

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

Name of Debtor:

Case Number:

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:

29347868009112
Gary Hawks
Gary H Hawks
151 Dogwood Rd
Chandler, NC 28715

RECEIVED

MAY 07 2012

BMC GROUP

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 878 230-1465 email: garyhawks@CHARTER.NET

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 \$ 2522.89

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: PHOTOGRAPHY SERVICES PERFORMED
(See instruction #2)

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

3a. Debtor may have scheduled account as:

3b. Uniform Claim Identifier (optional):

(See instruction #3a)

(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).

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)

Handwritten initials: \$9.00

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: GARY H. HAWKS
 Title: _____
 Company: _____

Gary Hawks 5/3/12
 (Signature) (Date)

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

Telephone number: _____ email: gary.hawks@cliffshospitality.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

Gary H. Hawks

151 Dogwood Rd. Candler, NC 28715

(828) 230-1465

garyhawks@charter.net

Statement

Date: December 8, 2011

To: The Cliffs Communities

From: Gary Hawks

Re: Statement December 2011

Date	Description	Sub-Total	Current Service Charge*	Total
03/31/11	Invoice #1001-Paid	0		
04/01/11	Invoice #1002	\$640.97	\$9.61	\$650.58
04/07/11	Invoice #1003	\$354.21	\$5.31	\$359.52
04/07/11	Invoice #1005	\$161.59	\$2.44	\$164.03
04/08/11	Invoice #1004	\$549.41	\$8.24	\$557.65
05/15/11	Invoice #1007	\$700.60	\$10.51	\$711.11
	Total:	\$2406.78	\$36.11	\$2442.89

*over 90 days

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)
)
)
)
)
)

2011CV2311100864
CIVIL CASE NUMBER

IN THE MAGISTRATE'S COURT
DEFAULT JUDGMENT

2012-CP-23- 01008

Gary H Hawks
151 Dogwood Road
Candler, NC 28715
(864) 230-1465

PLAINTIFF(S)

Vs

The Cliffs Communities -Agent
For Service James B. Anthony
3598 Highway 11
Travelers Rest, SC 29690

DEFENDANT(S)

The Defendant in this action was served on **December 20, 2012**. Defendant has failed to respond to the pleadings within the prescribed time and is therefore in default. A Default Judgment for the Plaintiff(s), Gary H Hawks, was rendered in the amount of **\$2,442.89** on **February 3, 2012**.

IT IS THEREFORE ORDERED that the Plaintiff recover from the Defendant(s):

The Cliffs Communities -Agent For Service James B. Anthony

the total amount of **\$2,522.89** which includes other relief, if any, as stated below.

Court Costs / Filing Fees

\$80.00

JUDGE

Greenville County Highlands Summary Court
6 Bailey Mill Rd, P O Box 97 (Tigerville 29688)
Travelers Rest, SC 29690
PHONE: (864) 895-0478 FAX: (864) 895-6204

February 3, 2012

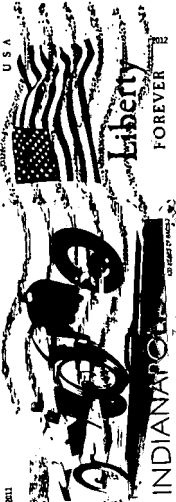
FILED-CLERK OF COURT
GREENVILLE CO. S.C.
DATE: FEB 9 2012
W. J. C. N. S. R. S.

2012 FEB -9 P 2:05

151 Dogwood Rd
Candler, NC 28715

RECEIVED
MAY 07 2012
BMC GROUP

BMC Group Inc
ATTN: CLIFFS CLAIMS PROCESSING
PO Box 3020
CHANHASSEN, MN 55317-3020



04 MAY 2012 PM
ASHEVILLE NC

55317+3020

