




UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM		
Name of Debtor: The Cliffs at Keowee Vineyards Golf & Country Club, LLC		Case Number: 12-01226		Your Claim is Scheduled As Follows: Schedule/Claim ID: s13277 AMOUNT/CLASSIFICATION: \$73,300.00 UNSECURED (CONTINGENT)
<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) :				
Name and address where notices should be sent:  29347866000154 Adair, Miles 1126 Kilpatrick Road Hendersonville, NC 28739		RECEIVED MAY 07 2012 BMC GROUP		
Creditor Telephone Number 864 380 8917 email: mma.12.12@BellSouth.NET				
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: _____		THIS SPACE IS FOR COURT USE ONLY		
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>73,300</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) <u>MEMBERSHIP DEPOSITS N-7, 8-35, W-57</u>				
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. 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"/> 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>				
Cliffs POC  00539				
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: MILES M. ADAM
 Title: _____
 Company: _____

Miles M. Adam 5-1-12
 (Signature) (Date)

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

Telephone number: 864-380-8917
 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

W-57

KEOWEE A MEMBERSHIP ENROLLMENT FORM

This is to certify that Miles Adair has elected to purchase a Keowee A Membership, in conjunction with an option agreement for purchase of property at The Cliffs at Keowee Vineyards. It is acknowledged that Miles Adair has submitted a deposit of membership fees in the amount of Five thousand dollars (\$5,000.⁰⁰). The balance of \$15,000.00 + 6,000 is due and payable at the time of closing on the Keowee property. It is further agreed that of the total membership fees paid, eighty percent (80%) is considered initiation deposit, which is refundable upon a voluntary resignation of the Keowee A Membership. The Keowee A Membership is considered transferable to a buyer in the event of property resale. In a membership transfer, the member (seller) will receive eighty percent (80%) of membership fees charged to the buyer, and the club will retain twenty percent (20%) of fees collected. The membership fees applicable in the membership transfer process will always be equal to the club's current published membership rates at the time of membership transfer. As evidenced by signatures below, the Member(s) acknowledges full understanding of the membership classification purchased, its privileges and benefits, and refund values associated with a resignation from the club.

in lot price.

Date: 7-28-97
Miles M. Adair

Member Signature
Patt Fero
Patt Fero, Membership Director
The Cliffs Golf & Country Club, Inc.

Member Signature
William H. Boyd VP & Gen. Mgr.
William H. Boyd, VP & General Manager
The Cliffs Golf & Country Club, Inc.

Deposit due Aug 1, 1997

THE
C·L·I·F·F·S

GOLF & COUNTRY CLUB

MEMBERSHIP ENROLLMENT FORM

This is to certify that mild Adair has made an application
for membership in THE CLIFFS at KEOWEE VINEYARDS GOLF CLUB LLC. The
membership classification applied for is Keowee A . It is
acknowledged that the applicant has submitted a payment of \$ 25000.00 .

By signing this form, the Member 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.

MEMBERSHIP CLASSIFICATION:	<u> Keowee A </u>
MEMBERSHIP ACCOUNT NUMBER:	<u> A24 </u>
INITIATION DEPOSIT PAID:	<u> \$ 20000.00 </u>
MEMBERSHIP FEE PAID:	<u> \$ 5000.00 </u>
TOTAL FEES PAID:	<u> \$ 25000.00 </u>

Date

 Patt Fero
Patt Fero, Club Representative
Membership Department
The Cliffs Golf & CC, Inc.

 William Boyd
William Boyd, Vice President
Club Operations
The Cliffs Golf & CC, Inc.

Member Signature

 Mild Adair
Member Signature

1-14-99

J-35

**THE CLIFFS GOLF AND COUNTRY CLUB, INC.
VALLEY SOCIAL ATHLETIC MEMBERSHIP ENROLLMENT FORM**

This is to certify that Miles Adair has purchased a Valley Social Athletic Membership, in conjunction with purchase of property at The Cliffs Valley Community. It is acknowledged that he/she has submitted membership fees in the amount of **Two thousand and five hundred (\$2,500)**. It is further agreed that the member(s) understand the membership classification purchased, its privileges and benefits, and refund values associated with a resignation from the club, as outlined in the Cliffs Golf & Country Clubs constitution and by-laws, rules and regulations as modified June 1, 1999.

(For office use only)

MEMBERSHIP CLASSIFICATION
MEMBERSHIP ACCOUNT NUMBER
INITIATION DEPOSIT PAID
TOTAL FEES PAID
DATE:

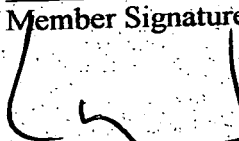
Valley Social Athletic
A24
\$2,500
\$2,500
August 31, 1999

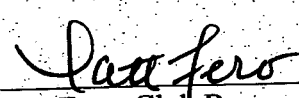
Date

Date

Member Signature

Member Signature


William Boyd, Vice President
Club Operations
The Cliffs Golf & CC, Inc.


Patt Fero, Club Representative
Membership Department
The Cliffs Golf & CC, Inc.

THE
C·L·I·F·F·S
GOLF & COUNTRY CLUB

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

This is to certify that **Miles Adair** has made application for membership in the CLIFFS GOLF AND COUNTRY CLUB. The membership classification applied for is Valley A membership. It is acknowledged that the applicant has submitted a payment of **Seventeen thousand and five hundred dollars**. The following is the scheduled due dates and amounts of future payments:

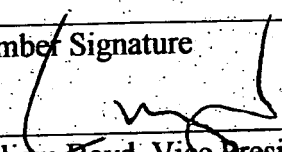
Due at Closing

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:	Valley A
MEMBERSHIP ACCOUNT NUMBER:	A24
INITIATION DEPOSIT PAID:	\$17,500
TOTAL FEES PAID:	\$17,500
PROPERTY REFERENCE:	Section N Lot 7
DATE:	August 31, 1999

Date

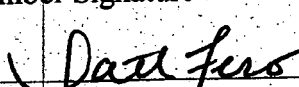
Member Signature


William Boyd, Vice President
Club Operations
The Cliffs Golf & CC, Inc.

9-7-99

Date


Member Signature


Patt Fero, Club Representative
Membership Department
The Cliffs Golf & CC, Inc.

CERTIFIED MAIL™

EST.
1970

ADAIR CONSTRUCTION COM

1126 KILPATRICK ROAD • HENDERSONV



7011 3500 0000 5085 0564



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U.S. POSTAGE
PAID
FLAT ROCK, NC
28731
MAY 03, 12
AMOUNT

\$5.95
00082136-07

RECEIVED

MAY 07 2012

BMC Group, Inc

ATTN: CLIFFS CLAMIS PROCESSING GROUP

P.O. BOX 3020

CHANHASSEN, MN. 55317-3020

RETURN RECEIPT
REQUESTED

553173020

