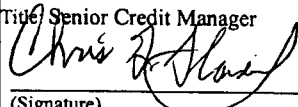



UNITED STATES BANKRUPTCY COURT District of South Carolina		PROOF OF CLAIM
Name of Debtor: THE CLIFFS VALLEY GOLF & COUNTRY CLUB, LLC		Case Number: 12-01236
NOTE: Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for Administrative Expenses arising after the commencement 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): RALPH LAUREN CORPORATION		COURT USE ONLY <input 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 notices should be sent.		
Kelley Drye & Warren LLP 101 Park Avenue New York, NY 10178 Tel: 212-808-7800 Attn: Robert L. LeHane, Esq.	Chris G. Standal Senior Credit Manager Ralph Lauren Corporation 9 Polito Avenue Lyndhurst, NJ 07071	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 24 2012 BMC GROUP </div>
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars
1. Amount of Claim as of Date Case Filed: \$8,586.70* If all or part of your claim is secured, complete item 4. *CLAIMANT RESERVES ITS RIGHT TO FILE AN AMENDED CLAIM 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: Goods sold and delivery from 3/15/2011 - 7/21/2011 - SEE ATTACHED		
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 setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate ____% <input type="checkbox"/> Fixed or <input type="checkbox"/> 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 Priority 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 priority or priority and state the amount. For any claim under 503(b)(9) please provide information requested in Order.		
<input type="checkbox"/> Domestic support obligation 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 the case was filed or the debtor's business ceased, 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). (See Instruction #9)		
<i>*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.</i>		
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 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 documents are not available, please explain:		
8. Signature: (See instruction #8) Check the appropriate box.		
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) <input type="checkbox"/> I am a guarantor, surety, indorser, or other co-debtor. (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: Chris G. Standal Senior Credit Manager Ralph Lauren Corporation 9 Polito Avenue Lyndhurst, NJ 07071	Title: Senior Credit Manager  (Signature)	April 17, 2012 (Date)
		Cliffs POC  00249
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.		

RALPH LAUREN CORPORATION

RALPH LAUREN CORPORATION
 9 POLITO AVENUE, LYNDHURST, NJ 07071
 (888)674-8528

**REMITTANCE SHOULD BE MADE
 DIRECTLY TO**

Ralph Lauren, Corp
 P.O. Box 911371
 Dallas, TX 75373-1371

DUNS # 04-6169595

CLIFFS VALLEY GOLF & C.C. INC

ATTN: ACCOUNTS PAYABLE

PO BOX 1549

Travelers Rest SC 29690

05485

03/28/2012

REG07

38,525.78

Trans Code	Invoice Number	Reference	Invoice Date	CHQ/AMT	AMT	AMT	AMT	AMT	AMT	AMT
MENS										
INV	010576435	5598F	03/15/2011	0.00	0.00	0.00	0.00	0.00	0.00	935.57
INV	010579224	5603V	03/16/2011	0.00	0.00	0.00	0.00	0.00	0.00	1,745.07
INV	010646933	7530F REPLACE	04/29/2011	0.00	0.00	0.00	0.00	0.00	0.00	173.54
INV	010653645	5604V	05/03/2011	0.00	0.00	0.00	0.00	0.00	0.00	1,923.16
INV	010673228	5601G	05/13/2011	0.00	0.00	0.00	0.00	0.00	0.00	1,875.31
INV	010703963	5601G	06/01/2011	0.00	0.00	0.00	0.00	0.00	0.00	233.29
INV	010707008	5599F	06/03/2011	0.00	0.00	0.00	0.00	0.00	0.00	1,374.71
INV	010711636	8999V	06/08/2011	0.00	0.00	0.00	0.00	0.00	0.00	84.42
INV	010719157	5599F	06/17/2011	0.00	0.00	0.00	0.00	0.00	0.00	142.22
INV	010725206	KURT	06/27/2011	0.00	0.00	0.00	0.00	0.00	0.00	48.42
INV	010738389	DON FLETCHER 98	07/06/2011	0.00	0.00	0.00	0.00	0.00	0.00	97.23
DED	11072214370002		07/21/2011	0.00	0.00	0.00	0.00	0.00	0.00	19.56
CH	16350		07/21/2011	0.00	0.00	0.00	0.00	0.00	0.00	-65.80
TOTAL OPEN ITEMS				0.00	0.00	0.00	0.00	0.00	0.00	2,586.78
PAY THIS AMOUNT										2,586.78

KELLEY DRYE & WARREN LLP

A LIMITED LIABILITY PARTNERSHIP

101 PARK AVENUE

NEW YORK, NEW YORK 10178

(212) 808-7800

WASHINGTON, DC

CHICAGO, IL

STAMFORD, CT

PARSIPPANY, NJ

BRUSSELS, BELGIUM

AFFILIATE OFFICES

MUMBAI, INDIA

FACSIMILE

(212) 808-7897

www.kelleydrye.com

DIRECT LINE: (212) 808-7925

EMAIL: mvicananza@kelleydrye.com

April 23, 2012

VIA OVERNIGHT MAIL

BMC Group, Inc.
The Cliffs Club & Hospitality Group, Inc.
Claims Processing Center
18675 Lake Drive East
Chanhassen, MN 55317

Re: The Cliffs Club & Hospitality Group, Inc., et al.
Case No. 12-01236

Dear Sir/Madam:

With regard to the above captioned bankruptcy case, enclosed herewith is an original and one copy of a proof of claim being submitted on behalf of our client Ralph Lauren Corporation:
as follows:

Creditor	Claim Type	Amount
Ralph Lauren Corporation	Unsecured	8,586.70

Kindly file the original proof of claim and return the copy stamped "*filed*" in the self-addressed stamped overnight envelope provided for convenience. Thank you for your assistance, and should you have any questions, please feel free to contact the undersigned.

Sincerely,

Marie Vicinanza
Paralegal

Enclosures

UPS CampusShip: View/Print Label

1. **Ensure there are no other shipping or tracking labels attached to your package.** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. **Fold the printed sheet containing the label at the line so that the entire shipping label is visible.** Place the label on a single side of the package and cover it completely with clear plastic shipping tape. Do not cover any seams or closures on the package with the label. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. **GETTING YOUR SHIPMENT TO UPS**
UPS locations include the UPS Store®, UPS drop boxes, UPS customer centers, authorized retail outlets and UPS drivers.
 Find your closest UPS location at: www.ups.com/dropoff
 Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

Customers with a Daily Pickup

Your driver will pickup your shipment(s) as usual.

FOLD HERE

<p>MEHLTRETTER, MARIE E (212) 808-7925 KELLEY DRIVE & WARREN LLP (NY) 101 PARK AVENUE NEW YORK NY 10178</p> <p>SHIP TO: THE CLIFFS CLUB CLAIMS PROCESSING BMC GROUP, INC. 18675 LAKE DRIVE EAST CHANHASSEN MN 55317-9383</p>	<p>0.0 LBS LTR</p> <p>1 OF 1</p>	<p>MIN 559 9-56</p> 	<p>UPS NEXT DAY AIR</p> <p>1</p> <p>TRACKING #: 1Z 136 980 01 9620 9098</p> 	<p>BILLING: P/P</p> <p>Client Matter: 013213.0033 Employee User ID: 04057</p> <p>CS 14.1.10. WXPTE80 24.0A 01/2012</p> 
---	--	--	---	---

RECEIVED
 APR 24 2012
 BMC GROUP