

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA

Name of Debtor:

Case Number:

THE CLIFFS CLUB & HOSPITALITY GROUP, INC.

12-01220

PROOF OF CLAIM

2012 OCT -4 PM 2:51
 DISTRICT 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):

Tyco Integrated Security

Name and address where notices should be sent

Tyco Integrated Security
 10405 Crosspoint Blvd
 Indianapolis IN 46256

Telephone Number: 800-453-2247

email:

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

Telephone Number:

email:

RECEIVED
 OCT 16 2012
 BMC GROUP

COURT USE ONLY

Check this box if this claim amends a previously filed claim.

Court Claim Number: _____
 (if known)

Filed on: _____

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: \$964.08

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 charge.

2. Basis for Claim: Services Performed
 (See instruction #2)

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

Various Accounts

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: \$ 964.08

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.

Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

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).

Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

\$ _____

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).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).

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)



B10 (Official Form 10) (Rev. 12/11)

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:

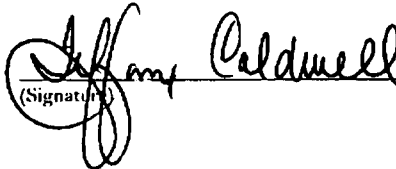
8. Signature: (See instruction #8)

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 co-debtor. (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3001.) (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: Tiffany Caldwell
 Title: Team Manager
 Company: _____
 Address and telephone number (if different from notice address above): _____

 _____
 (Signature) (Date) 9/27/2012

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 acknowledgement 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 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 credit 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 services as the company. Criminal penalties apply for making a false statement on a proof of claim.

Exhibit A

Due to the voluminous size of the supporting documentation, a summary has been attached. Copies of the original supporting documentation are available upon request.

In Bankruptcy Invoice
9/27/2012
Banruptcy Invoice
12-01220



ADT Commercial Security is now Tyco Integrated Security

Invoice To: THE CLIFFS CLUB & HOSPITALITY GROUP, INC.
3598 HIGHWAY 11
TRAVELERS REST, SC 29690

Remit To: Tyco Integrated Security
Attn: Billing Dept
10405 Crosspoint Blvd
Indianapolis IN 46256

01300-117621098 THE CLIFFS
3598 HIGHWAY 11
TRAVELERS REST, SC 29690

	Original Invoice Amt	Adjustments	Invoice Claim Amount
Invoice No: 49026460	\$552.00	\$184.00	= [REDACTED]

01300-117619404 THE CLIFFS AT MT.PARK
3840 HIGHWAY 11
TRAVELERS REST, SC 29690

	Original Invoice Amt	Adjustments	Invoice Claim Amount
Invoice No: 53007231	\$433.44	\$216.72	= [REDACTED]

01300-117619601 THE CLIFFS AT MT.PARK
3840 HIGHWAY 11
TRAVELERS REST, SC 29690

	Original Invoice Amt	Adjustments	Invoice Claim Amount
Invoice No: 57389902	\$127.00	\$0.00	= [REDACTED]
Invoice No: 59782119	\$252.36	\$0.00	= [REDACTED]

Total Amount of Claim [REDACTED]

*Adjusted Invoice Amount reflects Pre-petition money through (file date) and may not be reflected in attached documentation.

Purchase Order Number	Invoice Date	Invoice Number	Invoice Amount	Payment Due Date
	06/04/11	49026460	\$552.00	07/01/11



Nature Of Service: Annual Service Charge

Current Charges:

07/01/11 - 06/30/12

Recurring Service

Amount: \$552.00 Tax: \$0.00 \$552.00

Total Balance Due: \$552.00

Did you know... Failure to include your invoice could cause a delay in processing your payment.

Don't Forget to Include the Following With Your Payment:
Customer Number
Invoice Number

Customer Number:
01300 117621098

Business/Account Name:
THE CLIFFS

Service Address:
3598 Highway 11
Travelers Rest, SC 29690-3599

Billing Questions: (888) 238-2455
Sales/Relocation: (800) 238-7887
Monitoring/Service: (800) 238-2727
ADT Tax ID Number: 58-1814102
How to Read Your Bill:
<http://www.adt.com/billinfo>

It's fast and even more important - it's easy! You can save time and money paying your bill. Please see the back of your invoice to see how you can setup your account for automatic payments using your bank account!

Visit www.ADT.com for up-to-date security services information for your business.

To pay this invoice and/or future recurring invoices by credit card, follow the instructions on the back of this invoice.

Late Fee Policy: A late fee of 1.5% (or highest rate permitted by law, if less) per month will be assessed on the unpaid Total Balance Due when more than 30 days past due.

TEST YOUR ALARM SYSTEM MONTHLY TO CONFIRM YOUR SYSTEM IS OPERATIONAL

Payment Coupon

Please detach and enclose this coupon with your payment. Do not send cash. Please write your customer number on your check or money order and make payable to: **ADT Security Services.**

If you want to pay by credit card or make any changes to your billing or service account information, please check here and enter the new information on the back of this invoice.

