

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s15734
AMOUNT/CLASSIFICATION:
\$14,607.34 UNSECURED

Name of Debtor:
Cliffs Club & Hospitality Service Company, LLC

Case Number:
12-01237

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) :
ProPump & Controls, Inc.

Name and address where notices should be sent:
 29347866010931
ProPump & Controls, inc
PO BOX 392
Shelbyville, KY 40066

RECEIVED
MAY 14 2012
BMC GROUP

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 (502) 633-0677 email: pwalker@propumpservice.com

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):

Payment Telephone Number () email:

Filed on: _____

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 14,607.34

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: Goods sold and services rendered
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
N/A

3a. Debtor may have scheduled account as:
N/A
(See instruction #3a)

3b. Uniform Claim Identifier (optional):
N/A
(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.



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)

Phillia Hacker

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: Phillis Walker
 Title: Administrator Manager
 Company: ProPump & Controls, Inc.
 Address and telephone number (if different from notice address above):

Phillis Walker 5/11/12
 (Signature) (Date)

Telephone number: 502-633-0677 email: pwalker@propumpservice.com

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

Invoice

ProPump & Controls, Inc.

P.O. Box 392
 Shelbyville, KY 40066
 (502) 633-0677

Invoice Number: 0003780-IN
 Invoice Date: 7/14/2011

Order Number: 0005030
 Order Date: 7/6/2011
 Salesperson: Michael Benjamin Camp
 Customer Number: THECLIF

Sold To:
 The Cliffs Club & Hospitality
 Service Company, LLC
 PO Box 1279
 Travelers Rest, SC 29690

Ship To:
 The Cliffs at Keowee Vineyard
 1855 Cleo Chapman Hwy
 Site Contact: Matt
 Sunset, SC 29685

Confirm To: **Fax No:** 864-371-1600 **Job Type:** Service Call

Customer P.O. 9930K **Terms** Net 30 Days

Item Number	Unit	Ordered	Shipped	Back Ordered	Price	Amount
/LABOR-MBC						300.00
Site Date: 6/30/2011 Labor Mike Camp						
Service call to the irrigation pump station at Cliffs @ Keowee Vineyards, Job #7663. Installed ABB 501 fan kit in the existing VFD and it did not power up due to a problem with the motor board on the VFD. The drive is also faulting on high temp even though it was cool. Ordered a new VFD as requested by customer. Labor: Includes some travel.						
80-940-085	EACH	1.00	1.00	0.00	46.6200	46.62
CAPACITOR FAN STARTER 700V 600						
KY SHOP						
80-940-007	EACH	1.00	1.00	0.00	77.6900	77.69
RESISTOR FAN SERIES ABB R5 S60						
KY SHOP						
80-612-059	EACH	1.00	1.00	0.00	4,262.1600	4,262.16
ACS 550, 40 HP VFD, 460V, 3PH						
3176						
43-006-080	EACH	3.00	3.00	0.00	25.5600	76.68
FUSE CLASS T 80A JJS-80						
3176						
43-005-410	EACH	1.00	1.00	0.00	109.2100	109.21
FUSE BLOCK CLASS T 100A 3P						
3176						

1824.75+
 12782.50+
 802
 14607.34*

Balance
 Owed on this
 Invoice
 \$1824.75

Continued

See attached
 Sheet

Invoice

ProPump & Controls, Inc.

P.O. Box 392
 Shelbyville, KY 40066
 (502) 633-0677

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 Site Contact: Matt
 Sunset, SC 29685

Confirm To:

Fax No:
 864-371-1600

Job Type
 Service Call

Customer P.O.
 9930K

Terms
 Net 30 Days

Item Number	Unit	Ordered	Shipped	Back Ordered	Price	Amount
/LABOR-SEH						500.00
	Site Date: 7/7/2011	Labor Scott Hoppe				
		Removed failed VFD and installed new VFD, fuses and fuse block. Programmed VFD and tested for proper operation. Labor: Includes some travel.				
/FUEL ESG						40.00
		Fuel Surcharge ESG				
/FRGHT ESG		1.00	1.00	0.00	65.9800	65.98
		Freight Charge ESG				
/SMPARTS	EACH	1.00	1.00	0.00	15.0000	15.00
		Small Parts KY Office				
		Misc Supplies for Cleaning and Inspecting.				

REMIT TO: ProPump & Controls, Inc., 27962 East Broadway, Moline, Ohio
 43465

Net Invoice: 5,493.34
 Less Discount: 0.00
 Sales Tax: 277.64
Invoice Total: 5,770.98

Customer Maintenance (PPS) 5/11/2012

Customer No. THECLIF

Name The Cliffs Club & Hospitality

Copy From... Renumber... More...

