

PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT District of South Carolina

Name of Debtor:
The Cliffs at Glassy Golf & Country Club LLC

Case Number:
12-01236

2012 JUN 28 PM 2:37
U.S. DISTRICT COURT OF SOUTH CAROLINA

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):
Wright Express Financial Services

COURT USE ONLY

Name and address where notices should be sent:
Wright Express Financial Services
PO Box 639
Portland, ME 04104
Telephone number: (207) 523-6237 email: bankruptcy@wrightexpress.com

RECEIVED
AUG 10 2012
BMC GROUP

Check this box if this claim amends a previously filed claim.
Court Claim Number: _____
(If known)
Filed on: 03/21/2012

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

Telephone number: _____ email: _____

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: \$ 59,389.89
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.
 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: fuel credit card purchase
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:
3 9 6 0

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.
Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:
Value of Property: \$ _____
Annual Interest Rate _____ % Fixed or Variable (when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Basis for perfection: _____
Amount of Secured Claim: \$ _____
Amount 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"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	Amount entitled to priority: \$ _____
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	

*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.

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

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

Print Name: Lisa Randall
Title: Director
Company: Wright Express Financial Services
Address and telephone number (if different from notice address above):


(Signature)

06/22/2012

(Date)

Telephone number: _____ email: _____

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

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



INVOICE/STATEMENT

INVOICE NUMBER: 26689140
 ACCOUNT NAME: CLIFFS GOLF & COUNTRY

PAGE 1 OF 1

ACCOUNT NUMBER	CREDIT LIMIT	DAYS THIS PERIOD	BILL CLOSING DATE	PAYMENT DUE DATE	AMOUNT DUE
2396-0	100,000.00	30	07-15-2011	08-10-2011	66,389.89

DATE	ACTIVITY DESCRIPTION	CHARGES/DEBITS	PAYMENTS/CREDITS
07-15-2011	MONTHLY CARD CHG	168.00	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>ACCOUNT IS SEVERELY DELINQUENT ACCOUNT WILL BE TERMINATED AND REFERRED FOR FORMAL COLLECTION IF PAYMENT IS NOT RECEIVED IMMEDIATELY CALL TOLL FREE 1-888-437-6004</p> </div>			

PURCHASES, RETURNS AND PAYMENTS MADE JUST PRIOR TO BILLING DATE MAY NOT APPEAR UNTIL THE NEXT INVOICE/STATEMENT

PREVIOUS BALANCE	(-)PAYMENTS	(+)PURCHASES	(-)DEBITS	(-)CREDITS	(+)LATE FEE	(=)NEW BALANCE
58,057.38	0.00	0.00	168.00	0.00	1,164.51	59,389.89

\$10.00 MINIMUM LATE FEE
 PAY ONLINE AT: www.wexonline.com
 CALL CUSTOMER SERVICE TO PAY BY PHONE
 FEDERAL TAX ID: [REDACTED]

The Late Fee is determined by applying a monthly periodic rate of	Which is an ANNUAL PERCENTAGE RATE of	To the Balance subject to late fee for this period which is
2.00 %	24.00 %	58,226.38

SEE REVERSE SIDE FOR MORE INFORMATION AND TERMS.
 TO ENSURE PROPER CREDIT, TEAR AT PERFORATION AND INCLUDE BOTTOM PORTION WITH YOUR PAYMENT

ACCOUNT NAME	CLIFFS GOLF & COUNTRY
ACCOUNT NUMBER	2396-0
INVOICE NUMBER	26689140
BILL CLOSING DATE	07-15-2011
AMOUNT DUE	59,389.89
AMOUNT ENCLOSED	
PAYMENT DUE DATE	08-10-2011

PAYMENTS RECEIVED AFTER THIS DATE SUBJECT TO LATE FEES

WRIGHT EXPRESS FLEET SERVICES

ASHLEY BLEVINS
 CLIFFS GOLF & COUNTRY
 PO BOX 1549
 TRAVELERS REST, SC 29680

Fax change of address request to 1-800-365-0809.
 Make check payable to:
FLEET SERVICES
 Use enclosed envelope or send to:



FLEET SERVICES
 PO BOX 6293
 CAROL STREAM IL 60197-6293

ATTN: KRISTA MESERVE
FAX (207) 791-5322

WRIGHT EXPRESS ACCOUNT REQUEST

Applicant—Please read the following before completing this form. I applicant represents that the information given in this application is complete and accurate and authorizes us to check with credit reporting agencies, credit references, and other sources disclosed to confirm information given; (2) applicant requests a business charge account, if approved for credit, and one or more business charge cards from the card issuer, which is Wright Express Financial Services Corporation ("Card Issuer"); (3) the undersigned applicant/buyer agrees to the terms and conditions set forth in the Business Charge Card Account Agreement provided with this application and/or provided with the business charge card(s). Use of any card issued pursuant to this application requires applicant's agreement to said terms and conditions. If you have any questions regarding this application, please call 1-800-884-0812.

