

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 codebtor.
- (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (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: J. Timothy Walden
 Title: Attorney for Creditor's Banker & Linda York
 Company: The Walden Firm, LLC
 Address and telephone number (if different from notice address above):
6300 Powers Ferry Road
Suite 600-175
Atlanta, GA 30339
 Telephone number: (404) 693-9775 email: tw@timwalden.com

[Signature] 7-10-12
 (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.

Bonner N. York
102 Weatherby Drive
Greenville, SC 29615

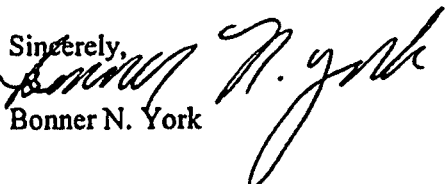
November 30, 1999

The Cliffs
Golf and Country Clubs
200 Fire Pink Way
Landrum, SC 29356

Re: Valley A and Valley Social Athletic
Memberships

To whom it may concern:

I am purchasing Lot 15 Section as a resale lot. I have based my decision to purchase this lot on your representation that the initiation fees of \$20,000 for the Valley A and the \$6,000 for the Valley Social Athletic are both 100% refundable in the event I should sell the lot or drop my memberships.

Sincerely,

Bonner N. York

Bonner N. York
102 Heatherby Drive
Greenville, SC 29615

January 17, 2008

Membership Office
The Cliffs Golf & Country Club
3598 Highway 11
Travelers Rest, South Carolina 29690

RE: Club Membership Resignation
Bonner and Linda York
Member No. Y13

To Whom It May Concern:

My wife Linda and I have decided to resign our membership in Cliffs Valley effective February 1, 2008. We have found that we have not utilized the club sufficiently to justify our membership. Therefore, we respectfully request that, the club proceed with the required resignation process upon receipt of this letter.

Please let us know in writing if there are any additional requirements of us to initiate and complete this process, otherwise we will plan for the resignation to be effective on the date indicated above.

Sincerely,


Bonner N. York



The Cliffs

February 15, 2008

Mr. Bonner York
102 Weatherby Drive
Greenville, SC 29615

Dear Mr. York,

It is with regret we write at this time to confirm acknowledgment of your resignation of your Cliffs Valley Golf Membership with The Cliffs Golf and Country Club. Your resignation is effective with the receipt of your written resignation notice and will be effective January 17, 2008. You are obligated for payment of dues for the month in which we received the notice. Your refund 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 is processed as follows:

- Your Valley Golf Membership is placed in a priority waiting list based on the classification and location of your membership; you are currently 25th in line. The Master Membership Plan outlines the refund procedure and explains that such refund will be paid within a reasonable period of time following such re-issuance of the original membership, consistent with the Cliffs Clubs processing of accounts payable, and will be processed only on the basis of one (1) refund for every five (5) memberships issued by the Club from its previously unissued memberships within the same classification as the original membership.

As part of the acknowledgment of your resignation, the club requires the following conditions to be met prior to the issue of any refund:

- Your Member account needs to be paid in full and show a zero balance.
- Please return any membership card(s) by mail.

It is important to mention that the Clubs Master Membership Plan does not provide for this resigned membership to be reactivated in the future. Specifically, Section 20 (I) 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 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 Full Golf Membership for your resale buyer, please call the Membership Office at 864-660-1160.

Kind regards,

Nate Weyand
Membership Director

The Cliffs Golf and Country Clubs
Membership Office
3598 Highway 11, Travelers Rest, South Carolina 29690
(864) 660-1100
www.cliffscommunities.com

THE WOOTEN FIRM, LLC

J. TIMOTHY WOOTEN

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* Licensed in GA and SC

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ATLANTA, GEORGIA 30339
(404) 693-7775

FACSIMILE:
(678) 456-5547

www.thewootenfirm.com

April 13, 2012

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

Re: Proof of Claim for Bonner and Linda York
Cliffs Valley Golf & Country Club, LLC;
BK Case No.: 12-01236

Dear Sir/Madam:

Please be advised that this law firm represents creditors Bonner and Linda York in the above-referenced matter. Enclosed please find for filing a Proof of Claim file on behalf of Bonner and Linda York. Thank you for your attention to this matter. Please do not hesitate to contact me should you have any questions or concerns.

Kind regards,



J. Timothy Wooten

Enclosure

cc: Bonner and Linda York (via e-mail)

The Wooten Firm, LLC
6300 Powers Ferry Road
Suite 600-175
Atlanta, Georgia 30339

17 APR 2012 PM 9 L



RECEIVED

APR 20 2012

BMC GROUP

BMC Group, Inc.
Attn: The Cliffs Club & Hospitality
Group, Inc. Claims Processing
P.O. Box 3020
Chanhasen, MN 55317-3020

55317302020

