

Batch Image Detail Report

Box No : 0000003108

04/17/12 (Process Date)

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SeqNo	TranNo	Batch	Box No	DDA No	RT No	Acct #	Check No	Amount
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UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM			
Name of Debtor: Cliffs Club & Hospitality Service Company, LLC		Case Number: 12-01237		Your Claim is Scheduled As Follows: Schedule/Claim ID: §15620 AMOUNT/CLASSIFICATION: \$256.00 UNSECURED	
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)(1).					
Name of Creditor (the person or other entity to whom the debtor owes money or property): L.V.D.					
Name and address where notices should be sent: 29347866010539 Golfnet, Inc. Attn: Accounts Receivable Po Box 63108 Charlotte, NC 28263-3108			APR 23 2012 BMC GROUP		
Creditor Telephone Number (): 704-215-8800 email: Pat.Maginis@Golfnet.com		<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.		THIS SPACE IS FOR COURT USE ONLY <input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____	
Name and address where payment should be sent (if different from above): _____		<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.		THIS SPACE IS FOR COURT USE ONLY <input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____	
Payment Telephone Number (): _____ email: _____					
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 497.50 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 itemized statement of interest or charges.					
2. BASIS FOR CLAIM: (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 set off, attach required redacted documents, and provide the requested information.					
Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____			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: \$ _____		
Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)					
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.					
Amount entitled to priority: \$ _____			Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____		
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"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).			
<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"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(9).			
<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"/> 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).			
* 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)					

Cliffs POC
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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
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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: Patrick Maginnis - Controller - Golf 21st Century LLC dba GolfWest
 Title: _____
 Company: _____
 Address and telephone number (if different from notice address above): _____
 Telephone number: _____ email: _____

(Signature) Patrick Maginnis (Date) 4/19/2012

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

Golfnet Invoice

Customer Number: 85197
Invoice #: 302723
Payment Terms: DUE UPON RECEIPT

Bill To: Cliffs At Keowee Springs
PRO SHOP ACCOUNTS PAYABLE
John Mitchell
141 Springs Cove Way
Six Mile, SC 29682

REMIT TO ADDRESS
GolfNet
P. O. Box 63108
Charlotte, NC 28263-3108

Invoice Date: 09/14/10 Shipped Via Standard UPS
Purchase Order Number Order Date Sales Person Our Order Number
Julian Bland 09/14/10 302723

Quantity Shipped	Item Number	Description	Unit Price	Extended Amount
1	BSC	Golfnet Card Stock Scorecards	\$ 110.00	\$ 110.00
1	BCS	Golfnet Card Stock Cartsigns	\$ 110.00	\$ 110.00
1	9998	Shipping and Handling (Shipped UPS Standard unless different service requested)	\$ 21.50	\$ 21.50
Invoice subtotal			\$	241.50
Invoice total				241.50

PLEASE NOTE OUR NEW REMIT ADDRESS

GolfNet
P. O. Box 63108
Charlotte, NC 28263-3108

We accept American Express, Mastercard & Visa to pay this invoice
Thank You for your continued support of Golfnet Inc
For Questions, please call: 1-800-536-7888, extension 105

Golfnet Invoice

Customer Number: 85192
Invoice #: 304059
Payment Terms: DUE UPON RECEIPT

Bill To: Cliffs At Keowee Vineyards
PRO SHOP ACCOUNTS PAYABLE
Paul Henrickson
824 Clubhouse Drive
Sunset, SC 29685

REMIT TO ADDRESS
GolfNet
P. O. Box 63108
Charlotte, NC 28263-3108

Invoice Date: 04/05/11

Shipped Via Standard UPS

Purchase Order Number	Order Date	Sales Person	Our Order Number
7274K	04/05/11		304059

Quantity Shipped	Item Number	Description	Unit Price	Extended Amount
1	SC	Golfnet Scorecards	\$ 110.00	\$ 110.00
1	9998	Shipping and Handling (Shipped UPS Standard unless different service requested)	\$ 18.00	\$ 18.00
Invoice subtotal			\$	128.00
Invoice total				128.00

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GolfNet
P. O. Box 63108
Charlotte, NC 28263-3108

We accept American Express, Mastercard & Visa to pay this invoice

Thank You for your continued support of Golfnet Inc
For Questions, please call: 1-800-536-7888, extension 105

Golfnet Invoice

Customer Number: 85192
Invoice #: 305268
Payment Terms: DUE UPON RECEIPT

Bill To: Cliffs At Keowee Vineyards
PRO SHOP ACCOUNTS PAYABLE
Paul Henrickson
824 Clubhouse Drive
Sunset, SC 29685

REMIT TO ADDRESS
GolfNet
P. O. Box 63108
Charlotte, NC 28263-3108

Invoice Date: 09/21/11 Shipped Via Standard UPS
Purchase Order Number Order Date Sales Person Our Order Number
Brad 09/21/11 305268

Quantity Shipped	Item Number	Description	Unit Price	Extended Amount
1	SC	Golfnet Scorecards	\$ 110.00	\$ 110.00
1	9998	Shipping and Handling (Shipped UPS Standard unless different service requested)	\$ 18.00	\$ 18.00
		Invoice subtotal	\$	128.00
		Invoice total		128.00

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GolfNet™
Extending the Game
Beyond the Course™

Pat Maginnis
Controller

www.golfnet.com

910-215-8800 ext: 105
pat.maginnis@golfnet.com

5 Dowd Circle - Suite B - Pinehurst NC 28374



GolfNet™

5 Dowd Circle, Suite B
Pinehurst, NC 28374



PITNEY BOWES

\$ 000.650

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MAILED FROM ZIP CODE 28374



BMC Group Inc
Attention: Cliffs Claims Processing
P.O. Box 3020
Charlottesville, VA 55317-3020

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BMC GROUP

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