

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA	PROOF OF CLAIM	
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Name of Debtor: The Cliffs at Glassy Golf & Country Club, LLC	Case Number: 12-01234
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Your Claim is Scheduled As Follows:
 Schedule/Claim ID: s12401
AMOUNT/CLASSIFICATION:
 \$10,000.00 UNSECURED
 (CONTINGENT)

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) :
Ashmore Bros., Inc.

Name and address where notices should be sent:
 29347866011616
 Ashmore, Russell
 PO Box 529
 Greer, SC 29652

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 864)879-7311 email: dhughes@ashmorebros.com

THIS SPACE IS FOR COURT USE ONLY

Name and address where payment should be sent (if different from above):
Ashmore Bros., Inc.
PO Box 529
Greer, SC 29652

Payment Telephone Number 864)879-7311 email: dhughes@ashmorebros.com

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known): _____

Filed on: _____

RECEIVED

MAY 02 2012

BMC GROUP

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 170,169.13

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: Construction materials and services
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>ASHM</u>	3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a)</small>	3b. Uniform Claim Identifier (optional): _____ <small>(See instruction #3b)</small>
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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:

<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
<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).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
<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).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).
	<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).

* 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

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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: David C. Hughey
 Title: Controller
 Company: Ashmore Bros., Inc

[Signature] 5/11/12
 (Signature) (Date)

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

Telephone number: 864-879-7311 email: dhughey@ashmorebros.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

Ashmore Bros., Inc.
Past-due Account Summary

The Cliffs Club & Hospitality Group, Inc., et al
February 28, 2012

Summary:

Unpaid balance	\$ 122,529.66
Interest	47,639.47
Total due	<u>\$ 170,169.13</u>

Detail:

Billed to:	Invoice No.	Date	Amount	Paid	Balance	Days Past Due	Interest
The Cliffs Club & Hospitality Group, Inc., et al	105204	09/30/08	175,151.29	137,552.15	37,599.14	1216	22,860.28
The Cliffs Club & Hospitality Group, Inc., et al	105340	12/31/08	2,177.09	-	2,177.09	1124	1,223.52
The Cliffs Club & Hospitality Group, Inc., et al	105429	03/30/09	1,263.72	-	1,263.72	1035	653.98
The Cliffs Club & Hospitality Group, Inc., et al	105455	04/28/09	2,999.72	-	2,999.72	1006	1,508.86
The Cliffs Club & Hospitality Group, Inc., et al	105966	07/31/10	72,784.01	-	72,784.01	547	19,906.43
The Cliffs Club & Hospitality Group, Inc., et al	106003	08/26/10	20,705.98	15,000.00	5,705.98	521	1,486.41
Totals			\$ 275,081.81	\$ 152,552.15	\$ 122,529.66		\$ 47,639.47

INVOICE

Number: 105204

Date: 09/30/08

Bill to:

Cliffs Management Services
Accounts Payable Department
P O Box 1549
Travelers Rest, SC 29690

Job: 08104

Keowee 2008

Anderson, SC

Customer Code	Purchase Order No.	Salesperson	Terms
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1389			NET DUE UPON RECEIPT
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Remarks: FROM DRAW REQUEST BILLING ENTRY

Quantity	Description	U/M	Unit Price	Extension
100.000	Setup Base	SY	1.70	170.00
20.380	Asphalt Surface	TN	67.62	1,378.10
561.000	Shape Roadway	LF	5.80	3,253.80
886.000	Setup Base	SY	1.70	1,506.20
394.680	Asphalt Surface	TN	67.62	26,688.26
1,000.000	Shape Roadway	LF	6.05	6,050.00
222.000	Setup Base	SY	1.75	388.50
1,209.680	Asphalt Surface	TN	78.87	95,407.46
6.000	Motorgrader	HR	120.00	720.00
2.000	Backhoe	HR	80.00	160.00
4.000	Roller	HR	75.00	300.00
	Fuel Surcharge 7/08	LS		2,030.79
	Fuel Surcharge 8/08	LS		6,323.65
24.000	Motorgrader	HR	120.00	2,880.00
10.000	Backhoe	HR	80.00	800.00
10.000	Roller	HR	75.00	750.00
1,209.680	Asphalt Surf Index	TN	11.99	14,504.06
	Mobilization	LS		500.00
394.680	Asphalt surf Index	TN	23.24	9,172.36
23.190	Asphalt Surface	TN	67.62	1,568.11
	Layout Keowee Ch Rd	LS		600.00

Continued on next page . . .

