

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s15550
AMOUNT/CLASSIFICATION:
\$11,439.17 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) :

Name and address where notices should be sent:

29347866010323
Coalision USA, Inc.
24 Hubert Streer
New York, NY 10013

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APR 27 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.

THIS SPACE IS FOR COURT USE ONLY

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.

Court Claim Number (if known):

Filed on:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 11,513.42

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: Goods Sold
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
1927

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. I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3004.) (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: KEN HEMSLEY
Title: CREDIT AGENT
Company: COALISION INC.

Ken Hemsley Apr. 20, 2012
(Signature) (Date)

Address and telephone number (if different from notice address above):
617 LE BRETON
LONGUEUIL, QC J4G1R9
CANADA

Telephone number: 450-646-0867 EXT. 254 email: KEN.HEMSLEY@COALISION.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



Statement Date: 04/20/12
 Account Number: USA011927
 Page: 1

COALISION USA INC
 24 Hubert Street, NEW YORK, NY 10013 USA
 T : 1-800-250-5056
 F : 802-846-2692

STATEMENT

CLIFFS COMMUNITIES INC. (BILLING)
 P.O.BOX 1549
 TRAVELERS REST, SC 29690
 USA

Amount Remitted

RETURN THIS PORTION OF STATEMENT
 WITH YOUR PAYMENT.

Document	Order No.	Order Type	Brand	Season	Due Date	Terms	Code	Debits	Credits	Balance
SIU000007435	SO0008875	BOOKING	LOLE	11SS	03/26/11		Invoice	1,328.28		1,328.28
SIU000007486	SO0008870	BOOKING	LOLE	11SS	03/26/11		Invoice	709.11		2,037.39
SIU000008628	SO0035979	REPEAT	LOLE	10FW	03/26/11		Invoice	46.40		2,083.79
SIU000007833	SO0008874	BOOKING	LOLE	11SS	04/01/11		Invoice	277.36		2,361.15
SIU000007781	SO0008874	BOOKING	LOLE	11SS	04/02/11		Invoice	2,727.96		5,089.11
SIU000008209	SO0008870	BOOKING	LOLE	11SS	04/12/11		Invoice	575.16		5,664.27
SCRU003738					05/02/11		Credit Me		1,684.00	3,980.27
SIU000012307	SO0029467	BOOKING	LOLE	11FW	09/27/11		Invoice	352.94		4,333.21
SCRU004778					10/06/11		Credit Me		1,229.90	3,103.31
SIU000012979	SO0029468	BOOKING	LOLE	11FW	10/26/11		Invoice	874.43		3,977.74
SIU000013115	SO0028432	BOOKING	LOLE	11FW	11/01/11		Invoice	1,477.67		5,455.41
SIU000013237	SO0028432	BOOKING	LOLE	11FW	11/03/11		Invoice	274.40		5,729.81
SIU000013244	SO0029468	BOOKING	LOLE	11FW	11/03/11		Invoice	491.25		6,221.06
SIU000013465	SO0028766	BOOKING	LOLE	11FW	11/15/11		Invoice	1,588.81		7,809.87
SIU000013466	SO0028768	BOOKING	LOLE	11FW	11/15/11		Invoice	1,989.48		9,799.35
SIU000013978	SO0028769	BOOKING	LOLE	11FW	11/21/11		Invoice	1,638.82		11,438.17
SIU000019941	SO0046325	BOOKING	LOLE	12SS	03/20/12		Invoice	75.25		11,513.42

Statement Balance 14,427.32 2,913.90 11,513.42

Days overdue:	Statement Aging:				
	Current	Up To 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days
	0.00	0.00	75.25	0.00	11,438.17

03620

COALITION

2100 BROADWAY
SUNSHINE COAST
SUITE 100
MILFORD, VT 05475
TEL: 802-338-1234

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APR 27 2012

EMC GROUP

BMC Group, Inc.

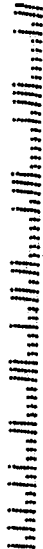
ATT: CLIFFS CLAIMS PROCESSING

P.O. BOX 3020

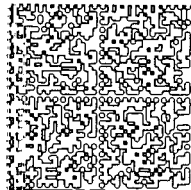
CHANHASSEN, MN. 55317-3020


U.S.A.

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