

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: s12444
AMOUNT/CLASSIFICATION:
 \$40,020.00 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) :

WAYNE B. ELMORE
 Name and address where notices should be sent:
 29347866011660
 Elmore/West, Wayne
 36 Moccasin Flower Trail 407 Stony Road
 Landrum, SC 29356

RECEIVED
MAY 03 2012
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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 (804) 845-0304 **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.

THIS SPACE IS FOR COURT USE ONLY

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 \$ 50,000.00

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: Initiation Deposit Refund
 (See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>W-244</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
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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): \$ _____
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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).
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* 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: See Attached Exhibits A-1 and A-2 and A-3

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: Wayne B. Elmore
 Title: _____
 Company: _____

Wayne B. Elmore 4/30/2012
 (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

Exhibit A-1

**THE CLIFFS GOLF AND COUNTRY CLUB, INC.
CLIFFS A ENROLLMENT FORM**

This is to certify that **Brown West and Kimberly Elmore-West** have made application for membership in the **CLIFFS GOLF AND COUNTRY CLUB**. The membership classification applied for is **Cliffs A** membership. It is acknowledged that the applicant has submitted a payment of **Fifty thousand dollars (\$50,000)**. The following is the scheduled due dates and amounts of future payments:

Due at Closing

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 by-laws, rules and regulations, as modified June 1, 1999, and has an understanding of the same.

MEMBERSHIP CLASSIFICATION:	Cliffs A
MEMBERSHIP ACCOUNT NUMBER:	W244
INITIATION DEPOSIT PAID:	\$50,000
TOTAL FEES PAID:	\$50,000
PROPERTY REFERENCE:	Section 3 Lot 1
DATE:	February 12, 2002

2/19/02

Date

Member Signature

Kimberly Elmore

Cathy Huffman
Director of Membership
The Cliffs Golf & CC, Inc.

Date

Member Signature

Brown West
Mimsy DeMars
Mimsy DeMars
Membership Services Coordinator
The Cliffs Golf & CC, Inc.

**W. Brown and Kimberly Elmore West
1800 Cherokee Road
Williamston, SC 29697**

December 10, 2008

**Mr. Nate Weyand
Membership Director
The Cliffs Golf and Country Clubs
3598 Highway 11
Travelers Rest, SC 29690**

Dear Mr. Weyand:

This letter is to confirm the ownership of property at 2 Raven Road, Landrum, SC 29356 and full Golf Membership is one third owned by us, one third owned by Wayne Elmore and one third owned by C. Byron Elmore. The Golf Membership is currently in our name and we wish to have this membership changed to the name of Wayne Elmore, 407 Stony Road, Landrum, SC 29356.

Sincerely,

W. Brown West

Kimberly Elmore-West



The Cliffs

May 18, 2010

Mr. Wayne Elmore
407 Stony Road
Landrum, SC 29356

Dear Mr. Elmore,

We are writing at this time to confirm acknowledgement of your Golf Membership resignation in conjunction with Section 3, Lot 1 at The Cliffs at Glassy. Your resignation is effective with the receipt of your written resignation notice and will be effective May 4, 2010.

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. 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 three (3) 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 864-660-1160.

Kind regards,

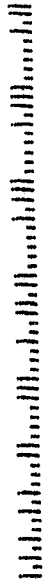
Nate Weyand
Membership Director

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

Wayne B. Elmore
407 Stony Road
LANDRUM, SC 29356

BMC Group, Inc.
Attn: Cliffs Claims Processing
P.O. Box 3020
Chanhassen, MN 55317-3020

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