
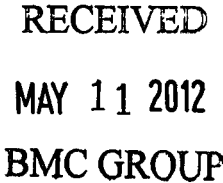




UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM	
Name of Debtor: The Cliffs at Mountain Park Golf & Country Club, LLC		Case Number: 12-01225	Your Claim is Scheduled As Follows: Schedule/Claim ID: s11781 AMOUNT/CLASSIFICATION: \$12,134.29 UNSECURED
<small>NOTE: See reverse and 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).</small>			
Name of Creditor (the person or other entity to whom the debtor owes money or property) :			
Name and address where notices should be sent:  29347866004446 Ferguson, Charles 350 Mohawk Drive, Unit 400 Greenville, SC 29609			
Creditor Telephone Number (864) 9411288 email: KACHUKA@GMAIL.COM			
Name and address where payment should be sent (if different from above):		<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.	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____
Payment Telephone Number () email:		THIS SPACE IS FOR COURT USE ONLY	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>12134.29</u>			
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. <input type="checkbox"/> 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) <u>PREPAID CLUB CREDIT AS INCENTIVE TO PURCHASE LOT.</u>			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>0261</u>		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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> 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: <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).			
<small>* 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</small>			
Cliffs POC  00601			
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. I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3004.) (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: CHARLES L. FERGUSON
Title: _____
Company: _____

Charles L. Ferguson 30 APRIL 2012
(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

Any initiation deposit paid by Purchaser in excess of the Developer's membership contribution will be fully refunded as provided in the Club Membership Plan and without regard to any vesting period. Otherwise, all refundable amounts will be paid solely in accordance with, and within the periods required under the Membership Plan. The Initiation Deposit payment is non-transferable to another purchaser in the event of a resale transaction or to any other entity, person, property or other membership account.

**Section II
Club Credit**

~~15,000~~ *Fifteen Thousand*
~~wellness~~

1. Club Credit. The Developer hereby agrees to pay at the Closing of the Property ~~Twelve Thousand Five Hundred Dollars (\$12,500)~~ *Fifteen Thousand* to be applied to the Purchaser's current or active Family, ~~wellness~~ or Golf Membership Account only if the Purchaser acquires a Family ~~or Golf Membership~~ with this purchase. This shall be listed as a credit on the account that may be used for Club dues, Club merchandise and or food/beverage in the Club's facilities. This amount is non-refundable, not redeemable for cash and is non transferable to another purchaser in the event of a resale transaction or to any other entity, person, property or other membership account. If the sale and purchase of the Property does not close on the date listed in the Purchase Agreement, this Addendum will terminate and be of no further force or effect. An Addendum must be completed for each property purchased. Time is of the essence.

This Addendum is only valid if signed by *December 31, 2010*

Seller/Developer:

By: *[Signature]*

Date: *11/16/10*

Purchaser:

[Signature]

Date: *11 NOV 2010*

Purchaser:

[Signature]

Date: _____

The Cliffs at Mountain Park Golf & Country Club, LLC

By: *[Signature]*
The Cliffs Club & Hospitality Group, Inc. Member Manager

Date: *11-24-10*

ADDITIONAL DISBURSEMENTS EXHIBIT

Buyer: Charles L. Ferguson and Karen D. Ferguson
Seller: Cliffs Custom Homes, LLC
Settlement Agent: J. Darryl Holland Law Firm
 (864)467-0500
Place of Settlement: 722 East McBee Ave
 Greenville, SC 29601
Settlement Date: December 17, 2010
Property Location: Lot W98, Creekside Cottage, CMP
 Marietta, SC 29661
 Greenville County, South Carolina

PAYEE/DESCRIPTION	NOTE/REF NO	BUYER	SELLER
Cliffs at Mountain Park Golf & Country Club, LLC Wellness Membership			25,000.00
Cliffs at Mountain Park, LLC Prepaid Club Credit			15,000.00
Cliffs at Mountain Park Owners Assoc Working Capital		194.17	
Cliffs Charity Charity Donation			2,040.00
Cliffs Club & Hospitality Group, LLC Access Fee			11,680.00
Cliffs Custom Homes, LLC Construction Deposit			5,000.00
Blue Ridge Electric Electric Availability Fee			1,000.00
Total Additional Disbursements shown on Line 1305		\$ 194.17	\$ 59,720.00

WITNESS the Grantors' hand and seals this 17th day of December, in the year of 2010

Signed, Sealed and Delivered
in the Presence of:

Roxanne Kowalski

Sandra S. Hyde

Cliffs Custom Homes, LLC

Mary Rivsch

By: MARY RIVSCH
TREASURER

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

Personally appeared before me the undersigned witness and made oath that (s)he saw the within named Grantor sign, seal and as the Grantors' act and deed, deliver the within written deed and that (s)he, with the other witness subscribed above, witnessed the execution thereof.

SWORN to before me this
17th day of December, 2010

Roxanne Kowalski

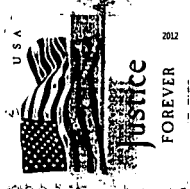
Sandra S. Hyde

Notary Public for the State of South Carolina
My Commission Expires: 8-31-19



350 Mohawk Dr
#400
29609

GREENVILLE SC 296
USE MAY 2012 FM-41



RECEIVED
MAY 11 2012
BMC GROUP

BMC Group Inc
Attn Cliff's Clams Processing
P.O. Box 3020
Chanhassen MN 55317-3020

55317+3020

