


<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA</b>	<b>PROOF OF CLAIM</b>
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Name of Debtor:	Case Number:
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NOTE: See reverse and attached for List of Debtors/Case Numbers/important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for Administrative Expenses arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Name and address where notices should be sent:  29347868010048 4 X 4 Country 1039 Brevard Rd - Asheville, NC 28806	<b>RECEIVED</b>  <b>APR 23 2012</b>  <b>BMC GROUP</b>
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If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  
**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number ( ) email:

Name and address where payment should be sent (if different from above):  Payment Telephone Number ( ) email:	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number (if known):</b> _____ <b>Filed on:</b> _____
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**1. AMOUNT OF CLAIM AS OF DATE CASE FILED** \$ 133.51  
 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.  
 Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

**2. BASIS FOR CLAIM:** Goods Sold  
(See instruction #2)

<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> <u>1064</u>	<b>3a. Debtor may have scheduled account as:</b> _____ <small>(See instruction #3a)</small>	<b>3b. Uniform Claim Identifier (optional):</b> _____ <small>(See instruction #3b)</small>
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**4. SECURED CLAIM:** (See instruction #4)  
 Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

**Nature of property or right of setoff:**  
**Describe:**  
 Real Estate  Motor Vehicle  Other \_\_\_\_\_

**Value of Property:** \$ \_\_\_\_\_

**Annual Interest Rate:** \_\_\_\_\_ %  Fixed or  Variable (when case was filed)

**Amount of arrearage and other charges, as of time case filed, included in secured claim, if any:** \$ \_\_\_\_\_

**Basis for Perfection:** \_\_\_\_\_

**Amount of Secured Claim:** \$ \_\_\_\_\_

**Amount Unsecured:** \$ \_\_\_\_\_

**5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or 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 administrative expense or priority and state the amount.**

<b>Amount entitled to priority:</b> \$ _____	<b>Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9):</b> \$ _____
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**You MUST specify the priority of the claim:**

<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <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 type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, 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) ( _____ ). <input type="checkbox"/> Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).
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\* 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)

**7. DOCUMENTS:** Attached are redacted copies of 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 definition of "redacted"). DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  
If the documents are not available, please explain:

**DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES OR EMAIL NOT ACCEPTED) so that it is actually received on or before 4:00 pm prevailing Eastern Time on May 31, 2012 for Non-Governmental Claimants OR on or before 4:00 pm prevailing Eastern Time on August 27, 2012 for Governmental Claimants.

**BY MAIL TO:**  
BMC Group, Inc  
Attn: Cliffs Claims Processing  
PO Box 3020  
Chanhassen, MN 55317-3020

**BY MESSENGER OR OVERNIGHT DELIVERY TO:**  
BMC Group, Inc  
Attn: Cliffs Claims Processing  
18675 Lake Drive East  
Chanhassen, MN 55317

**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: RON MOORE  
Title: President  
Company: 4X4 COUNTRY

[Signature]      4-18-12  
(Signature)      (Date)

Address and telephone number (if different from notice address above):  
1939 Brevard Rd  
Asheville NC 28806  
828-667-4617      RON@4X4COUNTRY.COM

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.

**LIST OF DEBTORS:**

Case Name	Case Nbr
The Cliffs Club & Hospitality Group, Inc.	12-01220
CCHG Holdings, Inc.	12-01223
The Cliffs at Mountain Park Golf & Country Club, LLC	12-01225
The Cliffs at Keowee Vineyards Golf & Country Club, LLC	12-01226
The Cliffs at Walnut Cove Golf & Country Club, LLC	12-01227
The Cliffs at Keowee Falls Golf & Country Club, LLC	12-01229
The Cliffs at Keowee Springs Golf & Country Club, LLC	12-01230
The Cliffs at High Carolina Golf & Country Club, LLC	12-01231
The Cliffs at Glassy Golf & Country Club, LLC	12-01234
The Cliffs Valley Golf & Country Club, LLC	12-01236
Cliffs Club & Hospitality Service Company, LLC	12-01237

4X4 COUNTRY & CUB CADET INC.  
 1039 BREVARD ROAD  
 ASHEVILLE NC 28806  
 (828)667-4617 4X4 COUNTRY.COM

SOLD TO:

THE CLIFFS COMMUNITIES INC  
 PO BOX 1549  
 TRAVELERS REST, SC 29690  
 ATTN ACCOUNTS PAYABLE

SHIP TO:

THE CLIFFS COMMUNITIES INC  
 PO BOX 1549  
 TRAVELERS REST, SC 29690  
 ATTN ACCOUNTS PAYABLE

3771064

TERMINAL: 12

INVOICE MESSAGE

WORK ORDER # / SHIP METHOD / TIME / PAGE

NO RETURNS ON SPECIAL ORDERED ITEMS, ELECTRICAL  
 ITEMS OR SERIAL NUMBERED ITEMS. NO RETURNS WITHOUT  
 RECEIPT OF AFTER 30 DAYS. 10% RESTOCKING CHARGE

SHIPPED VIA: CUST P/U  
 17:33:49 PAGE: 1 OF 1

ACCT. NO.	DATE	INVOICE NO.	SALESMAN	STORE	P/O NUMBER	SPECIAL INFORMATION
771064	7/21/11	122153	009/009	1	35866	

ORD.	SHIP	B/O	LINE	PART NUMBER	DESCRIPTION	LIST	NET	AMOUNT
1	1			STI07813198012	2.5 GALLON 6PK	12.99	11.19	11.19
1	1			STI0000-930-3402	X LINE 5LB-.095		64.95	64.95
1	1			STI7010-871-0211	B C OIL GALLONS 4-C	68.00	48.93	48.93

DUPLICATE COPY  
 CHARGE SALE

ACCT. BALANCE: 133.51

SUB TOTAL -----> 125.07  
 MISC. -----> 0.00  
 LABOR -----> 0.00  
 TAX 6.750 -----> 8.44  
 INVOICE TOTAL--> 133.51

REC'D BY \_\_\_\_\_

IMPORTANT NOTICE

It is agreed as part of the consideration for this sale that the price shown hereon for the goods shall be paid on or before the 10th day of the month following the month of purchase. Any portion of the sale price not paid within said time period shall thereafter bear interest at the HIGHEST PREVAILING RATE. All claims and returned goods MUST be accompanied by this invoice. There will be no refund or exchange on electrical parts. The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

KEEP THIS INVOICE AS IT IS YOUR ONLY COPY.

4X4 COUNTRY & CUB CADET  
1039 Brevard Road  
Asheville, NC 28806

ASHEVILLE NC 28806

20 APR 2012 9AM EDT

RECEIVED  
'APR 23 2012  
BMC GROUP

B/MC Group Inc  
A.H. Claims Processing  
PO Box 3020  
Chanhassen MN 55317-3020

020001763020

