

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s12521
AMOUNT/CLASSIFICATION:
\$60,000.00 UNSECURED
(CONTINGENT)

Name of Debtor:
The Cliffs at Glassy Golf & Country Club, LLC

Case Number:
12-01234

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) :
Kirk & Pamela Stewart

Name and address where notices should be sent:
29347866011740
Stewart, Kirk
1501 Crescent Moon Cove
Hanahan, SC 29410

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 843-718-0809 email: PVS1123@G.MAIL.COM

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 () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED

\$ 10,000.00 + \$50,000.00 = \$60,000.00 TOTAL

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)

GLASSY FAMILY MEMBERSHIP - RESIGNED
GLASSY GOLF MEMBERSHIP - RESIGNED

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

6559

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:

Describe:

Real Estate Motor Vehicle Other

Basis for Perfection:

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: \$

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).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

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).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

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).

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.

Cliffs POC



00305

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: MARK E. STEWART & PAMELA V. STEWART
Title: _____
Company: _____

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

(Signature) *Pamela V. Stewart* (Date) 4/22/12
4-22-12

Telephone number: (843) 718-0869 email: PVS1123@GMAIL.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



June 16, 2008

Mr. Kirk Stewart
107 Hutchinson Lane
Summerville, SC 29483

Dear Mr. Stewart,

We are writing at this time to confirm acknowledgement of your Family Membership resignation at The Cliffs at Glassy. Your resignation is effective with the receipt of your written resignation notice and will be effective May 23, 2008.

Your refund will be processed in accordance with the refund policies and procedures as outlined in the Master Membership Plan. If you need a copy of this document, please let us know. In summary, the refund is processed as follows:

- Your Glassy Family Membership is placed in a priority waiting list based on the classification and location of your membership; you are currently 9th in line. The Master Membership Plan outlines the refund procedure and explains that such refund will be paid within a reasonable period of time following such re-issuance of the original membership, consistent with the Cliffs Clubs processing of accounts payable, and will be processed only on the basis of one (1) refund for every five (5) memberships issued by the Club from its previously unissued memberships within the same classification as the original membership.

You will continue to be listed as a Glassy Golf Member and maintain your privileges at The Cliffs at Glassy.

If you have any questions regarding your refund or this process, please call the Membership Office at 864.371.1047.

Kind Regards,

Nate Weyand
Membership Director

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



July 29, 2008

Mr. Kirk Stewart
107 Hutchinson Lane
Summerville, SC 29483

Dear Mr. Stewart,

We are writing at this time to confirm acknowledgement of your Golf Membership resignation in conjunction with Section 8, Lot 79 at The Cliffs at Glassy. Your resignation is effective with the receipt of your written resignation notice and will be effective July 16, 2008.

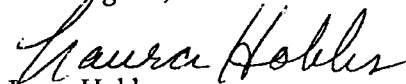
Your refund will be processed in accordance with the refund policies and procedures as outlined in the Master Membership Plan. If you need a copy of this document, please let us know. In summary, the refund is processed as follows:

- Your Glassy Golf Membership refund of \$50,000 is placed in a priority waiting list based on the classification and location of your membership; you are currently 31st in line. The Master Membership Plan outlines the refund procedure and explains that such refund will be paid within a reasonable period of time following such re-issuance of the original membership, consistent with the Cliffs Clubs processing of accounts payable, and will be processed only on the basis of one (1) refund for every five (5) memberships issued by the Club from its previously unissued memberships within the same classification as the original membership.

You will now be listed as a Glassy Family Member and maintain your privileges at The Cliffs at Glassy. Please find information enclosed in regards to the Family Membership Dues and Fees.

If you have any questions regarding your refund or this process, please call the Membership Office at 864-660-1160.

Kind Regards,


Laura Hobbs
Membership Sales Executive

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

July 16, 2008

Magan Boggs
Membership Services Assistant
The Cliffs Communities
3598 Highway 11
Travelers Rest, South Carolina 29690

Dear Ms. Boggs,

This is to confirm our telephone conversation today that we wish to resign the Golf Membership associated with our home at 33 Eagle Rock Road, Glassy Mountain. We wish to retain our social membership. Our membership number is S-190.

Thank you for your help in this matter.

Sincerely,

Kirk E. Stewart

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Cliffs Membership

[View in Gmail](#)

Magan Boggs <mboggs@cliffscommunities.com> to "pvs1123@gmail.com" 11:35am

Images are not displayed. [Display images below](#)

Hi Mr. and Mrs. Stewart,

I received your voicemail, Mr. Stewart, and returned your call but it sounded as if a fax was trying to go through. I thought it may be easier to email. You are currently 30th in line for your Golf refund and 9th in line for your Family refund. We need to sell two more Golf and two more Family and you will move up a spot in each list.

Please let me know if you need anything further.

Thanks,
Magan

Magan Boggs

Membership Services Assistant

864.371.1047 | office

864.371.1538 | fax

800.371.1000 | toll-free

mboggs@cliffscommunities.com

www.cliffscommunities.com

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P Please consider the environment before printing this e-mail.

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Kirk & Pam Stewart
1501 Crescent Moon Cove
Hanahan, SC 29410-8579

CERTIFIED MAIL™



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UNITED STATES
POSTAL SERVICE

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55317

U.S. POSTAGE
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LADSON, SC
29456
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\$5.50

00092258-06

RETURN RECEIPT
REQUESTED

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

RECEIVED
APR 26 2012
BMC GROUP

5531730020

