
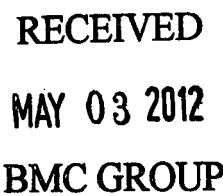




<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA</b>		<b>PROOF OF CLAIM</b>	
Name of Debtor: <b>The Cliffs at Walnut Cove Golf &amp; Country Club, LLC</b>		Case Number: <b>12-01227</b>	<b>Your Claim is Scheduled As Follows: Schedule/Claim ID: s14443 AMOUNT/CLASSIFICATION: \$100,000.00 UNSECURED (CONTINGENT)</b>
<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) : <b>HURLIE COLLIER</b>			
Name and address where notices should be sent:  <b>29347866002507</b> Collier, Hurlie 2915 Georgetown Houston, TX 77005			
Creditor Telephone Number <b>713 646-1332</b> email: <b>hcollier@bakerlaw.com</b>			
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. <b>Court Claim Number (if known):</b> _____ Filed on: _____
Payment Telephone Number ( ) email:		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <u>100,000.00</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.			
<b>2. BASIS FOR CLAIM:</b> <u>Member; Member Initiation Deposit</u> <small>(See instruction #2)</small>			
<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> <u>s14443</u>	<b>3a. Debtor may have scheduled account as:</b> <small>(See instruction #3a)</small>	<b>3b. Uniform Claim Identifier (optional):</b> <small>(See instruction #3b)</small>	
<b>4. SECURED CLAIM:</b> (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 _____		Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____	
Value of Property: \$ _____		Basis for Perfection: _____	
Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small>		Amount of Secured Claim: \$ _____	
		Amount Unsecured: \$ _____	
<b>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.</b>			
Amount entitled to priority: \$ _____		Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____	
<b>You MUST specify the priority of the claim:</b>			
<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).		
<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>			
<b>Cliffs POC</b>  00503			
<b>6. CREDITS:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

Note: In the event this claim is allowed in Case No. 12-01227, said claim will be withdrawn in Case No. 12-01220.

**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

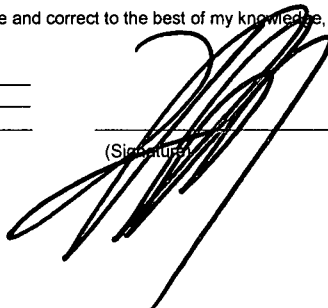
**8. SIGNATURE:** (See instruction #8)

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: Hurlie Collier  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

(Signature) 

05/02/2012

(Date)

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.**

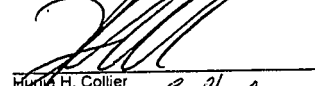
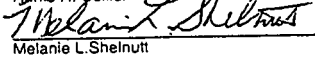
*Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.*

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](http://www.bmcgroup.com/cliffs)

<b>A.</b> U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT <b>SETTLEMENT STATEMENT</b>		<b>B. TYPE OF LOAN:</b> 1. <input type="checkbox"/> FHA    2. <input type="checkbox"/> FmHA    3. <input type="checkbox"/> CONV. UNINS.    4. <input type="checkbox"/> VA    5. <input type="checkbox"/> CONV. INS. 6. FILE NUMBER: 11-0170    7. LOAN NUMBER: 8. MORTGAGE INS CASE NUMBER:		
C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "[POC]" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.				
D. NAME AND ADDRESS OF BUYER:  Hurlie H. Collier and Melanie L. Shelnett 2915 Georgetown Street Houston, TX 77005		E. NAME AND ADDRESS OF SELLER:  HomeTrust Bank a federally chartered Savings Bank PO Box 10 Asheville, NC 28802		F. NAME AND ADDRESS OF LENDER:  Cash
G. PROPERTY LOCATION: 33 Smokey Ridge Trail Arden, NC 28704 Buncombe County, North Carolina		H. SETTLEMENT AGENT:    26-0175902 Peltz Law Firm, PLLC  PLACE OF SETTLEMENT 7 Orchard Street, Suite 100 Asheville, NC 28801		I. SETTLEMENT DATE:  May 18, 2011
<b>J. SUMMARY OF BUYER'S TRANSACTION</b>			<b>K. SUMMARY OF SELLER'S TRANSACTION</b>	
<b>100. GROSS AMOUNT DUE FROM BUYER:</b>			<b>400. GROSS AMOUNT DUE TO SELLER:</b>	
101. Contract Sales Price			401. Contract Sales Price	
102. Personal Property			402. Personal Property	
103. Settlement Charges to Buyer (Line 1400)			403.	
104.			404.	
105.			405.	
<i>Adjustments For Items Paid By Seller in advance</i>			<i>Adjustments For Items Paid By Seller in advance</i>	
106. City/Town Taxes                                    to			406. City/Town Taxes                                    to	
107. County Taxes    to			407. County Taxes    to	
108. Assessments                                    05/19/11 to 01/01/12			408. Assessments                                    05/19/11 to 01/01/12	
109.			409.	
110.			410.	
111.			411.	
112.			412.	
<b>120. GROSS AMOUNT DUE FROM BUYER</b>			<b>420. GROSS AMOUNT DUE TO SELLER</b>	
<b>200. AMOUNTS PAID BY OR IN BEHALF OF BUYER:</b>			<b>500. REDUCTIONS IN AMOUNT DUE TO SELLER:</b>	
201. Deposit or earnest money			501. Excess Deposit (See Instructions)	
202. Principal Amount of New Loan(s)			502. Settlement Charges to Seller (Line 1400)	
203. Existing loan(s) taken subject to			503. Existing loan(s) taken subject to	
204.			504. Payoff of first Mortgage	
205.			505. Payoff of second Mortgage	
206.			506.	
207.			507. (Deposit disb. as proceeds)	
208. Due Diligence Fee			508. Due Diligence Fee	
209.			509.	
<i>Adjustments For Items Unpaid By Seller</i>			<i>Adjustments For Items Unpaid By Seller</i>	
210. City/Town Taxes                                    to			510. City/Town Taxes                                    to	
211. County Taxes                                    01/01/11 to 05/19/11			511. County Taxes                                    01/01/11 to 05/19/11	
212. Assessments    to			512. Assessments    to	
213.			513.	
214.			514.	
215.			515.	
216.			516.	
217.			517.	
218.			518.	
219.			519.	
<b>220. TOTAL PAID BY/FOR BUYER</b>			<b>520. TOTAL REDUCTION AMOUNT DUE SELLER</b>	
<b>300. CASH AT SETTLEMENT FROM/TO BUYER:</b>			<b>600. CASH AT SETTLEMENT TO/FROM SELLER:</b>	
301. Gross Amount Due From Buyer (Line 120)			601. Gross Amount Due To Seller (Line 420)	
302. Less Amount Paid By/For Buyer (Line 220)			602. Less Reductions Due Seller (Line 520)	
<b>303. CASH ( X FROM ) ( TO ) BUYER</b>			<b>603. CASH ( X TO ) ( FROM ) SELLER</b>	