Ashmore Bros., Inc.

Page 1 of 2

**P.O. Box 529
864 879-7311**

Greer, SC 29652

INVOICE

Number: 105204

Date: 09/30/08

Bill to:

Cliffs Management Services
Accounts Payable Department
P O Box 1549
Travelers Rest, SC 29690

Job: 08104

Keowee 2008

Anderson, SC

Customer Code	Purchase Order No.	Salesperson	Terms
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1389			NET DUE UPON RECEIPT
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Remarks: FROM DRAW REQUEST BILLING ENTRY

Quantity	Description	U/M	Unit Price	Extension
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Continued from previous page . . .

Subtotal:	175,151.29
Total:	175,151.29

INVOICE

Number: 105340

Date: 12/31/08

Bill to:

Cliffs Management Services
Accounts Payable Department
P O Box 1549
Travelers Rest, SC 29690

Job: 08104

Keowee 2008

Anderson, SC

Customer Code	Purchase Order No.	Salesperson	Terms
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1389			NET DUE UPON RECEIPT
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Remarks: FROM DRAW REQUEST BILLING ENTRY

Quantity	Description	U/M	Unit Price	Extension
10.540	Surface C	TN	52.00	548.08
21.440	Surf C Hauled	TN	75.98	1,629.01

Subtotal:	2,177.09
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Total:	2,177.09
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Ashmore Bros., Inc.

P.O. Box 529
864 879-7311

Greer, SC 29652

INVOICE

Number: 105429

Date: 03/30/09

Bill to:

Cliffs Management Services
Accounts Payable Department
P O Box 1549
Travelers Rest, SC 29690

Job: 09016

MSS Small Jobs

Customer Code	Purchase Order No.	Salesperson	Terms
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1389			NET DUE UPON RECEIPT
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Remarks: FROM DRAW REQUEST BILLING ENTRY

Quantity	Description	U/M	Unit Price	Extension
21.390	Asphalt	TN	59.08	1,263.72

Subtotal:	1,263.72
Total:	1,263.72

Ashmore Bros., Inc.

**P.O. Box 529
864 879-7311**

Greer, SC 29652

INVOICE

Number: 105455

Date: 04/28/09

Bill to:

Cliffs Management Services
Accounts Payable Department
P O Box 1549
Travelers Rest, SC 29690

Job: 09016

MSS Small Jobs

Customer Code	Purchase Order No.	Salesperson	Terms
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1389			NET DUE UPON RECEIPT
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Remarks: FROM DRAW REQUEST BILLING ENTRY

Quantity	Description	U/M	Unit Price	Extension
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43.550	Asphalt 4/9/09	TN	68.88	2,999.72
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Subtotal:	2,999.72
Total:	2,999.72

Ashmore Bros., Inc.

**P.O. Box 529
864 879-7311**

Greer, SC 29652

INVOICE

Number: 105966

Date: 07/31/10

Bill to:

Cliffs Management Services
Accounts Payable Department
P O Box 1549
Travelers Rest, SC 29690

Job: 10106

Cliffs - Mtn Breeze Lane

Customer Code	Purchase Order No.	Salesperson	Terms
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1389			NET DUE UPON RECEIPT
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Remarks: FROM DRAW REQUEST BILLING ENTRY

Quantity	Description	U/M	Unit Price	Extension
1,480.000	Shape Roadway	LF	5.90	8,732.00
1.000	Shape Cul-de-Sac	EA	2,010.00	2,010.00
670.000	Shape Backslope	LF	1.25	837.50
3,740.000	Place/Setup Base	SY	1.70	6,358.00
605.000	Surface C	TN	77.28	46,754.40
200.000	Shape Roadway	LF	5.90	1,180.00
190.000	Shape Backslope	LF	1.25	237.50
380.000	Place/Setup Base	SY	1.70	646.00
60.000	Surface C	TN	77.28	4,636.80
18.010	Surface C	TN	77.28	1,391.81

Subtotal:	72,784.01
Total:	72,784.01

Ashmore Bros., Inc.