XXXX XXXX MULT 1 90 05 06052033 NNNNNNNN 0049272 Mon-4 1oz.

Invoice Number: 49026460
Invoice Date: 06/04/11
Customer Number: 01300 117621098
Due Date: 07/01/11

Please Pay This Amount

\$552.00

Amount Enclosed: \$

To ensure timely, accurate application to your account, PLEASE INCLUDE THIS STUB.

▼ MAIL PAYMENT TO ▼

ADT SECURITY SERVICES INC.
P.O. BOX 371967
PITTSBURGH, PA 15250-7967

#BWNKFG
#890126711003100#
THE CLIFFS
3598 HIGHWAY 11
TRAVELERS REST, SC 29690-3599



Purchase Order Number	Invoice Date 08/13/11	Invoice Number 53007231	Invoice Amount \$433.44	Payment Due Date 09/01/11
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Nature Of Service: Annual Service Charge

Current Charges:

09/01/11 - 08/31/12
 Recurring Service
 Amount: \$433.44 Tax: \$0.00 \$433.44

Total Balance Due: \$433.44

Did you know... Failure to include your invoice could cause a delay in processing your payment.

Don't Forget to Include the Following With Your Payment:
 Customer Number
 Invoice Number

Customer Number:

01300 117619404

Business/Account Name:

THE CLIFFS AT MT.PARK

Service Address:

3840 Highway 11
 Travelers Rest, SC 29690-7741

Billing Questions: (888) 238-2455

Sales/Relocation: (800) 238-7887

Monitoring/Service: (800) 238-2727

ADT Tax ID Number: 58-1814102

How to Read Your Bill:

<http://www.adt.com/billinfo>

It's fast and even more important - it's easy! You can save time and money paying your bill. Please see the back of your invoice to see how you can setup your account for automatic payments using your bank account!

Visit www.ADT.com for up-to-date security services information for your business.

To pay this invoice and/or future recurring invoice by credit card, follow the instructions on the back of this invoice.

Late Fee Policy: A late fee of 1.5% (or highest rate permitted by law, if less) per month will be assessed on the unpaid Total Balance Due when more than 30 days past due.

TEST YOUR ALARM SYSTEM MONTHLY TO CONFIRM YOUR SYSTEM IS OPERATIONAL

Page 1 of 2



ADT Security Services, Inc.
 14200 E. Exposition Ave.
 Aurora, CO 80012

XXXX XXXX NO 00 34 02142011 00000000 0042755 Non-0 3 02.

Invoice Number: 53007231
Invoice Date: 08/13/11
Customer Number: 01300 117619404
Due Date: 09/01/11

Please Pay This Amount

\$433.44

Amount Enclosed: \$

MAIL PAYMENT TO

#BWNKFG
 #404916711003104#
 THE CLIFFS AT MT. PARK
 PO BOX 1549
 TRAVELERS REST, SC 29690



ADT SECURITY SERVICES INC.
 P.O. BOX 371967
 PITTSBURGH, PA 15250-7967

Payment Coupon Please detach and enclose this coupon with your payment. Do not send cash. Please write your customer number on your check or money order and make payable to: ADT Security Services.

If you want to pay by credit card or make any changes to your billing or service account information, please check here and enter the new information on the back of this invoice.

001176194040005300723100901110000433440000433443

Purchase Order Number	Invoice Date	Invoice Number	Invoice Amount	Payment Due Date
	10/11/11	57389902	\$127.00	Upon Receipt



Nature Of Service: Time & Material Service

Current Charges:

10/11/11	Job Number: 59198503		
Labor	Amount: \$117.00	Tax: \$0.00	\$117.00
Mileage Charge	Amount: \$10.00	Tax: \$0.00	\$10.00

Service Call for 59198503

Total Balance Due: \$127.00

Please note that cash / check payments given to your ADT Representative and / or credit card payments authorized by you for your service or installation may not be reflected here due to timing of this statement creation.

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Don't Forget to Include the Following With Your Payment:
Customer Number
Invoice Number

Late Fee Policy: A late fee of 1.5% (or highest rate permitted by law, if less) per month will be assessed on the unpaid Total Balance Due when more than 30 days past due.

Customer Number:

01300 117619601

Business/Account Name:

THE CLIFFS AT MT.PARK

Service Address:

3840 Highway 11
 Travelers Rest, SC 29690-7741

Billing Questions: (888) 238-2455

Sales/Relocation: (800) 238-7887

Monitoring/Service: (800) 238-2727

ADT Tax ID Number: 58-1814102

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<http://www.adt.com/billinfo>

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To pay this invoice and/or future recurring invoice by credit card, follow the instructions on the back of this invoice.

