

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

Name of Debtor: The Cliffs at Walnut Cove Golf & C.C., LLC

Case Number: 12-01227

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) :

William Norman

Name and address where notices should be sent:

 29347868002761
Norman, Bill
56 Stamford Street
Apt 108
Asheville, NC 28803

RECEIVED

MAY 04 2012

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number () email: BMC GROUP

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.

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

Court Claim Number (if known):

Filed on: _____

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 16,733.88

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: Club Credit - Prepaid
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 0123

3a. Debtor may have scheduled account as: _____
(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:

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:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

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).

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).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).

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

00517

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: William Norman
 Title: _____
 Company: _____

William Norman 5/1/2012
 (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

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

William Norman
Home
56 Stamford St.
Apt 108
Asheville, NC
425-890-2570

Statement Date: **02/29/2012**
 Balance Due: **1,035.86**

Minimum Period: **01/01/2012 to 12/31/2012**

Minimum Amount for Period: **600.00**

Spent Minimum Amount: **447.05**

Amount to Spend: **152.95**

Date	Ref.No.	Description	Type	Sales Amt	Svc Charge	Taxes	Total
	BF	Balance Forward					-19,007.36
02/01/2012	32071500	Walnut Cove Cart Fee	CART	0.00	0.00	0.00	0.00
02/01/2012	32071500	Walnut Cove Greens Fee	GREEN	0.00	0.00	0.00	0.00
02/01/2012	34030417	Walnut Cove Bar - Beer	BEER	10.50	2.00	0.71	13.21
02/01/2012	34030430	Walnut Cove Bar - Beer	BEER	3.50	0.00	0.24	3.74
02/01/2012	34030430	Walnut Cove Bar - Food	FOOD	21.90	0.00	1.48	23.38
02/01/2012	34030430	Walnut Cove Bar - Wine	WINE	16.00	5.00	1.08	22.08
02/02/2012	32071520	Walnut Cove Cart Fee	CART	13.12	0.00	0.89	14.01
02/02/2012	32071516	Walnut Cove Cart Fee	CART	0.00	0.00	0.00	0.00
02/02/2012	32071516	Walnut Cove Greens Fee	GREEN	0.00	0.00	0.00	0.00
02/02/2012	34030445	Walnut Cove Bar - Beer	BEER	3.50	1.00	0.24	4.74
02/03/2012	32071545	Walnut Cove Cart Fee	CART	13.12	0.00	0.89	14.01
02/03/2012	32071545	Walnut Cove Greens Fee	GREEN	0.00	0.00	0.00	0.00
02/03/2012	32071561	Walnut Cove Cart Fee	CART	0.00	0.00	0.00	0.00
02/03/2012	32071561	Walnut Cove Greens Fee	GREEN	0.00	0.00	0.00	0.00
02/03/2012	AutoAdjust	Auto Account Adjustment		0.00	0.00	0.00	0.00
02/04/2012	34030482	Walnut Cove Bar - Beer	BEER	3.50	0.00	0.24	3.74
02/04/2012	34030482	Walnut Cove Bar - Food	FOOD	11.90	2.00	0.80	14.70
02/05/2012	32071577	Walnut Cove Cart Fee	CART	0.00	0.00	0.00	0.00
02/05/2012	32071577	Walnut Cove Greens Fee	GREEN	0.00	0.00	0.00	0.00
02/05/2012	34030488	Walnut Cove Bar - Food	FOOD	30.85	3.00	2.08	35.93
02/15/2012	32071618	Walnut Cove Cart Fee	CART	0.00	0.00	0.00	0.00
02/15/2012	32071618	Walnut Cove Greens Fee	GREEN	0.00	0.00	0.00	0.00
02/15/2012	32071624	Walnut Cove Cart Fee	CART	13.12	0.00	0.89	14.01
02/15/2012	32071624	Walnut Cove Greens Fee	GREEN	0.00	0.00	0.00	0.00
02/17/2012	32071635	Walnut Cove Golf Merchandise	MERCH	63.90	0.00	4.31	68.21
02/17/2012	32071636	Walnut Cove Cart Fee	CART	0.00	0.00	0.00	0.00
02/17/2012	32071636	Walnut Cove Greens Fee	GREEN	0.00	0.00	0.00	0.00
02/17/2012	34030615	Walnut Cove Bar - Food	FOOD	21.65	0.00	1.46	23.11
02/18/2012	34030664	Walnut Cove Bar - Beer	BEER	3.50	1.00	0.24	4.74
02/22/2012	32071704	Walnut Cove Cart Fee	CART	0.00	0.00	0.00	0.00
02/22/2012	32071704	Walnut Cove Greens Fee	GREEN	0.00	0.00	0.00	0.00
02/22/2012	32071721	Walnut Cove Golf Merchandise	MERCH	200.00	0.00	13.50	213.50
02/23/2012	32071762	Walnut Cove Cart Fee	CART	13.12	0.00	0.89	14.01
02/23/2012	32071762	Walnut Cove Greens Fee	GREEN	0.00	0.00	0.00	0.00
02/23/2012	32071769	Walnut Cove Golf Merchandise	MERCH	735.90	0.00	49.67	785.57
02/24/2012	22086802	Vineyards Golf Merchandise	MERCH	28.00	0.00	1.96	29.96
02/24/2012	32071785	Walnut Cove Golf Merchandise	MERCH	554.00	0.00	37.40	591.40
02/24/2012	32071790	Walnut Cove Tournament Fee	TOURN	325.00	0.00	0.00	325.00
02/24/2012	32071791	Walnut Cove Golf Merchandise	MERCH	0.00	0.00	0.00	0.00
02/24/2012	34030750	Walnut Cove Bar - Food	FOOD	46.30	5.00	3.13	54.43
02/27/2012	PREPETCR	PREPETITION CRED		16,733.88	0.00	0.00	16,733.88
02/29/2012	SJ3163	Dues - Walnut Cove - Golf	WC-G	865.00	0.00	0.00	865.00
02/29/2012	SJ3163	Family Monthly Cart	WC-F	144.41	0.00	9.75	154.16
02/29/2012	SJ3163	WC - Service Charge - N Res	WC-SC-NR	15.50	0.00	1.20	16.70
02/29/2012	AutoAdjust	Auto Account Adjustment		0.00	0.00	0.00	0.00
Total:				19,891.17	19.00	133.05	1,035.86

