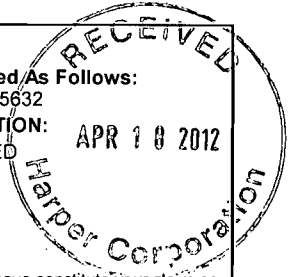


UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

Your Claim is Scheduled/As Follows:
Schedule/Claim ID: s15632
AMOUNT/CLASSIFICATION:
\$4,320.68 UNSECURED



Name of Debtor:
Cliffs Club & Hospitality Service Company, LLC

Case Number:
12-01237

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) :
HARPER CORPORATION

Name and address where notices should be sent:
29347866010588
Harper Corporation
35 W Court Street
Suite 400
Greenville, SC 29601

Creditor Telephone Number 864 527 2530 email: DDATES@HARPERCORP.COM

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.

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 4,320.68
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: SERVICES PERFORMED
(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:
 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.

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:
 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

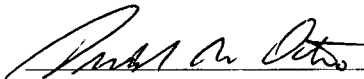
8. SIGNATURE: (See instruction #8)

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: DONALD M. DATES
 Title: CONTROLLER
 Company: HARPER CORPORATION

 4-20-12
 (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

HARPER
CORPORATION
General Contractors

INVOICE NO. 1466

May 26, 2011

CLIFFS COMMUNITIES
3598 Highway 11
Travelers Rest, SC 29690

Attention: Richard Hubble

Reference: Cliffs Mountain Park Turnhouse/Restrooms Preconstruction Services
Harper Project 11-015

INVOICE

Provide Preconstruction Estimating and Electrical Design Services for the Turnhouse and Comfort Station.

Project Management/Estimating Labor	\$ 2,933.50
Payroll Taxes & Insurance	1,243.22
Miscellaneous /Printing Expenses	29.84
Electrical Design	<u>720.00</u>
Cost to Date	\$ 4,926.56
Contractor's Fee - 8%	<u>394.12</u>
TOTAL AMOUNT DUE	\$ 5,320.68
LESS PAID THRU 2-28-12	< 1,000.00 >
	<u>4,320.68</u>

Terms: Net 10 days

Respectfully submitted,

THE HARPER CORPORATION


Frank Tucker
Project Manager

cc: file
Accounting

**HARPER
CORPORATION**

General Contractors

35 West Court St., Suite 400
Greenville, SC 29601-2817

neopost^M FIRST-CLASS MAIL
04/20/2012
US POSTAGE
\$00.45⁰



ZIP 29601
041L10204721

BMC Group, Inc.

ATTN: CLIFFS CLAIMS PROCESSING

PO BOX 3020

CHANTASSEN, MN

55317-3020 BMC GROUP

RECEIVED
APR 26 2012

55317+3020