P.O. Box 529
864 879-7311

Greer, SC 29652

INVOICE

Number: 106003

Date: 08/26/10

Bill to:

Cliffs Management Services
Accounts Payable Department
P O Box 1549
Travelers Rest, SC 29690

Job: 11071

Mountain Park Condo's

Customer Code	Purchase Order No.	Salesperson	Terms
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1389			NET DUE UPON RECEIPT
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Remarks: FROM DRAW REQUEST BILLING ENTRY

Quantity	Description	U/M	Unit Price	Extension
165.000	18" Curb	LF	21.05	3,473.25
675.000	Finegrade	SY	2.00	1,350.00
675.000	6" CR Base	SY	11.19	7,553.25
675.000	2" Binder	SY	10.41	7,026.75
19.690	CR Stone for Scott	TN	17.00	334.73
3.000	Load Stone/B'fill Curb	HR	80.00	240.00
13.000	Asphalt for Undercut	TN	56.00	728.00

Subtotal:	20,705.98
Total:	20,705.98

Ashmore Bros., Inc.

P.O. Box 529
864 879-7311

Greer, SC 29652

FedEx Express US Airbill

Tracking Number

874766939067

Form ID No. 0215

Recipient's Copy

MUR 12

1 From This portion can be removed for Recipient's records.

Date 5/11/12 FedEx Tracking Number 874766939067

Sender's Name DAVID HUGHEY Phone 864-879-7311

Company ASHMORE BROS INC

Address 1380 S HIGHWAY 14

City GREER State SC ZIP 29650-4727

2 Your Internal Billing Reference

3 To Recipients

Name Cliff's Claims Processing Phone 800-655-1129

Company BMC Group, Inc

Address 18675 Lake Drive East

City Chanhassen State MN ZIP 55317

Address Use this line for the HOLD location address or for continuation of your shipping address.

0429785627

4a Express Package Service

- FedEx Priority Overnight
- FedEx Standard Overnight
- FedEx 2Day
- FedEx 2Day AM
- FedEx Express Saver

4b Express Freight Service

- FedEx 1Day Freight
- FedEx 2Day Freight
- FedEx 3Day Freight

5 Packaging

- FedEx Envelope*
- FedEx Pak*
- FedEx Small Pak and Envelope*
- FedEx Box
- FedEx Tube
- Other

6 Special Handling and Delivery Signature Options

- SATURDAY Delivery
- Signature Required
- Direct Signature
- Indirect Signature

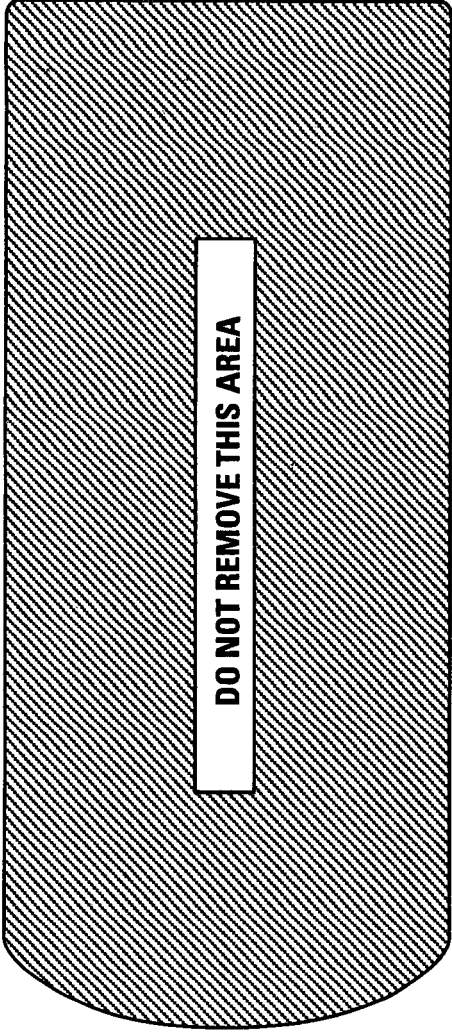
7 Payment Bill to:

- Sender
- Recipient
- Third Party
- Credit Card
- Cash/Check



8747 6693 9067

605



Peel and Stick FedEx US Airbill

1. Complete front page of the Airbill.
2. Retain "Sender's Copy" for your records.
3. Remove label backing.
4. Adhere Airbill to front of package.
Please DO NOT remove "FedEx Copy."

PEEL FROM THIS CORNER.

