agent.
 (Attach copy of power of attorney, if any.)
 I am the trustee, or the debtor, or their authorized agent.
 (See Bankruptcy Rule 3004.)
 I am a guarantor, surety, indorser, or other codebtor.
 (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Becky SANDERS
 Title: CREDIT MANAGER
 Company: TRI-COUNTY ACE

Becky Sanders 6-18-12
 (Signature) (Date)

Address and telephone number (if different from notice address above):

Telephone number: (864) 882-1554 email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

LIST OF DEBTORS:

Case Name	Case Nbr
The Cliffs Club & Hospitality Group, Inc.	12-01220
CCHG Holdings, Inc.	12-01223
The Cliffs at Mountain Park Golf & Country Club, LLC	12-01225
The Cliffs at Keowee Vineyards Golf & Country Club, LLC	12-01226
The Cliffs at Walnut Cove Golf & Country Club, LLC	12-01227
The Cliffs at Keowee Falls Golf & Country Club, LLC	12-01229
The Cliffs at Keowee Springs Golf & Country Club, LLC	12-01230
The Cliffs at High Carolina Golf & Country Club, LLC	12-01231
The Cliffs at Glassy Golf & Country Club, LLC	12-01234
The Cliffs Valley Golf & Country Club, LLC	12-01236
Cliffs Club & Hospitality Service Company, LLC	12-01237

REMITTANCE

CLOSING DATE : 2/25/12
 TRI COUNTY ACE - SENECA
 THE CLIFFS COMMUNI
 ACCOUNT : 20235

AMOUNT PAID

NEW BAL: 833.11

Please return remittance with your payment. If you wish to pay specific items on the statement, please include a copy of your statement with the items marked.

STATEMENT

TRI COUNTY ACE - SENECA
 PO BOX 159 SENECA SC 29679
 1645 SANDIFER BLVD
 SENECA SC 29678
 (864) 882-2100

CLOSING DATE: 2/25/12

ACCT: 20235

THE CLIFFS COMMUNITIES
 ATTN; ACCOUNTS PAYABLE
 P.O. BOX 1549
 TRAVELERS REST SC 29690

PLEASE NOTE: OUR TERMS ARE NET 10TH. ENTIRE STATEMENT
 BALANCE IS DUE IN FULL BEFORE MARCH 10TH

Date	Ref	ST	C	Description	Debit	Credit	Amount
9/25/10	310689	1	F	FINANCE CHARGE	3.56		3.56
10/19/10	D15555	1	P	UNAPPLIED PAYMENT		13.77	-13.77
10/25/10	409684	1	F	FINANCE CHARGE	1.00		1.00
10/28/10	D18170	1	P	UNAPPLIED PAYMENT		18.01	-18.01
11/25/10	820457	1	F	FINANCE CHARGE	2.68		2.68
12/31/10	241233	1	F	FINANCE CHARGE	4.77		4.77
1/25/11	570213	1	F	FINANCE CHARGE	1.00		1.00
2/25/11	404100	1	F	FINANCE CHARGE	1.00		1.00
3/25/11	207178	1	F	FINANCE CHARGE	1.93		1.93
4/14/11	<u>353706</u>	3	I	PO # 17705	36.89		36.89
4/25/11	639386	1	F	FINANCE CHARGE	4.46		4.46
5/ 4/11	<u>353779</u>	3	I	PO # 8657	27.52		27.52
5/10/11	<u>353804</u>	3	I	PO # 8677	10.15		10.15
5/13/11	<u>353820</u>	3	I	PO # 40412	18.52		18.52
5/25/11	349459	1	F	FINANCE CHARGE	2.09		2.09
5/27/11	<u>353864</u>	3	I	PO # 40571	13.18		13.18
6/ 3/11	<u>353877</u>	3	I	PO # 40185	5.91		5.91
6/ 6/11							

