

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM		 Your Claim is Scheduled As Follows: Schedule/Claim ID: s15485 AMOUNT/CLASSIFICATION: \$47,594.52 UNSECURED	
Name of Debtor: Cliffs Club & Hospitality Service Company, LLC		Case Number: 12-01237		<p>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.</p> <p>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.</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p>	
<p><small>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).</small></p> <p>Name of Creditor (the person or other entity to whom the debtor owes money or property) :</p>					
<p>Name and address where notices should be sent:</p> <div style="display: flex; justify-content: space-between;"> <div> 29347866010086 Alsco SEND UPS #3V334X 4700 Dwight Evans Rd Charlotte, NC 28217 </div> <div style="text-align: center;"> RECEIVED APR 30 2012 BMC GROUP </div> </div>					
Creditor Telephone Number 704 596-1700 email: a.sowers@alsco.com		<p><input type="checkbox"/> 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.</p>		<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number (if known): _____</p> <p>Filed on: _____</p>	
Name and address where payment should be sent (if different from above):		<p><input type="checkbox"/> 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.</p>			
Payment Telephone Number () _____ email: _____					
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>45312.07</u>					
<p>If all or part of your claim is secured, complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <p><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.</p>					
2. BASIS FOR CLAIM: <u>Delivered goods.</u> <small>(See instruction #2)</small>					
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____		3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a)</small>		3b. Uniform Claim Identifier (optional): _____ <small>(See instruction #3b)</small>	
4. SECURED CLAIM: (See instruction #4)					
<p>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.</p> <div style="display: flex; justify-content: space-between;"> <div> <p>Nature of property or right of setoff: Describe:</p> <p><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small></p> </div> <div> <p>Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____</p> <p>Basis for Perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p> </div> </div>					
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): \$ _____			
<p>You MUST specify the priority of the claim:</p> <div style="display: flex; justify-content: space-between;"> <div> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><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).</p> <p><input type="checkbox"/> 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).</p> </div> <div> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).</p> <p><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).</p> </div> </div>					
<p><small>* 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.</small></p>					
Cliffs POC 00378					
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

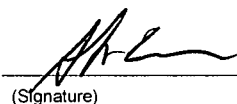
8. SIGNATURE: (See instruction #8)

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: Alan Sowers
Title: General manager
Company: Alsco, Inc.


(Signature)

26 April 2012
(Date)

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

Telephone number: 704-586-1700 email: asowers@alsco.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

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's full name, and the case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions) If the claim is secured,

check the box for the nature and value of property that secures the claim, attach copies of lien documentation and state, as of the date of the bankruptcy filing the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Administrative Expense Under 11 U.S.C. § 503(b)(9) or Priority Under 11 U.S.C. § 507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See Definitions) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

CREDITOR

A creditor is a person, corporation, or other entity to whom the debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101(10).

CLAIM

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101(5). A claim may be secured or unsecured.

PROOF OF CLAIM

A proof of claim is a form sued by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of the first page.

SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court

judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED CLAIM

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

CLAIM ENTITLED TO PRIORITY Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

REDACTED

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

EVIDENCE OF PERFECTION

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

OFFERS TO PURCHASE A CLAIM

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. §101 *et seq.*), and any applicable orders of the bankruptcy court.

Date-Stamped Copy

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the second page of this form.

Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com/cliffs



\$67.59 IS PAST DUE - PLEASE REMIT IMMEDIATELY

US Dollars



\$200.12 IS PAST DUE - PLEASE REMIT IMMEDIATELY

US Dollars



\$266.14 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For

Cliffs Keowee Falls (Temp) Wellness Center
Corp. Office
3598 Highway 11
Travelers Rest, SC 29690

[illegible]

Over Due Balance	30 Day Balance	Current Balance		US Dollars
\$266.14	\$0.00	\$42.58	Statement Total	\$308.72

Remittance Advice

Please Send Payment To

AlSCO
PO Box 668088
Charlotte NC 28266

Customer No:	00301153
Statement For:	February 2012
Statement Total:	\$308.72

US Dollars

Credit Card Payment

Card No: _____
Exp Date: ____/____ Charge Amount: \$_____
Signature: _____

Payment Received From

Cliffs Keowee Falls (Temp) Wellness Center



\$691.12 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For

Cliffs-Keowee Springs-Turnhouse
110 Whispering Hill Way
Six Mile, SC 29682

[illegible]

Over Due Balance	30 Day Balance	Current Balance		US Dollars
\$691.12	\$0.00	\$0.00	Statement Total	\$691.12

Remittance Advice

Please Send Payment To

AlSCO
PO Box 668088
Charlotte NC 28266

Customer No:	00301116
Statement For:	February 2012
Statement Total:	\$691.12

Credit Card Payment

Card No: _____
Exp Date: ____/____/____ Charge Amount: \$_____
Signature: _____

Payment Received From

Cliffs-Keowee Springs-Turnhouse

US Dollars



Phone : (704)586-1700
Fax : (704)398-0525

Customer Code 00301075

\$1114.21 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For

Cliffs Glassy/Housekeeping/Mats
PO Box 1549
Travelers Rest, SC 29690

[illegible]

