

UNITED STATES BANKRUPTCY COURT		Proof of Claim
Name of Debtor: The Cliffs Club & Hospitality Group, Inc.		Case Number: 12-01220-jw
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): William A. and Flonnie B. Shaw		COURT USE ONLY
Name and address where notices should be sent: William & Flonnie Shaw 243 Horseshoe Lake Drive Spartanburg, SC 29306 Telephone Number: _____ email: _____		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Name and address where payment should be sent (if different from above): Telephone Number: _____ email: _____		<input 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.
1. Amount of Claim as of Date Case Filed: <u> \$10,000.00 </u> 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. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u> Deposit </u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	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 setoff, attach required redacted documents, 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: <u> 0 </u> % <input type="checkbox"/> Fixed or <input type="checkbox"/> 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 portion of your 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).
<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"/> 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)(____).
		Amount entitled to priority: \$ <u> 10,000.00 </u>
*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) (12/11)

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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
(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: Jane H. Downey, ID 5242

Title: Attorney for Creditor

Company: Moore, Taylor & Thomas, PA

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

PO Box 5709
West Columbia, SC 29171

Telephone number: 803-929-0030

email: jane@mttlaw.com

/s/ Jane H. Downey, ID 5242
(Signature)

March 12, 2012
(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,00 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



January 28, 2011

Mr. and Mrs. William Shaw
243 Horseshoe Lake Drive
Spartanburg, SC 29306

Dear Mr. and Mrs. Shaw

It is with regret we write at this time to confirm acknowledgment of your **Cliffs at Glassy Golf Membership** resignation in conjunction with Section 2, Lot 75 with The Cliffs Golf and Country Club. Your resignation from the Club is effective upon receipt of your written resignation notice and membership privileges will cease effective January 1, 2011. The Membership Plan obligates the resigned Member for payment of dues for the month in which the Club received the notice.

The refund of initiation deposit will be processed in accordance with the refund policies and procedures as outlined in the Master Membership Plan. If you need a copy of this document, please let us know. In summary, the refund policy is as follows:

- Your Glassy Golf Membership refund of \$10,000 is placed in a priority waiting list based on the classification and location of your membership. The Master Membership Plan, Section 11.2, outlines that a voluntary resignation will be refunded consistent with the Cliffs Clubs processing of accounts payable, and will be process only on the basis of one (1) refund for every three (3) memberships issued by the Club from its previously unissued memberships within the same classification as the resigned membership.

It is important to mention that the Master Membership Plan does not provide for this resigned membership to be reactivated in the future. Specifically, Section 20 (1) states, "A Member that voluntarily resigns his/her membership may not reactivate the resigned membership in order to have the membership available to the resale purchaser of the resigned Member's property." Please consider this section of the Plan as it may impact you going forward.

I wish you the best in your future endeavors. If you have any questions regarding the procedures as outlined above or the restriction on availability of a Golf Membership for your resale buyer, please call the Membership Office at 864-660-1160.

Kind regards,

Nate Wevand
Membership Director

The Cliffs Golf and Country Clubs
Membership Office
5598 Highway 1, Travelers Rest, South Carolina 29690
(864) 660-1160
www.cliffscommunities.com

The Cliffs

December 21, 2010

Re: Membership S17

To Whom It May Concern,

My wife and I resign from the Cliffs at Glassy Golf Club, effective January 1, 2011. Please confirm this along with information I need regarding reimbursement.

William A. Shaw

Flonnie B. Shaw

S. JAHUE MOORE
J. MARK TAYLOR*
DAVID L. THOMAS†
C. VANCE STRICKLIN, JR.
JAMES EDWARD BRADLEY
SHEILA McNAIR ROBINSON
ROBERT D. HAZEL
CHRISTIAN G. SPRADLEY††
C. DAVID SAWYER, JR.††
WILLIAM H. EDWARDS
STANLEY L. MYERS
JANE H. DOWNEY**
S. JAHUE MOORE, JR.
JOHN C. BRADLEY, JR.



1700 SUNSET BOULEVARD (HWY. 378)
POST OFFICE BOX 5709
WEST COLUMBIA, SOUTH CAROLINA 29171
TELEPHONE (803) 796-9160
FAX (803) 791-8410

MELISSA K. MOORE
WILLIAM B. FORTINO
R. NICHOLS "NICK" RILEY, JR.
M. BROOKS BIEDIGER
AMBER L. CARY

RETIRED:
BILLY C. COLEMAN††

††SALUDA OFFICE:
(864) 445-4544 OR (866) 604-4544
†GREENVILLE OFFICE:
(864) 271-6371

March 15, 2012

BMC Group, Inc.
Attn: The Cliffs Club & Hospitality Group, Inc. et al
Claims Processing
PO Box 3020
Chanhausen, MN 55317-3020

Re: The Cliffs Club & Hospitality Group, Inc. et al
Chapter 11
Case No. 12-01220-jw

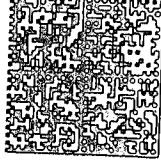
Dear sir or madam:

Please find enclosed two copies of the proof of claim filed on behalf of my client on this matter. Please file the document and return a clocked copy to my office in the enclosed self addressed, stamped envelope. If you have any questions, please let me know.

Respectfully yours,
MOORE, TAYLOR AND THOMAS, PA
Jane H. Downey
Jane H. Downey
Enclosures

Cc: William & Flonnie Shaw (with enclosures)

ore, Taylor & Thomas, P.A.
1700 SUNSET BOULEVARD (HWY. 378)
POST OFFICE BOX 5709
EST COLUMBIA, SOUTH CAROLINA 29171



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0004275741 MAR 15 2012
MAILED FROM ZIP CODE 29169

BMC Group, Inc.
Attn: The Cliffs Club & Hospitality Group, Inc. et
al
Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

RECEIVED
MAR 19 2012/
BMC GROUP

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