

UNITED STATES BANKRUPTCY COURT <i>for the District of South Carolina</i>		PROOF OF CLAIM
Name of Debtor: <i>The Cliffs Club & Hospitality Group, Inc</i> <i>3598 Highway 17</i> <i>Travelers Rest, SC 29690</i>	Case Number: <i>12-01820</i>	<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">COURT USE ONLY</div> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <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.
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): <i>Greenville County Tax Collector</i>		
Name and address where notices should be sent: <i>Greenville County Tax Collector</i> <i>361 Waverly Ridge, Ste 700</i> <i>Greenville, SC 29601</i> Telephone number: <i>1-864-467-7058</i> email: <i>TRich@GreenvilleCounty.org</i>		Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____
Name and address where payment should be sent (if different from above):		
1. Amount of Claim as of Date Case Filed: \$ <u><i>2,062.68</i></u>		
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.		
<input checked="" type="checkbox"/> 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: <u><i>Gov't unit Ad Valorem</i></u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u><i>1100004824517</i></u>	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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Value of Property: \$ _____	Basis for perfection: _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	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).
<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 checked="" 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.		Amount entitled to priority: <u><i>\$ 2,062.68</i></u>
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)		

RECEIVED

APR 17 2012

BMC GROUP



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. (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: Theresa A. Rich
 Title: Bankruptcy Specialist
 Company: Greenville County Tax Collector
 Address and telephone number (if different from notice address above):
301 University Ridge, Ste 700
Greenville, SC 29601
1-864-467-1058
 Telephone number: _____ email: TRich@GreenvilleCounty.org

Theresa A. Rich 4-11-12
 (Signature) (Date)

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.

2011

GREENVILLE COUNTY S.C.

ORIGINAL DATE: 2011/10/25

TAXPAYER'S COPY

DATE PRINTED: 2012/03/07

ACCT #: 201100004824517001 LEVY-YR: 2011

2530468000 P00001 FILE# 52390355

TOTAL TAX 1,875.17

DIST.	TOTAL TAXABLE VALUE	RATIO	ASSESSED VALUE	MILLAGE
352	70950		7450	251.70

3598 HIGHWAY 11

CLIFFS CLUB & HOSPITALITY SERV	
CLIFFS CLUB & HOSPITALITY SERV	
3598 HIGHWAY 11	
TRAVELERS RST	SC 29690.3598

PAY THIS AMOUNT BY 1/17/2012 1,875.17

PAY ON 1/18/2012 PAYMENT INCLUDES 3% PENALTY 1,931.42

PAY ON 2/02/2012 INCLUDES ADDITONAL 7% PENALTY 2,062.68

PAY ON 3/17/2012 PAYMENT INCLUDES ADDITIONAL 5% PENALTY AND COST 2,196.44

IMPORTANT-MAIL

TAX COLLECTOR'S COPY WITH FULL PAYMENT MADE PAYABLE TO:

GREENVILLE COUNTY TAX COLLECTOR 301 UNIVERSITY RIDGE, SUITE 700 GREENVILLE, SC 29601

ALLOCATION OF TAX MONEY

GREENVILLE COUNTY SCHOOLS	65%
1,210.63	
COUNTY OPERATIONS	19%
352.37	
GLASSY MOUNTAIN FIRE	9%
173.59	
LIBRARY	3%
55.13	
GREENVILLE COUNTY RECREATION	2%
35.02	
GREENVILLE TEC	2%
39.49	
ART MUSEUM	%
8.94	
.00	%
.00	%
.00	%
.00	%
.00	%
.00	%
=====	
1,875.17	

201100004824517001

TAX COLLECTORS COPY

** DO NOT STAMP OR WRITE IN THIS AREA



** DO NOT STAMP OR WRITE IN THIS AREA

PAY THIS AMOUNT: INCLUDES TAXES & FEES

2062.68

201100004824517001

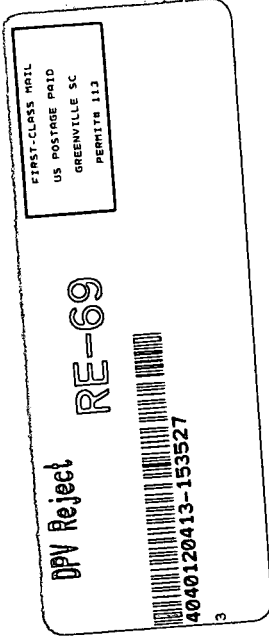
CLIFFS CLUB & HOSPITALITY SERV

TRICH

THIS IS YOUR RECEIPT WHEN STAMPED PAID

C/o Thana Rich

GREENVILLE COUNTY TAX COLLECTOR
301 UNIVERSITY RIDGE, SUITE 700
GREENVILLE, S.C. 29604-6004



RECEIVED
APR 17 2012
BMC GROUP

BMC Group Inc.
Attn: The Cliffs Club & Hospitality
Group, Inc. Claims Processing
~~1000 1st St. P.O. Box 3020~~

Charleston, MN
55317-3020