

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

Name of Debtor: **GOLF AND COUNTRY CLUBS  
THE CLIFFS AT HIGH CAROLINA, 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:

29347869002870  
Aguiar, Matthew  
11 Ardmore Park #2701  
#27-01-  
259957  
Singapore

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.

Creditor Telephone Number **(65) 972-8551** email: **Matthew.j.aguiar@gmail.com**

THIS SPACE IS FOR COURT USE ONLY

Name and address where payment should be sent (if different from above):

9337B 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:

Payment Telephone Number ( ) email:

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: \$ \_\_\_\_\_

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.

Cliffs POC



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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.**

<b>BY MAIL TO:</b> BMC Group, Inc Attn: Cliffs Claims Processing PO Box 3020 Chanhassen, MN 55317-3020	<b>BY MESSENGER OR OVERNIGHT DELIVERY TO:</b> BMC Group, Inc Attn: Cliffs Claims Processing 18675 Lake Drive East Chanhassen, MN 55317
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**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: \_\_\_\_\_

[Signature]      5/12/12  
 (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 Aswad

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)

Expiry 01/12  
**875 8794 100 SIN**

**1 Payer account number and insurance details**

Charge to  Shipper  Receiver  3rd party  
Payer Account No. CASSEK  
Cash  Cheque  Credit Card

Shipment Insurance  Yes  No  
Not all payment options are available in all countries. CC insurance code

**2 From (Shipper)**

Shipper's account number 410259625  
Contact name McC Jw 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**

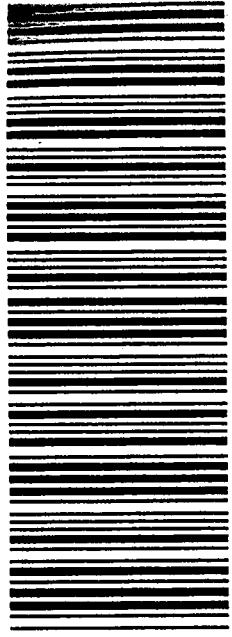
Postcode/Zip Code (required) 078633  
Phone, Fax or E-mail (required) 6779-1761 (65) 6885

**3 To (Receiver)**

*BMC Group, Inc*  
*15675 Lake Drive East*  
*Cincinnati, OH*  
**RECEIVED**  
**MAY 09 2012**  
**BMC GROUP**

Postcode/Zip Code (required) 55317  
Country USA

Contact person Cliffs Claims 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	Pieces	Dimensions in cm		
			Length	Width	Height
1	kg	@	x	x	x
	gr	@	x	x	x
		@	x	x	x
		@	x	x	x

**5 Full description of contents**

Give content and quantity

*Documents*

*8361*

**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

**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 (I) 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*

kg	CHARGES Services	CURRENCY <u>SGD</u>	Date <u>11 90</u>
Other	Insurance	Picked up by <i>ASIA</i>	
VAT		Route No.	Date