

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA


PROOF OF CLAIM

Name of Debtor:
PATRICIA A & ROBERT P PORTER

Case Number:
12-01236-CLIFFS Valley
12-01220-CHAPTER 11 Number

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:
 29347868000674
 Porter, Robert P
 5 Long Shadow Lane
 Travelers Rest, SC 29690

RECEIVED
 APR 24 2012
 BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (*864 836 4443*) mail: *S PORTER 11734@AO*

THIS SPACE IS FOR COURT USE ONLY

Name and address where payment should be sent (if different from above):

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.

Check this box to indicate that this claim amends a previously filed claim.
 Court Claim Number (if known):
 Filed on: _____

Payment Telephone Number (*864 836 4443*) mail: *S PORTER 11734@AO*

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ *36,400*

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: *Membership Fee For Property Owned Cliffs Valley*

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.

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

Nature of property or right of setoff:

Basis for Perfection: *Owned on purchase property*

Describe:

Real Estate Motor Vehicle Other *Membership Fee*

Amount of Secured Claim: \$ _____

Value of Property: \$ _____

Amount Unsecured: \$ _____

Annual Interest Rate: _____ % Fixed or 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: \$ *36,400*

Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____

You MUST specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- 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).
- 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).

- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).
- 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)

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

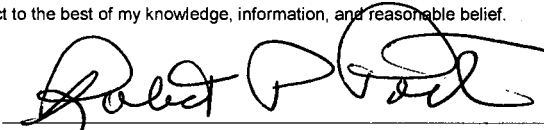
8. SIGNATURE: (See instruction #8)

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: ROBERT P. PORTER
 Title: _____
 Company: _____



 (Signature) (Date)

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

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



December 14, 2010

Mr. Robert Porter
5 Long Shadow Lane
Travelers Rest, SC 29690

Dear Mr. Porter,

Please find a Membership Agreement enclosed for the Senior Membership Dues Program. Please sign and return in the enclosed prepaid envelope.

I have also included a Prepaid Dues Election Form. If you would like to prepay for 2011, please return the completed form and a check along with the Membership Agreement.

If you have any questions, please do not hesitate to contact me at 864.371.1047.

Thanks,

Magan Boggs
Membership Services Assistant

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



**THE CLIFFS VALLEY GOLF & COUNTRY CLUB, LLC
SENIOR MEMBERSHIP DUES AGREEMENT**

This is to certify that **Robert Porter** has made application for Senior Membership Dues in The Cliffs Valley Golf & Country Club. Robert Porter previously acquired a Golf Membership on Section LC, Lot 11 on July 23, 2001 and has been a Club Member since August 7, 2000.

It is acknowledged that he/she previously submitted membership fees in the amount **Forty One Thousand and Five Hundred Dollars (\$41,500)**.

MEMBERSHIP CLASSIFICATION:	Valley Golf
MEMBERSHIP ACCOUNT NUMBER:	P100
PROPERTY REFERENCE:	Section <u>LC</u> Lot <u>11</u>
INITIATION DEPOSIT:	\$41,500
INITIATION DEPOSIT ELIGIBLE:	\$41,000
ANNUAL AMOUNT OF INITIATION DEPOSIT DEBIT:	\$4,590

(Annual total may increase in accordance with future dues increase)

It is further agreed that the member(s) understand the Senior Membership Dues Program, its privileges and benefits, and refund values associated with a resignation from the club, as outlined in The Cliffs Club & Hospitality Group, Inc. Master Membership Plan, Rules and Regulations.

I agree to participate and become enrolled in the Senior Membership Dues Program of The Cliffs Valley Golf & Country Club, LLC, which is managed and operated by The Cliffs Club & Hospitality Group, Inc. and agree to pay the applicable membership fees in the amount(s) indicated above.

My rights and privileges as a member shall be governed by the plan documents and the club's rules and regulations. Membership in the club does not convey any ownership, stock or equity certificate or other rights of ownership. As a member, I cannot be assessed as a matter of contract with the Club, and I assume no liability whatsoever in connection with the membership other than the payment of an applicable membership fee, dues and charges incurred by myself, my family and guests.

The Club reserves the right to set membership classification limitations. The Club has the plenary power to modify classes of memberships, their definitions, privileges, requirements and availability.

I shall be bound by the terms and conditions of the plan documents, as they may be amended from time to time in accordance with their terms and this membership purchase agreement.

I agree to pay the dues, fees and charges applicable to my membership classification(s) set forth by the club ownership, as it may be amended from time to time.

I hereby agree to release and discharge the Club, its ownership, affiliates, employees and agents from any and all claims and causes of actions that I may have against any of them regarding the Club membership program and facilities, except claims and causes of action arising from misrepresentations or omissions in the club documents.

By signing this form, the Member(s) acknowledges, as a matter of record, the type of Membership classification, and its privileges, and the refund value of initiation deposit paid in the event of resignation or transfer of membership. Furthermore, the Member(s) has received a copy of the Club's Master Membership Plan, rules and regulations, and has an understanding of the same.

12-14-10
Date
Nate Weyand
Nate Weyand
Membership Director
The Cliffs Club & Hospitality Group, Inc.

12-17-2010
Date
[Signature]
Member Signature
[Signature]
Member Signature

Porter
5 Long Shadow Ln.
Travelers Rest, SC 29690

GREENVILLE SC 296

DELIVERED PM 11

APR 24 2012

BMC GROUP INC
BMC GROUP

ATTN: CLIFFS CHAIRS PROCESSING

P.O. Box 3020

CLYANHASSEN, MN. 55317-3020

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