

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s12180
AMOUNT/CLASSIFICATION:
\$35,000.00 UNSECURED
(CONTINGENT)

Name of Debtor:
The Cliffs at Glassy Golf & Country Club, LLC

Case Number:
12-01234

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) :

Name and address where notices should be sent:

29347866003828
Sito, Louis
5501Huntington Parkway
Bethesda, MD 20814

RECEIVED
MAY 07 2012
BMC GROUP

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 () email:

THIS SPACE IS FOR COURT USE ONLY

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:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 35,000.00

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: Membership Initiation Fee
(See instruction #2)

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

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.

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____

Nature of property or right of setoff:

Basis for Perfection: _____

Describe:

Real Estate Motor Vehicle Other _____

Amount of Secured Claim: \$ _____

Value of Property: \$ _____

Amount Unsecured: \$ _____

Annual Interest Rate: _____ % Fixed or Variable
(when case was filed)

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).

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

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).

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

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).

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.



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

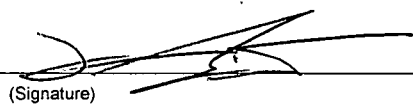
8. SIGNATURE: (See instruction #8)

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: LOUIS SITO
 Title: _____
 Company: _____

(Signature)  (Date) 05/01/2012

Address and telephone number (if different from notice address above):
5501 HAWAII
202.615.7234 email: LSITO@YAHOO.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

From: Magan Boggs <mboggs@cliffscommunities.com>

Date: March 15, 2011 1:23:48 PM EDT

To: 'Louis Sito' <lsito@yahoo.com>

Subject: RE: Family membership resignation

I'll be glad to explain. Once you resign, you will go into the priority waiting list for a refund of \$35,000. The waiting list is determined by classification of membership; you would be placed in the Glassy Family list. For every three (3) Glassy Family Memberships we sell, one (1) is refunded. To give you an estimate on the wait time, there are currently 24 on the list and the first person in line resigned their membership in September 2006.

-----Original Message-----

From: Louis Sito [<mailto:lsito@yahoo.com>]

Sent: Tuesday, March 15, 2011 11:46 AM

To: Magan Boggs

Subject: Re: Family membership resignation

Thank you Magan, [sorry I misspelled our name before], the only thing I am not clear about is how the original amount we paid gets refunded at some time. When you have the time, could you please send me something on it so I have it for my files. Thanks and have a great day, Louie

On Mar 15, 2011, at 10:51 AM, Magan Boggs wrote:

Hi Mr. Sito,

Thank you for your email. It was nice to meet you yesterday. We are sorry to hear that you are resigning, but do understand.

I will process your resignation effective March 31, 2011. You will receive a letter shortly thereafter confirming.

If you need anything further, please let me know.

Thanks,
Magan

Magan Boggs
Membership Services Assistant
864.371.1047 | office
864.371.1538 | fax
800.371.1000 | toll-free
mboggs@cliffscommunities.com
www.cliffscommunities.com

-----Original Message-----

From: Louis Sito [<mailto:lsito@yahoo.com>]

Sent: Tuesday, March 15, 2011 10:13 AM

To: Magan Boggs

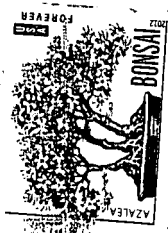
Subject: Family membership resignation

Hi Megan, as per our conversation yesterday, I am hereby notifying you that we would like to resign our family membership effective with the end of this billing cycle on March 31, 2011.

As I mentioned to you yesterday, we moved from our home at Glassy two years ago and we seldom visit, therefore it's not advantageous to maintain our membership.

Thank you for your assistance with this matter, Louis Sito

LOUIS SITO
TINA ARRIGO SITO
5501 HUNTINGTON PKWY.
BETHESDA, MD 20814-1130



POSTAGE WILL BE PAID BY ADDRESSEE
FIRST CLASS PERMIT NO. 1000 BETHESDA, MD
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

NO MAY 2012 RECEIVED

MAY 07 2012

BMC GROUP

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

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