


B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <u>Cliffs Club & Hospitality Group</u>		Case Number: <u>12-01220</u>
NOTE: This form should not be used to make a claim for an administrative expense 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.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>Greenville Office Supply</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <u>GOS 310 East Frontage Rd. Greer, SC 29615</u>		Court Claim Number: _____ (If known)
Telephone number: <u>8104-233-5346</u>		Filed on: _____
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number:		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>70451</u>		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> 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: <u>goods sold</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: _____		<input type="checkbox"/> 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).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<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).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
7. Documents: Attach 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: \$ _____
Date: <u>9-21-12</u>		FOR COURT USE ONLY Cliffs POC  01388
Signature: <u>Charles W. Scales III</u> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file the claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		
<u>Charles W. Scales III President/CEO</u>		

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.



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CLIFF COMMUNITIES
 CLOSED ACCOUNT
 P.O. BOX 1549
 TRAVELERS REST SC 29690

Phone Number 864-944-8000
 Account Number 83780

614541-0	03/09/11	INVOICE	36495	117.07	117.07
615889-0	03/14/11	INVOICE	36498	361.95	361.95
620421-0	03/30/11	INVOICE	36534	31.79	31.79
623869-0	04/11/11	INVOICE	36549	62.85	62.85
INTEREST01	02/01/12	FINANCE CHARGE		8.61	8.61
INTEREST02	03/01/12	FINANCE CHARGE		8.61	8.61
INTEREST03	04/01/12	FINANCE CHARGE		8.61	8.61
INTEREST04	05/01/11	FINANCE CHARGE		3.12	3.12
INTEREST05	06/01/11	FINANCE CHARGE		7.19	
	06/01/12	FINANCE CHARGE		8.61	15.80
INTEREST06	07/01/11	FINANCE CHARGE		8.61	
	07/01/12	FINANCE CHARGE		8.61	17.22
INTEREST07	08/01/11	FINANCE CHARGE		8.61	
	08/01/12	FINANCE CHARGE		8.61	17.22
INTEREST08	09/01/11	FINANCE CHARGE		8.61	
	09/01/12	FINANCE CHARGE		8.61	17.22
INTEREST09	10/01/11	FINANCE CHARGE		8.61	8.61
INTEREST10	11/01/11	FINANCE CHARGE		8.61	8.61
INTEREST11	12/01/11	FINANCE CHARGE		8.61	8.61
INTEREST12	01/01/12	FINANCE CHARGE		8.61	8.61

WE APPRECIATE YOUR BUSINESS!
 YOUR ACCOUNT IS SERIOUSLY PAST DUE!

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Remit Payment To: GOS
 PO BOX 11783
 COLUMBIA SC 29211

District of South Carolina Claims Register

12-01220-jw CCHG Liquidation Co.

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

<p><i>Creditor:</i> (542115566) GREENVILLE OFFICE SUPPLY GOS 310 EAST FRONTAGE RD. GREER, SC 29651</p>	<p>Claim No: 22 <i>Original Filed</i> Date: 09/26/2012 <i>Original Entered</i> Date: 10/11/2012</p>	<p><i>Status:</i> Filed by: CR Entered by: N Henton Modified:</p>
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Amount claimed: \$704.51

History:

Details 22-1 09/26/2012 Claim #22 filed by GREENVILLE OFFICE SUPPLY, Amount claimed: \$704.51 (Henton, N)

Description:

Remarks:

Claims Register Summary

Case Name: CCHG Liquidation Co.
Case Number: 12-01220-jw
Chapter: 11
Date Filed: 02/28/2012
Total Number Of Claims: 1

Total Amount Claimed*	\$704.51
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority		
Administrative		