	<u>353880</u>	3	I	PO # 40738	21.09		21.09
6/ 9/11	<u>353887</u>	3	I	PO # 17716	8.44		8.44
6/ 9/11	<u>353888</u>	3	I	PO # 17716	6.33		6.33
6/16/11	<u>353904</u>	3	I	PO # 40811	19.04		19.04
6/25/11	806097	1	F	FINANCE CHARGE	4.93		4.93
6/30/11	<u>353953</u>	3	I	PO # 40866	10.06		10.06
7/ 1/11	<u>353957</u>	3	I	PO # 40867	6.34		6.34
7/ 7/11	<u>353969</u>	3	I	PO # 40878	110.66		110.66
7/18/11	<u>353990</u>	3	I	PO # 17732	4.02		4.02
7/25/11	282604	1	F	FINANCE CHARGE	7.72		7.72
8/18/11	<u>354083</u>	3	I	PO # 17743	18.54		18.54
8/24/11	<u>354092</u>	3	I	PO # 17746	4.22		4.22
8/24/11	<u>354093</u>	3	I	PO # 17744	7.63		7.63
8/24/11	<u>354094</u>	3	I	PO # 17744	9.04		9.04
8/25/11	405394	1	F	FINANCE CHARGE	6.76		6.76
8/26/11	<u>354097</u>	3	I	PO # 30393	3.35		3.35
8/29/11	<u>354104</u>	3	I	PO # 17750	4.76		4.76
8/30/11	<u>354108</u>	3	I	PO # 40630	7.38		7.38
8/31/11	<u>354113</u>	3	I	PO # 40630	7.38		7.38
9/ 6/11	<u>354122</u>	3	I	PO # OFFICE	33.37		33.37
9/15/11	<u>354153</u>	3	I	PO # 40644	6.14		6.14
9/15/11	<u>354154</u>	3	I	PO # 40643	4.55		4.55
9/25/11	949034	1	F	FINANCE CHARGE	7.03		7.03
10/13/11	<u>354210</u>	3	I	PO # 40678	11.83		11.83
10/20/11	<u>354224</u>	3	I	PO # 40680	16.39		16.39
10/25/11	713753	1	F	FINANCE CHARGE	8.81		8.81
11/25/11	486163	1	F	FINANCE CHARGE	7.91		7.91
11/30/11	<u>354312</u>	3	I	PO # 40703	65.70		65.70
12/ 8/11	<u>354324</u>	3	I	PO # 41145	9.00		9.00
12/ 9/11	<u>354328</u>	3	I	PO # 18021	7.50		7.50
12/13/11	<u>354333</u>	3	I	PO # 41147	82.12		82.12
12/13/11	<u>354336</u>	3	I	PO # 13137F	10.03		10.03
12/14/11	<u>354337</u>	3	I	PO # 13145F	28.68		28.68
12/15/11	<u>354340</u>	3	I	PO # 13180F	6.35		6.35
12/19/11	<u>354345</u>	3	I	PO # FALLS SOUTH SALES	78.93		78.93
12/28/11	<u>354356</u>	3	I	PO # 41210	39.97		39.97
12/29/11	<u>354358</u>	3	I	PO # 18023	9.82		9.82
12/30/11	<u>354362</u>	3	C	OPEN CREDIT		20.51	-20.51
12/31/11	300591	1	F	FINANCE CHARGE	8.90		8.90
1/ 5/12	<u>354370</u>	3	I	PO # 18025	13.48		13.48

1/25/12	220908	1	F	FINANCE CHARGE	13.76		13.76
2/25/12	590511	1	F	FINANCE CHARGE	12.78		12.78

YOUR ACCOUNT IS SERIOUSLY PAST DUE & MAY BE PLACED W/COLLECTIONS						NEW BAL: 833.11
Current 12.78	1-30 85.93	31-60 267.80	61-90 7.91	OVER 90 458.69		

FINANCE CHARGE--
MONTHLY % : 1.50
ANNUAL % : 18.00

TERMS: NET 10TH

FINANCE CHRG: 12.78
F/C BALANCE : 852.11
F/C MIN AMT : 1.00
F/C METHOD : A

20235

Transaction Codes		
A - Adjustment	C - Credit	I - Invoice
B - Balance Forward	F - Finance Charge	P - Payment

This statement covers transactions on your account for the period ending on the date above. Charges, payments, and credits received after the above date will be shown on your next statement.



Tri-County Builders Supply

P.O. Box 159

The helpful place. Seneca, SC 29679



RECEIVED

JUN 22 2012

BMC GROUP

PITNEY BOWES
\$ 000.45⁰

02 1P

0003089750 JUN 19 2012

MAILED FROM ZIP CODE 29678

BMC Group Inc.
Attn: Cliffs Claims Processing

PO Box 3020

Charhassen, MN 55317-3020