TEST YOUR ALARM SYSTEM MONTHLY TO CONFIRM YOUR SYSTEM IS OPERATIONAL

Page 1 of 2



ADT Security Services, Inc.
 14200 E. Exposition Ave.
 Aurora, CO 80012

XXXX XXXX NO 30 32 30122011 NNNNNNN 000042 Non-0 1 02

Invoice Number: 57389902
Invoice Date: 10/11/11
Customer Number: 01300 117619601
Due Date: Upon Receipt

Please Pay This Amount

\$127.00

Amount Enclosed. \$

MAIL PAYMENT TO

#BWKFYG
 #106916711003105#
 THE CLIFFS AT MT.PARK
 PO BOX 1549
 TRAVELERS REST, SC 29690



Payment Coupon Please detach and enclose this coupon with your payment. Do not send cash. Please write your customer number on your check or money order and make payable to: ADT Security Services.

If you want to pay by credit card or make any changes to your billing or service account information, please check here and enter the new information on the back of this invoice.

ADT SECURITY SERVICES INC.
 P.O. BOX 371967
 PITTSBURGH, PA 15250-7967

00117619601000573899020101111000012700000127000

Purchase Order Number	Invoice Date	Invoice Number	Invoice Amount	Payment Due Date
	11/21/11	59782119	\$252.36	Upon Receipt



Nature Of Service: Time & Material Service

Current Charges:

11/21/11	Job Number: 59525646	
Labor	Amount: \$117.00	Tax: \$0.00
		\$117.00
Material	Amount: \$118.26	Tax: \$7.10
		\$125.36
Mileage Charge	Amount: \$10.00	Tax: \$0.00
		\$10.00

Service Call for 59525646

Total Balance Due: \$252.36

Please note that cash / check payments given to your ADT Representative and / or credit card payments authorized by you for your service or installation may not be reflected here due to timing of this statement creation.

Did you know... Failure to include your invoice could cause a delay in processing your payment.
Don't Forget to Include the Following With Your Payment:
 Customer Number
 Invoice Number

Late Fee Policy: A late fee of 1.5% (or highest rate permitted by law, if less) per month will be assessed on the unpaid Total Balance Due when more than 30 days past due.

Customer Number:
01300 117619601
Business/Account Name:
THE CLIFFS AT MT.PARK

Service Address:
3840 Highway 11
Travelers Rest, SC 29690-7741

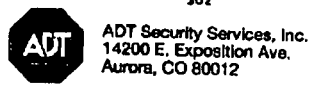
Billing Questions: (888) 238-2455
Sales/Relocation: (800) 238-7887
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It's fast and even more important - it's easy! You can save time and money paying your bill. Please see the back of your invoice to see how you can setup your account for automatic payments using your bank account!

Visit www.ADT.com for up-to-date security services information for your business.

To pay this invoice and/or future recurring invoice by credit card, follow the instructions on the back of this invoice.

TEST YOUR ALARM SYSTEM MONTHLY TO CONFIRM YOUR SYSTEM IS OPERATIONAL



7502 0100 NO 10 22 11222011 NNNNNNN 0001021 Non-0 3 02.

#BWNKFG
 #108916711003105#
 THE CLIFFS AT MT.PARK
 PO BOX 1549
 TRAVELERS REST, SC 29690

Invoice Number: 59782119
Invoice Date: 11/21/11
Customer Number: 01300 117619601
Due Date: Upon Receipt

Please Pay This Amount **\$252.36**

Amount Enclosed: \$ _____

MAIL PAYMENT TO

Payment Coupon Please detach and enclose this coupon with your payment. Do not send cash. Please write your customer number on your check or money order and make payable to: ADT Security Services.

If you want to pay by credit card or make any changes to your billing or service account information, please check here and enter the new information on the back of this invoice.

ADT SECURITY SERVICES INC.
 P.O. BOX 371967
 PITTSBURGH, PA 15250-7967

001176196010005978211901121110000252360000252365

2012 OCT -6 PM 2:50
U.S. BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

**Tyco Integrated Security
Attn: Bankruptcy Department
10405 Crosspoint Blvd
Indianapolis IN 46256**

September 27, 2012

**United States Bankruptcy Court
District of South Carolina
J. Bratton Davis U.S. Court House
1100 Laurel Street
Columbia, SC 29201-2423**

RE: Case 12-01220

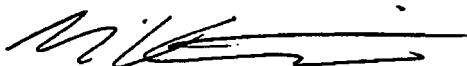
Dear Bankruptcy Clerk:

Enclosed is a Proof of Claim and statement for THE CLIFFS CLUB & HOSPITALITY GROUP, INC..

The Claim is in the amount of \$964.08.

Should you have any questions or concerns, please feel free to contact me at 1-877-862-0697 x5141.

Sincerely,



MICHELE KOTTELOWSKI
Bankruptcy Specialist

Enclosure

cc: Tiffany Caldwell, Team Manager

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> (542117790) TYCO INTERGRATED SECURITY 10405 CROSSPOINT BLVD INDIANAPOLIS, IN 46256</p>	<p>Claim No: 24 <i>Original Filed</i> <i>Date:</i> 10/04/2012 <i>Original Entered</i> <i>Date:</i> 10/15/2012</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> N Henton <i>Modified:</i></p>
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Amount claimed: \$964.08

History:

Details 24-1 10/04/2012 Claim #24 filed by TYCO INTERGRATED SECURITY, Amount claimed: \$964.08 (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*	\$964.08
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		