

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s11642
AMOUNT/CLASSIFICATION:
\$11,902.78 UNSECURED

Name of Debtor:
The Cliffs at Keowee Springs Golf & Country Club, LLC

Case Number:
12-01230

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) :
DANIEL D. HOULIHAN

Name and address where notices should be sent:

29347866004977
Houlihan, Dan
10515 Bermuda Isle Drive
Tampa, FL 33647

RECEIVED

MAY 10 2012

BMC GROUP.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.

Creditor Telephone Number **813 797 3183** email **DHOULIHAN@TAMPABAY.FL**

THIS SPACE IS FOR COURT USE ONLY

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 \$ **11,902.78**

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: **CLUB CREDITS GIVEN VIA REAL ESTATE CONTRACT**
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
1642

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



00582

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: DANIEL D. HOULIHAN
 Title: _____
 Company: _____

Daniel D. Houlihan 5/6/12

 (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

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Online Statements

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Select Statement:

2/29/2012



Dan Houlihan
Home
10515 Bermuda Isle Drive

Statement Date: 02/29/2012
Balance Due: 864.99

Minimum Period: to

Minimum Amount for Period: 0.00
 Spent Minimum Amount: 0.00
 Amount to Spend: 0.00

Date	Ref.No.	Description	Type	Sales Amt	Svc Charge	Taxes	Total
	BF	Balance Forward					-12,016.38
02/17/2012	76018895	Bar - KFS	99	26.90	4.84	1.90	33.64
02/17/2012	76018895	Bar - KFS	99	10.00	4.80	0.71	15.51
02/17/2012	76018895	Bar - KFS	99	6.00	3.08	0.42	9.80
02/18/2012	42033687	Springs Cart Fee	CART	20.56	0.00	1.44	22.00
02/20/2012	42033717	Springs Cart Fee	CART	20.56	0.00	1.44	22.00
02/20/2012	42033717	Keowee Springs - Golf	99	9.95	0.00	0.70	10.65
02/27/2012	PREPET CR	PREPETITION CRÉD		11,902.78	0.00	0.00	11,902.78
02/29/2012	SJ3163	Dues - Keowee Springs - Golf	KS-G	823.80	0.00	0.00	864.99
02/29/2012	AutoAdjust	Auto Account Adjustment		0.00	0.00	0.00	0.00
Total:				12,820.55	12.72	6.61	864.99

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 Keowee

The Cliffs at Keowee Falls South -

 Member: H00568 Dan Houlihan
 Server: Jessica H
 Area: Bar - KFS
 Table#: 15
 Chit #: 76018895
 Date: Feb 17/12
 Kendal Jackson Chard
 Seafood Bisque
 - Cup
 Grilled Salmon
 Kendal Jackson Chard
 Sub-Total:
 Service Charge
 Sales Tax
 Chit Total:
 ADD'L GRATIUTY
 Member Charge

Chit Details

The Cliffs at Keowee Falls South -
 Chit Details
 Member: H00568 Dan Houlihan
 Server: Justin Coleman
 Area: Bar - KFS
 Covers: 1
 Chit #: 76018893
 Date: Feb 17/12
 Jack Daniels
 Sub-Total:
 Service Charge
 Sales Tax
 Excise Tax
 Chit Total:
 ADD'L GRATIUTY
 Member Charge
 Member Number: H00568
 Signature: Dan Houlihan

Daniel & Kathleen Houlihan
10515 Bermuda Isle Drive
Tampa, FL 33647

VIA FEDEX
#8008 9536 9575 0200

BMC GROUP, INC.
ATTN: CLIFFS CLAIM PROCESSING
18675 LAKE DRIVE EAST
CHADHASSEN, MN 55317

FedEx
Tracking
Number

8008 9536 9575

1 From **5/8/12**

Date **5/8/12**

Sender's Name **Daniel Hourihan** Phone **813 167-3123**

Address **10515 BERRINA ISLE DR**

City **THUNDERBOLT** State **FL** ZIP **32644**

2 Your Internal Billing Reference **RECEIVED MAY 10 2012**

3 To Recipients **BMC GROUP, INC** Phone **BMC GROUP**

Company **ATTN: CLIFFS CLAWNS PROCESSING**

Address **18675 LAKE DRIVE EAST**

City **CLANNHAGEN** State **FL** ZIP **32317**

Address Use this line for the HODU location address or the continuation of your shipping address.



8008 9536 9575

0200

Recipient's Copy

4 Express Package Service

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For packages over 150 lbs. see the next page for FedEx Express weight US Airbill.

Next Business Day

FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight
Next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight
Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days

NEW FedEx 2Day A.M.
Second business morning. Saturday Delivery NOT available.

FedEx 2Day
Second business afternoon. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver
Third business day. Saturday Delivery NOT available.

5 Packaging

* Declared value limit \$500.

FedEx Envelope*

FedEx Pak*

FedEx Box

FedEx Tube

Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Packages may be left without obtaining a signature at delivery.

Direct Signature
Someone at recipient's address may sign for delivery. For residential deliveries only. See options.

No
Can box meet the criteria?
 Yes
Permitted
Signature required.
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. See options.

Dry Ice
Dry Ice SUM 195 _____ x _____ kg

7 Payment Bill to:

Sender
I will be paid

Recipient

Third Party

Credit Card

Cash/Check

Total Packages _____ Total Weight _____ lbs. \$ _____

Total Declared Value! _____ Credit Card Acct. No. _____

Obtain receipt, Acct. No.

