

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA	PROOF OF CLAIM	
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Name of Debtor: The Cliffs at High Carolina Golf & Country Club, LLC	Case Number: 12-01231
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Your Claim is Scheduled As Follows:
Schedule/Claim ID: s14979
AMOUNT/CLASSIFICATION:
 \$100,000.00 UNSECURED
 (CONTINGENT)

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) : MATTHEW AGUIAR	
Name and address where notices should be sent: 29347866001720 Aguiar, Matt 11 Ardmore Park #27-01 Singapore, 259957 15 ARDMORE PARK #27-01 SINGAPORE 259959	
Creditor Telephone Number (65) 976 8551	email: matthew.aguiar@gmail.com

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.

Name and address where payment should be sent (if different from above): 9337 B KATY FREEWAY #303 HOUSTON, TX 77024	<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.
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THIS SPACE IS FOR COURT USE ONLY

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 \$ 100,000

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: _____
 (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)
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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): \$ _____
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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"/> 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"/> 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"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <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).
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* 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: MATTHEW AGUIAR
 Title: _____
 Company: _____

Matthew Aguiar 5/13/12
 (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

PRIVATE

PROPRIETARY

PROPRIETARY -
SPECIAL HANDLING

CHECK, IF
APPLICABLE:

TO BE OPENED BY ADDRESSEE ONLY
(If addressee is not available within
48 hours, return unopened)

TO Cliffs Claims Processing, Bmc Group Inc

SENDER NAME Matthew J Aswida

COMPANY NAME _____

DATE 7/5/12



- Seal flap and insert into a company envelope for postal or special courier services.
- Do not show the classification (Private or Proprietary) on the outer envelope.

Receiver's / Parcel copy

Track this shipment: <http://www.dhl.com>
Shipment Waybill
 (Non responsible)

1 Payer account number and insurance details

Charge to Shipper Receiver 3rd party Cash Cheque Credit Card

Payer Account No. **CASH**

Shipments Insurance see reverse
 Yes No
Not all payment options are available in all countries.

2 From (Shipper)

Shipper's account number

Contact name **Mt Ja Lang (USA)**

Shipper's reference (up to 32 characters - first 12 will be shown on invoice)

Company name **CLIFFE CRIMMS PROCESSING**

Address **18675 LAKE DRIVE EAST
CLANHESSEN, MN
55317**

Postcode/Zip Code (required) **55317**

Phone, Fax or E-mail (required) **612-251-1111 (US)**

3 To (Recipient)

RECEIVED
MAY 09 2012
BMC GROUP

KLIC Group, Inc
18675 Lake Drive East
Clanhessen, MN

Country **USA**

Postcode/Zip Code (required) **55317**

Contact person **CLIFFE CRIMMS PROCESSING**

Phone, Fax or E-mail (required)

DESTINATION CODE
STR

4 Products & Services

Domestic International Document
 Products (not all are available to and from all locations)

EXPRESS 9 CD EXPRESS 12 CD
 EXPRESS WORLDWIDE
 ECOLOGY SELECT
 EXPRESS EVELOPE
 OTHER

Optional Services (extra charges may apply)
 Saturday Delivery Non-standard Pickup
 Delivery Notification Pallet's Packaging
 Non-standard Shipment Other
 GlobalMail Business

DIMENSIONAL/CHARGEABLE WEIGHT

kg 0 gr

CHARGES Services

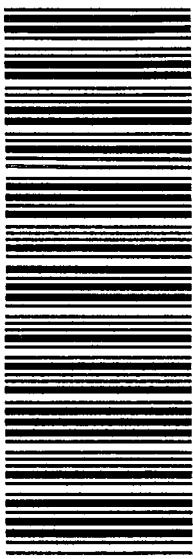
Other
 Insurance
 VAT

CURRENCY
USD 11.90

TOTAL

Picked up by
 Route No.
 Time
 Date

ORIGIN



Expiry 01/12
875 8794 100

5 Shipment details Bill of lading is extracted from total weight and dimensions

Total number of packages	Total Weight	Pieces	Length	Width	Height
1	0 kg	1	gr	x	x
				x	x
				x	x
				x	x

6 Full description of contents

Give content and quantity

Documents

7 Non-Document Shipments Only (Customs Requirement)

Attach the original and two copies of a Proforma or Commercial Invoice

Shipper's VAT/GST number Receiver's VAT/GST or Shipper's EIN/VSSN

Declared Value for Customs (as on commercial/proforma invoice)

Harmonised Commodity Code if applicable

Government Export Number (where legally required)

TYPE OF EXPORT
 Permanent Repair/Return Temporary

Estimation duties/taxes if left blank receiver pays duties/taxes (specify approved account number)

Receiver Shipper Other

8 Shipper's agreement (Signature required)

Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of Carriage are all the terms and conditions between I/us and DHL and I/we accept DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse).

Signature _____ Date _____

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