1ST QUARTER MEMBERSHIP CLUB CREDIT

For
Company Homesite Purchase

This Addendum is attached to and made part of the Real Estate Sale and Purchase Agreement (the "Contract") entered into as of May 20, 2011, by and between The Cliffs at Walnut Cove, LLC ("Seller" and "Developer") and William Norman & Barbara Norman ("Purchaser") regarding The Cliffs at Walnut Cove ("Community"), Lot Section 2 #209, of Buncombe County, North Carolina ("The Property").

Club Credit

1. Club Credit. The Developer hereby agrees to pay at the Closing of the Property an amount of \$30,000 to be applied to the Purchaser's membership Account **only if** the Purchaser acquires a Wellness, Family or Golf Membership with this purchase of property at closing. This shall be listed as a credit on the account and may be used for Club dues, Club merchandise and or food/beverage in the Club's amenities. This amount is non-refundable, not redeemable for cash and is non transferable to another purchaser in the event of a resale transaction or to any other entity, person, property or other membership account. If the sale and purchase of the Property does not close on the date listed in the Purchase Agreement, this Addendum will terminate and be of no further force or effect. **An Addendum must be completed for each property purchased. Time is of the essence.**

This Addendum is only valid if signed by May 31, 2011.

Seller/Developer:

Purchaser:

By: _____

By: Bill Norman

Date: _____

Date: 5/22/11

Purchaser:

By: Barbara Norman

Date: 5/22/11

The Cliffs at Walnut Cove Golf & Country Club, LLC

By: _____

The Cliffs Club & Hospitality Group, Inc. Member Manager

Date: _____

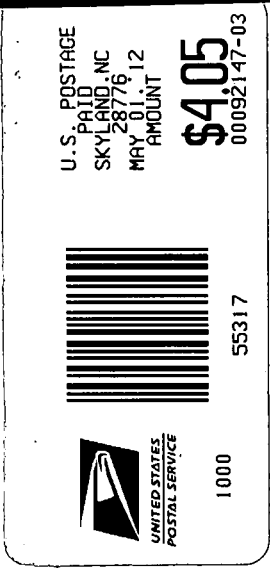
ADDITIONAL DISBURSEMENTS EXHIBIT

Borrower: Norman Family Trust
Seller: The Cliffs at Walnut Cove, LLC
Settlement Agent: McGuire, Wood & Bissette, P.A.
 (828)245-8800
Place of Settlement: 48 Patton Avenue
 Asheville, NC 28801
Settlement Date: May 31, 2011
Property Location: 1947 White Tree Trail
 Arden, NC 28704
 Buncombe County, North Carolina
 Lot 209, Phase 2C, Cliffs at Walnut Cove

PAYEE/DESCRIPTION	NOTE/REF NO	BORROWER	SELLER
Walnut Cove Owners Association Working Capital		231.67	
Cliffs Club & Hospitality Grp, Inc. Access Fee			74,400.00
CWC Golf & Country Club, LLC Golf Membership			100,000.00
Cliffs at Walnut Cove, LLC Club Credit			30,000.00
Total Additional Disbursements shown on Line 1305		\$ 231.67	\$ 204,400.00

Handwritten signature: Pono/BM

B. Norman
56 Stamford St Apt 108
Asheville, NC 28803



BMC Group, Inc
Attn: Cliff's Cairns Processing

PO Box 3020
Chanhassen, MN
RECEIVED
MAY 04 2012
BMC GROUP
55317-3020