- 1. Main
- 2. Additional
- 3. Statistics
- 4. Summary
- 5. History
- 6. Invoices
- 7. Transactions
- 8. S/Os

Invoice No. /	Trans Date	Trans Type	Trans Amount	Inv. Balance	Pay Date	Check No.	Payrr
0003738	7/12/2011	Invoice	6,765.89	0.00			
0003738	7/12/2011	Payment	3,212.12	0.00	7/12/2011	015847	
0003738	10/17/2011	Payment	1,000.00	0.00	10/17/2011	017409	
0003738	10/24/2011	Payment	2,000.00	0.00	10/24/2011	017485	
0003738	11/28/2011	Payment	553.77	0.00	11/28/2011	018003	
0003780	7/14/2011	Invoice	5,770.98	1,824.75			
0003780	11/28/2011	Payment	2,446.23	1,824.75	11/28/2011	018003	
0003780	2/10/2012	Payment	500.00	1,824.75	2/10/2012	018681	
0003780	2/17/2012	Payment	1,000.00	1,824.75	2/17/2012	018782	
0004594	9/28/2011	Invoice	23,978.09	12,782....			
0004594	9/28/2011	Payment	11,195.50	12,782....	9/28/2011	016749	
0004809	11/16/2011	Invoice	188.17	0.00			
0004809	11/16/2011	Payment	188.17	0.00	11/16/2011	CC	
0005252	2/14/2012	Invoice	500.00	0.00			
0005252	2/14/2012	Payment	500.00	0.00	2/14/2012	CC	
0005772	4/30/2012	Invoice	1,070.40	351.76			
0005772	4/30/2012	Payment	1,422.16	351.76	4/30/2012	021251	
0005773	4/30/2012	Invoice	1,428.41	138.73			



Accept

Cancel

Delete





P.O. Box 392 Shelbyville, KY 40066
Office 502-633-0677 Fax 502-633-0733

Invoice #4594

September 30, 2011

The Cliffs Club & Hospitality Service Company
P.O. Box 1279
Travelers Rest, South Carolina 29690

Purchase Order #40777

Site Contact: John Nachreiner – Cliffs at Walnut Cove

Quotation: - \$22,391.00 * Not including sales tax or freight.

Project: Removal and replacement of two 40 hp irrigation transfer pumps and motors at **Cliffs at Walnut Cove**,
Job #ESC410. See quotation for full scope of project.

Material: \$ 13,706.00
Labor: 4,700.00
Equipment: 3,985.00
Total per quote: \$ 22,391.00

Less deposit check: (11,195.50)

*Freight: 525.63
*Sales tax: 1,061.46

Total due this Project: \$ 12,782.59

• **Net Terms 30 Days from date of invoice***

Remit to: ProPump & Controls, 27962 East Broadway, Moline, Ohio 43465.
ProPump files lien notices based on State laws. Late fee of 1 ½ % will be charged per month on all accounts that are past due.
Invoice questions: Contact Phillis Walker 502-633-0677

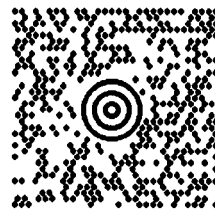
ProPump & Controls, Inc.
P.O. Box 392
Shelbyville, KY 40066

BMC Group, Inc.
Attn: Cliffs Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

FROM:
CARRIE ISAAC
(502) 633-0677
PRO PUMP & CONTROLS, INC.
610 OLD MT EDEN ROAD
SHELBYVILLE KY 40066

0.5 LBS LTR 1 OF 1

RECEIVED
MAY 14 2012
BMC GROUP



MN 559 9-56



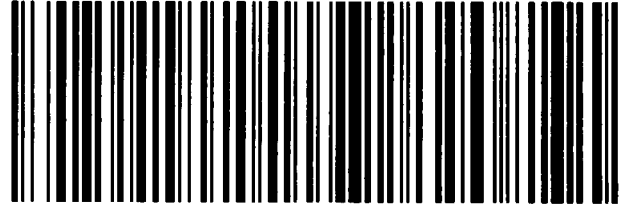
SHIP TO:

CLIFFS CLAIMS PROCESSING
BMC GROUP, INC.
18675 LAKE DRIVE EAST
CHANHASSEN MN 55317

UPS NEXT DAY AIR

TRACKING #: 1Z 36E 21E 01 6321 6204

1



REF 1:Cliffs Claims Processing

BILLING: P/P

WS 15.0.16 Dell Laser Pr 21.0A 10/2011

Fold here and place in label pouch