Over Due Balance	30 Day Balance	Current Balance		US Dollars
\$1114.21	\$0.00	\$112.54	Statement Total	\$1226.75

Remittance Advice

Please Send Payment To

AlSCO
PO Box 668088
Charlotte NC 28266

Customer No: 00301075
Statement For: February 2012
Statement Total: \$1226.75

Credit Card Payment

Card No: _____
Exp Date: ____/____/____ Charge Amount: \$_____
Signature: _____

US Dollars

Payment Received From

Cliffs Glassy/Housekeeping/Mats



Phone : (704)586-1700
Fax : (704)398-0525

MONTHLY STATEMENT

February 2012

Customer Code 00301115

\$622.29 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For

Cliffs-Keowee Springs-Temporary Proshop
141 Springs Lake Road
Six Mile, SC 29682

[illegible]

Over Due Balance	30 Day Balance	Current Balance		US Dollars
\$519.47	\$102.82	\$104.91	Statement Total	\$727.20

Remittance Advice

Please Send Payment To

AlSCO
PO Box 668088
Charlotte NC 28266

Customer No:	00301115
Statement For:	February 2012
Statement Total:	\$727.20

US Dollars

Credit Card Payment

Card No: _____
Exp Date: ____/____ Charge Amount: \$_____
Signature: _____

Payment Received From:

Cliffs-Keowee Springs-Temporary Proshop



Phone : (704)586-1700
Fax : (704)398-0525

Customer Code 00301063

\$2757.12 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Payment Terms Are Net 10 EOM

Statement For

Cliffs-The Tavern at Walnut Cove
40 Club Village Way
Arden, NC 28705

[illegible]

Over Due Balance	30 Day Balance	Current Balance		US Dollars
\$2757.12	\$0.00	\$142.91	Statement Total	\$2900.03

Remittance Advice

Please Send Payment To

AlSCO
PO Box 668088
Charlotte NC 28266

Customer No:	00301063
Statement For:	February 2012
Statement Total:	\$2900.03

Credit Card Payment

Card No: _____
Exp Date: ____/____ Charge Amount: \$_____
Signature: _____

Payment Received From

Cliffs-The Tavern at Walnut Cove

US Dollars



\$3978.81 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Cliffs Keowee Falls Club

US Dollars



February 2012

\$2922.11 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Cliffs Walnut Cove Wellness
41 Club Village Way
Arden, NC 28704

	US Dollars
Statement Total	\$3201.68

Payment Received From
Cliffs Walnut Cove Wellness

US Dollars



February 2012

\$601.00 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Cliffs Walnut Cove/Golf House
41 Club Village Way
Arden, NC 28704

	US Dollars
Statement Total	\$649.30

Cliffs Walnut Cove/Golf House

US Dollars



Phone : (704)586-1700
Fax : (704)398-0525

Customer Code 00205278

\$58.97 IS PAST DUE - PLEASE REMIT IMMEDIATELY

MONTHLY STATEMENT

February 2012

Payment Terms Are Net 10 EOM

Statement For

Cliffs Glassy Proshop, The
PO Box 1549
Travelers Rest, SC 29690

[illegible]

Over Due Balance	30 Day Balance	Current Balance	US Dollars
\$58.97	\$0.00	\$7.40	Statement Total \$66.37

Remittance Advice

Please Send Payment To

AlSCO
PO Box 668088
Charlotte NC 28266

Customer No:	00205278
Statement For:	February 2012
Statement Total:	\$66.37

US Dollars

Credit Card Payment

Card No: _____
Exp Date: ____/____/____ Charge Amount: \$_____
Signature: _____

Payment Received From

Cliffs Glassy Proshop, The



US Dollars



February 2012

\$192.65 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Cliffs Valley / Housekeeping, The

US Dollars



February 2012

\$6068.59 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Cliffs Valley/Wellness/Court, The

US Dollars



February 2012

\$1855.60 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Cliffs Glassy Wellness, The
PO Box 1549
Travelers Rest, SC 29690

	US Dollars
Statement Total	\$1995.17

Cliffs Glassy Wellness, The

US Dollars



February 2012

\$4777.44 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Cliffs Valley Clubhouse, The
PO Box 1549
Travelers Rest, SC 29690

Cliffs Valley Clubhouse, The

US Dollars



February 2012

\$4260.20 IS PAST DUE - PLEASE REMIT IMMEDIATELY

Statement For

[illegible]

	US Dollars
Statement Total	\$4666.59

Cliffs Keowee Vineyard Club, The

US Dollars



\$2099.14 IS PAST DUE - PLEASE REMIT IMMEDIATELY

US Dollars

ALSCO, Inc.
4700 Dwight Evans Rd.
Charlotte, NC 28217

RECEIVED

APR 30 2012

BMC GROUP

BMC Group, Inc
Attn: Cliffs Claims Processing
PO Box 3020
Chanhausen, MN 55317-3020