

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA**

**PROOF OF CLAIM**



**Your Claim is Scheduled As Follows:**  
**Schedule/Claim ID:** s13010  
**AMOUNT/CLASSIFICATION:**  
 \$75,000.00 UNSECURED  
 (CONTINGENT)

**Name of Debtor:**  
 The Cliffs Valley Golf & Country Club, LLC

**Case Number:**  
 12-01236

*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:

29347866004940  
 Hunter, John  
 2660 Peachtree Road #40G  
 Atlanta, GA 30305

RECEIVED  
 APR 26 2012  
 BMC GROUP

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed except as provided in the accompanying bar date notice.

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** ( ) **email:**

**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.

**Payment Telephone Number** ( ) **email:**

**THIS SPACE IS FOR COURT USE ONLY**

**Court Claim Number (if known):**

**Filed on:**

**1. AMOUNT OF CLAIM AS OF DATE CASE FILED** \$ \_\_\_\_\_

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:**  
 (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: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_

*[Handwritten Signature]*      *April 23, 2012*  
 (Signature)      (Date)

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

Telephone number: *404.262.2023*      email: *jhunteroz@yahoo.com*

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

Subject: Cliffs Independent Property Owner's Coalition - Email #17  
From: Cliffs Independent Property Owner's Coalition (eComm@cliffscommunities.com)  
To: jhunteroz@yahoo.com;  
Date: Wednesday, April 11, 2012 9:24 AM

[Click here if you cannot view this email](#)

CIPOC  
Cliff's Independent Property Owner's Coalition  
Email #17

*Dear Member and Property Owner,*


**CIPOC FREQUENTLY ASKED QUESTIONS**

**THE CLIFFS CLUB & HOSPITALITY GROUP, INC., ET AL  
BANKRUPTCY**

**CLAIM FILING INFORMATION**

**Cliff's Independent Property  
Owner's Coalition**

[cipoc2@gmail.com](mailto:cipoc2@gmail.com)

1. What information is available on how to file a claim?
  1. April 10, 2012, the Bankruptcy Court entered an Order [Docket Entry No. 278] granting the Debtors' motion to establish a deadline to file claims and for related relief on the claims filing process. Pursuant to that Order, you will receive a notice in the mail providing you instructions on how to file a claim. The notice will also be posted on the website maintained by the claims agent for these cases, at <http://www.bmcgroup.com/cliffs>.
2. When is the appropriate time to file a claim?
  1. Prior to the May 31, 2012 deadline by which creditors must file proofs of claim against the estates.
3. Do I have to file a claim?
  1.  Language has been negotiated into the proposed order and notice that would eliminate the requirement of filing a proof of claim for those members asserting a contingent claim solely for a refundable membership or initiation deposit.
4. If I have any other type of claim, what do I do?
  1. If such members have claims in addition to or instead of a claim for a refundable membership or initiation deposit, they would have to file a separate proof of claim asserting such non-membership or initiation deposit claim.
5. How do I view my personal claim?
  1. If you wish to view your personal claim you may access it by doing the following:
    1. Click on <http://www.bmcgroup.com/cliffs>
    2. Click on **Agree to terms and conditions.**
    3. Click on Debtors' Schedules and Statements of Financial Affairs. Click on your home club .pdf under the Schedule

column. If you have claims for deposits at more than one club you must check each separately.

4. Scroll through the pages to Schedule F. Your claim should appear in that schedule.

6. What do I do if any part of my personal claim information is incorrect?

1. If a claim is believed to be wrong you will have to file a claim.

7. What do I do if my personal claim is not shown?

1. If a claim is believed to be missing you should file a claim. You may also wish to call Mary Campbell at Cliffs Corporate (864-371-1090) and ask to have it rechecked.

8. Where do I send a claim?

1. If by regular mail to:

1. BMC Group, Inc. Attn: Cliffs Claims Processing, PO Box 3020 Chanhassen, MN 55317-3020

2. If by messenger or overnight delivery:

1. BMC Group, Inc. Attn: Cliffs Claims Processing, 18675 Lake Drive East Chanhassen, MN 55317-3020

**9. It is your responsibility to ensure that your claim is accurately represented and, if not, to file a corrected claim.**

#### REPRESENTATION QUESTIONS

1. How will CIPOC represent me?

1. CIPOC will not provide legal representation.

2. What does CIPOC do?

1. CIPOC provides information on The Cliffs Club & Hospitality Group, Inc. change in control;

2. CIPOC interacts with and provides information to various parties involved in this process. This includes the CRO, the UCC attorney, consultants hired by bidders, the Carliles, the note holder representatives, The Cliffs Club & Hospitality Group and other interested parties;

3. These initiatives are all with the goal of helping to attain the best outcome for interested parties.

**For information on CIPOC please access our website at <http://www.cipoc.net>**

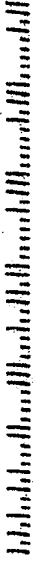
[www.cipoc.net](http://www.cipoc.net)

P.O. box 571, Travelers Rest, SC, 29690

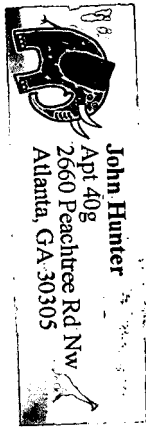


RECEIVED  
APR 26 2012  
BMC GROUP

BMC GROUP, INC.  
ATTN: CLIFFS CLAIMS PROCESSING  
P.O. Box 3020  
CHANHASSEN, MN 55317-3020



55317+3020



**John Hunter**  
Apt 40g  
2660 Peachtree Rd NW  
Atlanta, GA 30305