0442083 cm

Legal Corporation of Applicant (if any)
CLIFFS CLASSIC Golf & Country Club (864) 836-1120 FAX: (864) 836-8176

Company Name to Appear on Cards
CLIFFS Communities

Company Name to Appear on Cards
CLIFFS GOLF & COUNTRY CLUB 864-836-1120

Address
CAROL GUZIK
301 BEAUBER DAM RD TRAVELERS REST SC 29690

Business Information
JAMES B. ALTHOMY OWNER
1992 (1992) 4,000 50+

Business Description
Construction

Signature of Applicant
450

Bank Information
BANK OF TRAVELERS REST P.O. Box 1067 TRAVELERS REST SC 29690

Bank Contact Person
DEBORAH HUGHES 864-834-9231

Business Contact Person
MARTIN TOUCH COMPUTERS TAYLOR SC STEVE FEEDOR 864-292-7290

Business Contact Person
SOUTH PEAK GUL SC TAU LEATHERBUD 864-268-8882

Business Contact Person
ROCKY CREEK BAKENHOUSE GUL SC 864-627-1583

Business Contact Person
DAVID WALTERS PURCHASE DR. 864-836-1120 864-836-1123

Business Contact Person
Robin Edmunds Acct. manager

Business Contact Person
337086 10844034 044100932 3960

Wright Express Fleet Card Program Costs: \$40 setup fee, \$2.00 per card, per month.

OK to waive setup fee!

pay

Robin Edmunds

1/16/01
6676
18,000
01/12

CROSS CORPORATE GUARANTY

Guaranty of Payment and Performance Under:

- Wright Express® Business Charge Account Agreement
- Corporate Card Program Master Agreement
- MasterCard Business® Card for Construction Charge Card Program Agreement
- Commercial Charge Card Program Agreement

Between

Wright Express Financial Services Corporation

("WEX FSC")¹

And

CLIFFS GOLF & COUNTRY

("Customer")

In consideration of WEX FSC extending commercial credit to Customer under the agreement(s) identified above, as the same may hereafter be modified, extended or amended ("the Agreement"), the guarantor identified below ("Guarantor") hereby agrees to unconditionally guarantee payment and performance under the terms of the Agreement to WEX FSC.

This is a guaranty of payment and not merely of collection. The Guarantor agrees to pay, upon demand, any amount owed by Customer to WEX FSC and due under the terms of the Agreement. In no event will Guarantor be liable for more than the total amount owed by Customer under the Agreement. WEX FSC shall not be required to initiate action against, nor exhaust any remedies with respect to Customer or any other guarantor prior to making a demand upon the Guarantor.

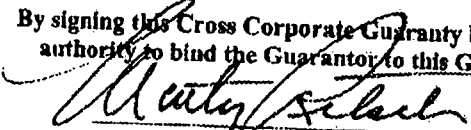
The Guarantor hereby waives any notices regarding the Agreement or this guaranty, and agrees that this guaranty shall be applicable for as long as the Agreement shall be in effect. The Guarantor hereby agrees that WEX FSC may extend the time for payment and release any other security for the Agreement without affecting in any way the obligations of the Guarantor. The Guarantor waives any and all suretyship defenses.

Guarantor: THE CLIFFS COMMUNITIES INC
(Legal Entity Name of Company providing the guaranty)

Guarantor's Address: PO Box 1549 / 3598 Highway 11 Travelers Rest, SC 29690

Guarantor's Tel. No.: (864) 371-1000

By signing this Cross Corporate Guaranty below, you are indicating that you have the authority to bind the Guarantor to this Guaranty and the terms contained herein.

