

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: s15737 AMOUNT/CLASSIFICATION: \$1,512.00 UNSECURED
<small>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).</small>			
Name of Creditor (the person or other entity to whom the debtor owes money or property) :		<div style="border: 1px solid black; padding: 10px; font-size: 1.2em;"> RECEIVED APR 23 2012 BMC GROUP </div>	
Name and address where notices should be sent: 29347866010936 Pukka Inc. Po Box 1427 Lima, OH 45802			
Creditor Telephone Number (419) 429-7808 email: <u>562clic@pukkahedwcer.com</u>			
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.	<input 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: _____		THIS SPACE IS FOR COURT USE ONLY	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>1,648.08</u> <small>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.</small>			
<input checked="" 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: <u>Goods Sold</u> <small>(See instruction #2)</small>			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>7091</u>		3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a)</small>	3b. Uniform Claim Identifier (optional): _____ <small>(See instruction #3b)</small>
4. SECURED CLAIM: (See instruction #4) <small>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.</small>			
Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small>		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.			
Amount entitled to priority: \$ _____ 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).		Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____ <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).	
<small>* 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.</small>			
Cliffs POC 00186			
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: John Garcia
Title: Credit Manager
Company: Punka Headwear

John Garcia
(Signature)

4/17/12
(Date)

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

(419) 429-7808 x1159 JGarcia@punkaheadwear.com

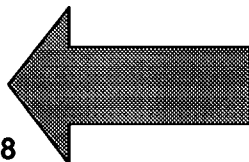
Telephone number: email:

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

Pukka Inc
 PO Box 1427
 Lima, OH 45802
 Phone: 419-429-7808
 Fax: 419-429-7810



Please Verify Remit To

Invoice

DATE	INVOICE #
8/2/2011	1601494-IN

Sales Rep: Dave Sherrow
 Sales Rep Phone No.: (919) 349-6341

Bill To:	Ship To:
The Cliffs Valley 250 Knights Ridge Rd Traveler's Rest, SC 29690 Customer Number: 4897091	The Cliffs Valley 250 Knights Ridge Rd Danielle Walter Travelers Rest, SC 29690-4109

Customer P.O.	Terms	NDC Date	Ship VIA	F.O.B.
V9790	Net 30	8/2/2011	IED	Shanghai

Quantity	Item Code	Description	Price Each	Amount
12	C005PU1	MELBOURNE CAP - STONE	9.00	108.00
156	C005PU1	MELBOURNE CAP - STONE	9.00	1,404.00
Invoiced by Melissa Dyer				

Total Pieces: 168.00

All discrepancies with product must be addressed within 14 days of receiving.

Sales Tax: 0.00
Total: 1,512.00

PUKKA, INC.
 337 S MAIN ST
 PO BOX 773
 FINDLAY, OH 45840
 (419) 429-7808

4/17/2012

The Cliffs Valley/Ch 11 Do Not
 250 Knights Ridge Rd
 Traveler's Rest, SC 29690

4897091

8/2/2011	1601494-IN		1,512.00	1,512.00
10/31/2011	OCT0113-FC	Finance Charge	22.68	22.68
11/30/2011	NOV0108-FC	Finance Charge	22.68	22.68
12/31/2011	DEC0112-FC	Finance Charge	22.68	22.68
1/31/2012	JAN0082-FC	Finance Charge	22.68	22.68
2/29/2012	FEB0088-FC	Finance Charge	22.68	22.68
3/31/2012	MAR0078-FC	Finance Charge	22.68	22.68

					Total:	1,648.08
Current	30 Days	60 Days	90 Days	120 Days		
22.68	22.68	22.68	22.68	1,557.36		1,648.08

*** THIS IS LINE ONE OF THE STANDARD MESSAGE ***
 *** THIS IS LINE TWO OF THE STANDARD MESSAGE ***
 YOUR ACCOUNT WITH US IS SERIOUSLY PAST DUE.
 REMIT TODAY SO THAT WE MAY CONTINUE TO SERVE YOU.



Pukka®
HEADWEAR

337 South Main Street
Findlay, OH 45840



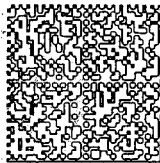
PITNEY BOWES

\$ 000.450

02 1P

0001717693 APR 17 2012

MAILED FROM ZIP CODE 45840



BMC Group Inc

ATTN: Cliffs Claims Processors

Po Box 3020

Chanhassen, MN 55317-3020

RECEIVED

APR 23 2012

BMC GROUP

5531733020