The undersigned hereby acknowledge receipt of a completed copy of pages 1&2 of this statement & any attachments referred to herein.

Buyer   
 Hurlie H. Collier  
  
 Melanie L. Shelnett

Seller HomeTrust Bank a federally chartered Savings Bank  
 BY: \_\_\_\_\_

**L. SETTLEMENT CHARGES**

		PAYED FROM BUYER'S FUNDS AT SETTLEMENT	PAYED FROM SELLER'S FUNDS AT SETTLEMENT
<b>700. TOTAL COMMISSION Based on Price</b> \$ [REDACTED]			
<i>Division of Commission (line 700) as Follows:</i>			
701. \$ [REDACTED]	to NC Mountain Realty group		
702. \$ [REDACTED]	to Whitworth Properties, LLC		
703. Commission Paid at Settlement			
704.	to		
<b>800. ITEMS PAYABLE IN CONNECTION WITH LOAN</b>			
801. Loan Origination Fee	1.0000 % to		
802. Loan Discount	% to		
803. Appraisal Fee	to		
804. Credit Report	to		
805. Lender's Inspection Fee	to		
806. Mortgage Ins. App. Fee	to		
807. Assumption Fee	to		
808. Flood Certification Fee			
809.			
810.			
811.			
<b>900. ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE</b>			
901. Interest From	to @ \$ /day ( days %)		
902. MIP Totals for Life/Loan	for months to		
903. Hazard Insurance Premium for	1.0 years to		
904.			
905.			
<b>1000. RESERVES DEPOSITED WITH LENDER</b>			
1001. Hazard Insurance	months @ \$ per month		
1002. Mortgage Insurance	months @ \$ per month		
1003. City/Town Taxes	months @ \$ per month		
1004. County Taxes	months @ \$ per month		
1005. Assessments	months @ \$ per month		
1006.	months @ \$ per month		
1007.	months @ \$ per month		
1008. Aggregate Adjustment	months @ \$ per month		
<b>1100. TITLE CHARGES</b>			
1101. Attorneys Fee	to Peltz Law Firm, PLLC		
1102. Abstract or Title Search	to		
1103. Title Examination Fee	to		
1104. Title Insurance Binder	to		
1105. Document Preparation	to Kanipe Law Firm, PLLC		
1106. Notary Fees	to		
1107. Attorney's Fees	to		
<i>(includes above item numbers: )</i>			
1108. Title Insurance	to Investors Title Ins. Company		
<i>(includes above item numbers: )</i>			
1109. Lender's Coverage	\$		
1110. Owner's Coverage	\$ [REDACTED]		
1111. Overnight/Courier Fees			
1112. Payoff Coordination			
1113. Copy/Fax/Postage Fee			
<b>1200. GOVERNMENT RECORDING AND TRANSFER CHARGES</b>			
1201. Recording Fees: Deed \$ [REDACTED] Mortgage \$ [REDACTED] Releases \$ [REDACTED]			
1202. City/County Tax/Stamps: Deed [REDACTED] Mortgage [REDACTED]			
1203. State Tax/Stamps: [REDACTED] Mortgage [REDACTED]			
1204.			
1205.			
<b>1300. ADDITIONAL SETTLEMENT CHARGES</b>			
1301. Survey	to		
1302. Pest Inspection	to		
1303. Golf Membership	to The Cliffs Club & Hospitality Group, Inc.	100,000.00	
1304.			
1305.			
<b>1400. TOTAL SETTLEMENT CHARGES (Enter on Lines 103, Section J and 502, Section K)</b>		[REDACTED]	[REDACTED]

