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| UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA | | PROOF OF CLAIM | |
| Name of Debtor: <u>The Cliffs Valley Golf & Country Club LLC</u> | | Case Number: <u>12-01236</u> | |
| <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> | | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property) : <u>Jack Moore</u> | | | |
| Name and address where notices should be sent: <u>Jack Moore 106 Panther mtn Road Zirconia NC 28790</u> | | RECEIVED APR 30 2012 BMC GROUP | |
| Creditor Telephone Number <u>858 697-7656</u> email: <u>macklor@bellsouth.net</u> | | THIS SPACE IS FOR COURT USE ONLY | |
| Name and address where payment should be sent (if different from above): | | <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. | <input type="checkbox"/> 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 \$ <u>19,880.00 (reduces monthly)</u> 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. <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. | | | |
| 2. BASIS FOR CLAIM: (See instruction #2) | | | |
| 3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>m146</u> | | 3a. Debtor may have scheduled account as: <u>Loyalty Program</u> (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> 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"/> 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"/> 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"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <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). | | | |
| <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> | | | |
| Cliffs POC  00479 | | | |
| 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 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: Jack Moore
 Title: _____
 Company: _____

Jack Moore 4/30/12
 (Signature) (Date)

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

Telephone number: _____ email: _____

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 |



December 17, 2010

Mr. Jack Moore
106 Panther Mountain Road
Zirconia, NC 28790

Dear Mr. Moore,

Please find a Membership Agreement enclosed for the Senior Membership Dues Program. Please sign and return in the enclosed prepaid envelope.

I have also included a Prepaid Dues Election Form. If you would like to prepay for 2011, please return the completed form and a check along with the Membership Agreement.

If you have any questions, please do not hesitate to contact me at 864.371.1047.

Thanks,

Magan Boggs
Membership Services Assistant

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



**THE CLIFFS VALLEY GOLF & COUNTRY CLUB, LLC
SENIOR MEMBERSHIP DUES AGREEMENT**

This is to certify that **Jack Moore** has made application for Senior Membership Dues in The Cliffs Valley Golf & Country Club. Jack Moore previously acquired a Golf Membership on Section CVN, Lot 7 on April 5, 2000.

It is acknowledged that he/she previously submitted membership fees in the amount **Twenty Six Thousand Dollars (\$26,000)**.

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|--|---------------------------------|
| MEMBERSHIP CLASSIFICATION: | Valley Golf |
| MEMBERSHIP ACCOUNT NUMBER: | M146 |
| PROPERTY REFERENCE: | Section <u>CVN</u> Lot <u>7</u> |
| INITIATION DEPOSIT: | \$26,000 |
| INITIATION DEPOSIT ELIGIBLE: | \$26,000 |
| ANNUAL AMOUNT OF INITIATION DEPOSIT DEBIT: | \$4,590 |
| <i>(Annual total may increase in accordance with future dues increase)</i> | |

It is further agreed that the member(s) understand the Senior Membership Dues Program, its privileges and benefits, and refund values associated with a resignation from the club, as outlined in The Cliffs Club & Hospitality Group, Inc. Master Membership Plan, Rules and Regulations.

I agree to participate and become enrolled in the Senior Membership Dues Program of The Cliffs Valley Golf & Country Club, LLC, which is managed and operated by The Cliffs Club & Hospitality Group, Inc. and agree to pay the applicable membership fees in the amount(s) indicated above.

My rights and privileges as a member shall be governed by the plan documents and the club's rules and regulations. Membership in the club does not convey any ownership, stock or equity certificate or other rights of ownership. As a member, I cannot be assessed as a matter of contract with the Club, and I assume no liability whatsoever in connection with the membership other than the payment of an applicable membership fee, dues and charges incurred by myself, my family and guests.

The Club reserves the right to set membership classification limitations. The Club has the plenary power to modify classes of memberships, their definitions, privileges, requirements and availability.

I shall be bound by the terms and conditions of the plan documents, as they may be amended from time to time in accordance with their terms and this membership purchase agreement.

I agree to pay the dues, fees and charges applicable to my membership classification(s) set forth by the club ownership, as it may be amended from time to time.

I hereby agree to release and discharge the Club, its ownership, affiliates, employees and agents from any and all claims and causes of actions that I may have against any of them regarding the Club membership program and facilities, except claims and causes of action arising from misrepresentations or omissions in the club documents.

By signing this form, the Member(s) acknowledges, as a matter of record, the type of Membership classification, and its privileges, and the refund value of initiation deposit paid in the event of resignation or transfer of membership. Furthermore, the Member(s) has received a copy of the Club's Master Membership Plan, rules and regulations, and has an understanding of the same.

12-17-10
Date
Nate Weyand
Nate Weyand
Membership Director
The Cliffs Club & Hospitality Group, Inc.

12-20-10
Date
[Signature]
Member Signature
[Signature]
Member Signature