By: 
(Authorized Signature)

Name: MARY ROSCA
(Printed or Typed Name of Signatory above)

Title: TREASURER
(Title of Signatory above)

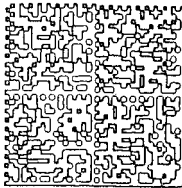
Date: 10/22/08
(Month/Date/Year signed)

¹ References to WEX FSC in this document are intended to also refer to any entity to whom WEX FSC assigns its rights as allowed under the Agreement.



PO Box 639
Portland, ME 04104-0639

ITEM X-RAYED
BY USPS



016H26510616

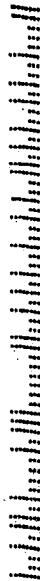
\$00.450

06/25/2012

Mailed From 04106
US POSTAGE

51561

J
US Bankruptcy Court
District of South Carolina
J Bratton Davis US Bankruptcy Courthouse
1100 Laurel Street
Columbia, S.C. 29201-2423



2920132423

OFFICE OF THE CLERK

UNITED STATES BANKRUPTCY COURT

Tammi M. Hellwig
Clerk of Court

DISTRICT OF SOUTH CAROLINA
J. BRATTON DAVIS UNITED STATES BANKRUPTCY COURTHOUSE
1100 LAUREL STREET
COLUMBIA, SOUTH CAROLINA 29201-2423

TELEPHONE (803)765-5436
www.scb.uscourts.gov

August 8, 2012

Julia Osborne
The Cliffs Club & Hospitality, Inc.
Claims Processing/BMC Group, Inc.
18675 East Lake Drive
Chanhassen MN 55317

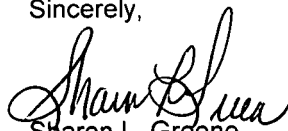
Re: The Cliffs Club & Hospitality Group, Inc.
C/A No.12-01220-jw

Dear Ms. Osborne,

On March 6, 2012, BMC Group, Inc., was appointed as the claims and noticing agent in the above captioned bankruptcy case pending in the District of South Carolina. Please find enclosed 4 proofs of claim which have been submitted for filing.

If you have any questions, please do not hesitate to contact me at (803) 765-5038.

Sincerely,



Sharon L. Greene
Public Services Supervisor/Pro Se Coordinator

EXPRESS

Express

ORIGIN ID: LGBA (310) 321-5555
SHARON GREENE, CLERK OF COURT
J. BRATTON DAVIS, UNITED STATES
BANKRUPTCY COURTHOUSE
1100 LAUREL STREET
COLUMBIA, SC 29201
UNITED STATES US

SHIP DATE: 17APR12
ACTWGT: 1.0 LB MAN
CAD: 462272/CAFE2511

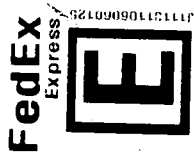
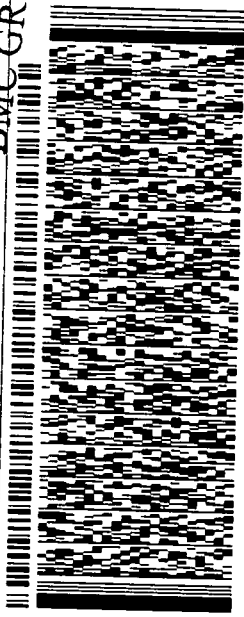
BILL SENDER

TO THE CLIFFS CLUB & HOSPITALITY, INC.
CLAIMS PROCESSING/ BMC GROUP, INC
18675 EAST LAKE DRIVE
RECEIVED

CHANHASSEN MN 55317
(310) 321-5556
REF: CLIFFS CLAIMS

AUG 10 2012

BMC GROUP

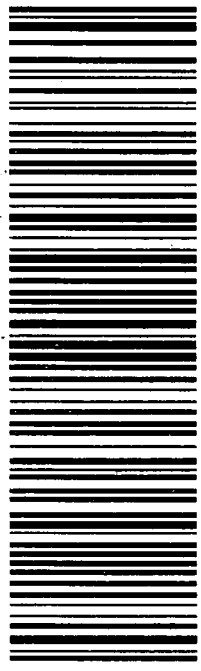


FedEx
TRACKING
0221 5113 0600 6933

FRI - 10 AUG A1
STANDARD OVERNIGHT

XH FBLA

55317
MN-US
MSP



Emp# 216120 09AUG12 USCA 515C1/A270/AA44

The W

Envelope

1 B
9933
08:10

PT 65

FZ

Part # 156158-434 NBJLV31009

SMPL/44D/10R