By signing page 1 of this statement, the signatories acknowledge receipt of a completed copy of page 2 of this two page statement.

\_\_\_\_\_  
Peltz Law Firm, PLLC  
Settlement Agent

Certified to be a true copy.

**DISBURSEMENTS SUMMARY / BALANCE SHEET**

**Buyer:** Hurlie H. Collier and Melanie L. Shelnut  
**Seller:** HomeTrust Bank a federally chartered Savings Bank  
**Lender:** Cash  
**Settlement Agent:** Peltz Law Firm, PLLC  
 (828)255-2728  
**Place of Settlement:** 7 Orchard Street, Suite 100  
 Asheville, NC 28801  
**Settlement Date:** May 18, 2011  
**Property Location:** 33 Smokey Ridge Trail  
 Arden, NC 28704  
 Buncombe County, North Carolina

**INCOMING FUNDS**

Hurlie H. Collier and Melanie L. Shelnut  
 Deposit/Earnest money

**Total Incoming Funds**

[REDACTED]  
 [REDACTED]  
 [REDACTED]

**DISBURSEMENTS**

NC Mountain Realty group  
 Commission  
 Whitworth Properties, LLC  
 Commission  
 Peltz Law Firm, PLLC  
 Kanipe Law Firm, PLLC  
 Register of Deeds  
 Register of Deeds  
 The Cliffs Club & Hospitality Group, Inc.  
 HomeTrust Bank  
 Investors Title Ins. Company  
 Title Insurance

Attorneys Fee  
 Document Preparation  
 Recording Fees  
 State Tax/Stamps  
 Golf Membership  
 Closing Proceeds  
 Title Charges

**Total Disbursements**

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 100,000.00  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

**Number of checks - 9**

# Baker Hostetler

Baker & Hostetler LLP

1000 Louisiana  
Suite 2000  
Houston, TX 77002-5018

T 713.751.1600  
F 713.751.1717  
www.bakerlaw.com

May 2, 2012

Pamela Gale Johnson  
direct dial: 713.646.1324  
PJohnson@Bakerlaw.com

## BY UPS

BMC Group, Inc.  
ATTN: Cliffs Claims Processing  
18675 Lake Drive East  
Chanhassen, MN 55317

Re: *Case No. 12-01220, The Cliffs Club & Hospitality Group, Inc., et al d/b/a The Cliffs Golf & Country Club; In the United States Bankruptcy Court District of South Carolina*

Gentlemen:

Enclosed for filing in the above-referenced matter are the following:

- Original and duplicate Proof of Claim in Case No. 12-01227, The Cliffs at Walnut Cove Golf & Country Club, LLC d/b/a The Cliffs Golf & Country Club; and
- Original and duplicate Proof of Claim in Case No. 12-01220, The Cliffs Club & Hospitality Group, Inc., et al, d/b/a The Cliffs Golf & Country Club.

Please mark each proof of claim with your file stamp and return one of each claim to me in the enclosed, self-addressed, metered envelope.

If you have any questions or concerns, please do not hesitate to contact me.


Regards,



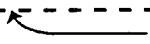
Pamela Gale Johnson

PGJ/cyd

Enclosures

<p>HURLIE COLLIER 7137511600 BAKER HOSTETLER LLP 1000 LOUISIANA SUITE 2000 HOUSTON TX 77002</p> <p><b>SHIP TO:</b> BMC GROUP, INC. 8006551129 ATTN: CLIFFS CLAIMS PROCESSING 18675 LAKE DR E CHANHASSEN MN 55317-9383</p>	<p>0.0 LBS LTR 1 OF 1</p> <p><b>MN 559 9-56</b></p>  	<p><b>UPS NEXT DAY AIR</b></p> <p>TRACKING #: 1Z X65 5R8 25 9629 2802</p> <p><b>1</b></p>		<p>BILLING: P/P</p> <p>Reference No. 1: 009970.009468-09468</p> <p>XOL 12.04.02 NV45 24.04.01/2012</p> 
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**FOLD on this line and place in shipping pouch with bar code and delivery address visible**

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains information useful for tracking your package.