


UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA	PROOF OF CLAIM
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Name of Debtor: The Cliffs Valley Golf & Country Club, LLC	Case Number: 12-01236
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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) :

Name and address where notices should be sent:

 29347867900090
 Dowling, Alan
 717 N Lake Adair Blvd
 Orlando, FL 32804

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MAY 14 2012

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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 () ~~532-2352~~ ^{407 580 6064} email: DrADowling@CFL.RR.com

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

Dowling, Embree Alan
 5499 S. Atlantic Ave, #503
 New Smyrna Beach, FL 32169

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 \$ 75,000.00

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: Member initiation deposit
 (See instruction #2)

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

3a. Debtor may have scheduled account as:
\$ 12829
 (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:

<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
<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"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
<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"/> 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).

* 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: Embree Alan Dowling
 Title: _____
 Company: _____

 May 9, 2012
 (Signature) (Date)

Address and telephone number (if different from notice address above):
5499 S. Atlantic Ave #503
New Smyrna Beach, FL 32169
 Telephone number: _____ email: _____

4075806064 DrADowling@CFZ.RR.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

In re The Cliffs Valley Golf & Country Club, LLC

Case No. 12-01236

Debtor

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR		CONTINGENT			AMOUNT OF CLAIM
	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	UNLIQUIDATED			
			DISPUTED			
Vendor No. §12825 DODD, DENNIS 51 WILD MAGNOLIA WAY ZIRCONIA, NC 28790		MEMBER MEMBER INITIATION DEPOSIT	X			\$15,000.00
Vendor No. §12969 DOLEZAL, DR RUDOLPH 700 EAST DEERPATH ROAD LAKE FOREST, IL 60045		MEMBER MEMBER INITIATION DEPOSIT	X			\$75,000.00
Vendor No. §13172 DOTSON, GERLAD 1940 MEADOW STONE LANE KNOXVILLE, TN 37938		MEMBER MEMBER INITIATION DEPOSIT	X			\$10,000.00
Vendor No. §12971 DOWE, DR DAVID 625 PARK PLACE GALLOWAY, NJ 08205		MEMBER MEMBER INITIATION DEPOSIT	X			\$125,000.00
Vendor No. §12829 DOWLING, ALAN 5499 S ATLANTIC AVE #503 NEW SMYRNA BEACH, FL 32169		MEMBER MEMBER INITIATION DEPOSIT	X			\$75,000.00
Vendor No. §12965 DOWNEY, J PATRICK 3 LONG SHADOW LANE TRAVELERS REST, SC 29690		MEMBER MEMBER INITIATION DEPOSIT	X			\$50,000.00
Vendor No. §12961 DOWNS, STEPHEN 14 GOLF COURSE DRIVE WABASH, IN 46992		MEMBER MEMBER INITIATION DEPOSIT	X			\$33,000.00
Vendor No. §12828 DRACKETT, BOLTON 3909 BEE RIDGE ROAD SARASOTA, FL 34233		MEMBER MEMBER INITIATION DEPOSIT	X			\$75,000.00
Vendor No. §12826 DRAKE, DAVID 10 MIDDLEBERRY COURT GREER, SC 29650		MEMBER MEMBER INITIATION DEPOSIT	X			\$75,000.00

Dowling & Dowling, P.A.

Patti C. Dowling, D.M.D. • Endodontics
E. Alan Dowling, D.M.D. • Periodontics
6150 Metrowest Blvd., Suite 301 • Orlando, FL 32835



ORLANDO FL 327

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BMC Group, Inc
Attn: Cliffs Claim Processors
P.O. Box 3020
Chanhassen, MN 55317-3020

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