


<b>UNITED STATES BANKRUPTCY COURT</b>		<b>Proof of Claim - AMENDED</b>
Name of Debtor: <b>The Cliffs Club &amp; Hospitality Group, Inc.</b>		Case Number: <b>12-01220-jw</b>
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): <b>William A. and Flonnie B. Shaw</b>		<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>William &amp; Flonnie Shaw 243 Horseshoe Lake Drive Spartanburg, SC 29306</b> Telephone Number: _____ email: _____		<div style="font-size: 24px; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 24px; font-weight: bold; margin: 0;">MAR 30 2012</div> <div style="font-size: 24px; font-weight: bold; margin: 0;">BMC GROUP</div>
Name and address where payment should be sent (if different from above):  Telephone Number: _____ email: _____		<input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: <u>3/19/12</u>
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 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"/> 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"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
		Amount entitled to priority: \$ <u>2,600.00</u>
Cliffs POC  00097		
*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

/s/ Jane H. Downey, ID 5242

March 27, 2012

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

(Signature)

(Date)

PO Box 5709  
West Columbia, SC 29171

Telephone number: 803-929-0030 email: jane@mttlaw.com

*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.*

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

March 27, 2012

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

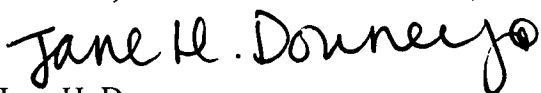
BMC Group, Inc.  
Attn: The Cliffs Club & Hospitality Group, Inc. et al  
Claims Processing  
PO Box 3020  
Chanhassen, MN 55317-3020

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

Dear Sir or Madam:

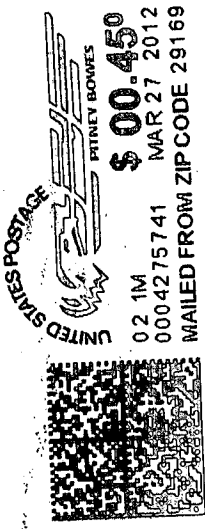
Please find enclosed two copies of the amended proof of claim filed on behalf of my client on this matter. Please file the document and return a clocked copy to my office in the enclosed self addressed, stamped envelope. If you have any questions, please let me know.

Respectfully Yours,  
MOORE, TAYLOR AND THOMAS, P.A.

  
Jane H. Downey

Enclosures

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



RECEIVED  
MAR 30 2012  
BMC GROUP  
BMC GROUP  
BMC GROUP, Inc.  
ATTN: The Cliffs Club & Hosp Group  
Claims Processing  
PO BOX 3020  
Chanhassen, MN 55317-3020



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