


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

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:
 29347871001720
 Aguiar, Matt
~~41 Ardmore Park~~ **15 ARDMORE PARK**
~~#27-01~~ **#2701**
~~250957~~
 Singapore **SINGAPORE 259959**

RECEIVED

MAY 09 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 **(65) 9768551** email: **Matthew.j.aguiar@gmail.com**

Name and address where payment should be sent (if different from above):
9337 B Katy Freeway #303
Houston, TX 77024

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 \$ _____
 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)

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: \$ _____
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).

Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____
 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.



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 ABUJAL
 Title: _____
 Company: _____

[Signature] 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, Bric Group Inc

SENDER
NAME Matthew J Aswal

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.



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

875 8794 100 SIN

Expiry 01/12

1 Payer account number and insurance details

Charge to Shipper Receiver 3rd party
Payer Account No. CASBER
Not all payment options are available in all countries. CC (reference code)

Shipment Insurance Yes No
see reverse

2 From (Shipper)

Shipper's account number 410259625
Contact name McCaw Lang (MJA)
Shipper's reference (up to 32 characters - first 12 will be shown on invoice)

EXXONMOBIL CHEMICAL ASIA PACIFIC
Address

1 HARBOURFRONT PLACE #06-00 HARBOURFRONT TOWER ONE SINGAPORE

Postcode/Zip Code (required) 078633
Phone, Fax or E-mail (required) 6779-1761 (65) 6885

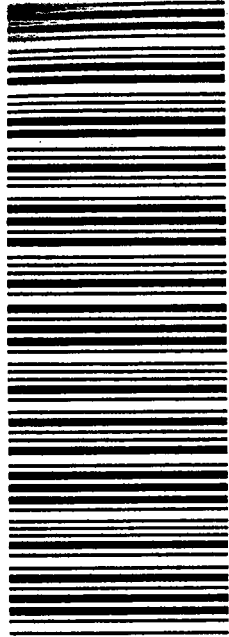
3 To (Receiver)

RECEIVED
MAY 09 2012
BMC GROUP
BMC Group, Inc
18075 Lake Drive East
Clombessen, MN

Postcode/Zip Code (required) 55317

Country USA

Contact person Cliffs Chemicals Processing
Phone, Fax or E-mail (required)



4 Shipment details *Billed weight is calculated from total weight and dimensions*

Total number of packages	Total Weight	Dimensions in cm				
		Pieces	Length	Width	Height	
1	kg	@	gr	x	x	x
		@		x	x	x
		@		x	x	x
		@		x	x	x

5 Full description of contents

Give content and quantity.

Documents

6 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/SSN

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

Destination duties/taxes If left blank receiver pays duties/taxes
 Receiver Shipper Other specify approved account number

7 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 of the contract between me/us and DHL and (1) such terms and Conditions and, where applicable, the Warsaw Convention limits and/or excludes DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse).

Signature JS

Date 07 / 05 / 12

Picked up by KL

Route No. 7154

Time 11 30