



<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA</b>		<b>PROOF OF CLAIM</b>	
Name of Debtor: <i>The Cliffs at Glassy Golf &amp; Country Club</i>		Case Number: <i>12-01234</i>	
<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:  29347868003646 LaPella, Michael and Teresa 151 West Fawsett Road Winter Park, FL 32789		<b>RECEIVED</b>  <b>MAY 16 2012</b>  <b>BMC GROUP</b>	
Creditor Telephone Number <i>(407) 539-1716</i> email: <i>MAL 32789@yahoo.com</i>		THIS SPACE IS FOR COURT USE ONLY	
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.	
Payment Telephone Number ( ) email:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number (if known):</b> _____  Filed on: _____	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u><i>100,000.</i></u>			
<input type="checkbox"/> If all or part of your claim is secured, complete item 4. <input type="checkbox"/> 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: <i>REFUND of deposit for Full Golf Membership</i> <small>(See instruction #2)</small>			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <i>6559 12-01234</i>		3a. Debtor may have scheduled account as: <i>6338 12-01220</i> <small>(See instruction #3a)</small>	3b. Uniform Claim Identifier (optional): <small>(See instruction #3b)</small>
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.  <b>Nature of property or right of setoff:</b> 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 <small>(when case was filed)</small>		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): \$ _____	
<b>You MUST specify the priority of the claim:</b> <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  00703			
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: Michael + TERESA LAPELLA  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_

*Teresa J. Lapella*  
*Michael Lapella*

5-7-2012  
5-7-2012

Address and telephone number (if different from notice address above): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Signature)

(Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

407 539-1716      MAL 32789 @ Yahoo.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



Please retain for your records

*The Cliffs*

**THE CLIFFS GOLF AND COUNTRY CLUB, INC.  
GLASSY FULL GOLF MEMBERSHIP ENROLLMENT FORM**

This is to certify that **Michael and Teresa LaPella** have made application for membership in THE CLIFFS GOLF AND COUNTRY CLUB. The membership classification applied for is **Glassy Full Golf** membership. It is acknowledged that the applicant will submit a payment of **One hundred thousand dollars (\$100,000.00)**. The following is the scheduled due dates and amounts of future payments:

**Membership Transfer from Section 3 Lot 146 to Section 1 Lot 126**

By signing this form, the Member(s) acknowledges, as a matter of record, the type of Membership classification, and its privileges, and the refund value of initiation deposit paid in the event of resignation or transfer of membership. Furthermore, the Member(s) has received a copy of the Clubs Master Membership Plan, rules and regulations, and has an understanding of the same.

MEMBERSHIP CLASSIFICATION:	<b>Glassy Full Golf</b>
MEMBERSHIP ACCOUNT NUMBER:	<b>L163</b>
INITIATION DEPOSIT PAID:	<b>\$100,000.00</b>
PROPERTY REFERENCE:	<b>Section <u>3</u> Lot <u>146</u></b>

8-25-06  
Date

8-25-06  
Date

Nate Weyand  
Nate Weyand  
Membership Director  
The Cliffs Golf & Country Clubs

Michael LaPella  
Member Signature  
Teresa LaPella  
Member Signature



**Allstate.**  
You're in good hands.

**FedEx**<sup>®</sup> **US Airbill**  
Express

FedEx Tracking Number **8684 5237 0067**

Form No. **0215**

50R12  
Domestic Copy

**RECIPIENT: PEEL HERE**

**1 From** This portion can be removed for Recipient's records.

Date \_\_\_\_\_ FedEx Tracking Number **868452370067**

Sender's Name **WILSON, A. CARROLLA** Phone **407 255-1100**

Company **ALL STATE INSURANCE**

Address **1540 WILSONVILLE RD STE 109** Dept./Room/Extension \_\_\_\_\_

City **WINTER SPRING** State **FL** ZIP **32789-6900**

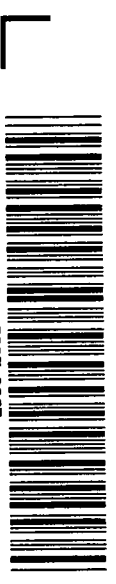
**2 Your Internal Billing Reference** **RECEIVED**

**3 To** Recipients Name **BMC Group Inc** Phone \_\_\_\_\_ Date **MAY 16 2012**

Company **Attn: Chief Claims Representative BMC GROUP**

Address **18675 Lake Drive East** Dept./Room/Extension \_\_\_\_\_

City **SHANNASSEN** State **MIN** ZIP **55317**



0394720157

**4a Express Package Service**

FedEx Priority Overnight  FedEx Standard Overnight  Packages up to 150 lbs.  
Shipments will be delivered on Monday unless SATURDAY Delivery is selected. Saturday Delivery NOT available.  FedEx First Overnight (Early next business morning delivery to select locations). Saturday Delivery NOT available.

FedEx 2Day  FedEx Express Saver  
Second business day. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. Saturday Delivery NOT available.

**4b Express Freight Service**  Packages over 150 lbs.  
 FedEx 1Day Freight\*  FedEx 2Day Freight  FedEx 3Day Freight  
Second business day. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. Saturday Delivery NOT available.

**5 Packaging**  FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other  
Includes FedEx Small Pak, FedEx Large Pak, and FedEx Surety Pak. \*Declared value limit \$50.

**6 Special Handling**  HOLD Weekday at FedEx Location  HOLD Saturday at FedEx Location  
Not available for FedEx First Overnight, FedEx Express Saver, or FedEx 2Day Freight.  Fragile  Hazardous  Restricted  Signature Required  Insured  Registered Mail  Signature Required  Signature Required  Signature Required  Signature Required  Signature Required

**7 Payment Bill to:**  Sender  Recipient  Third Party  Credit Card  Cash/Check  
Enter FedEx Acct. No. or Credit Card No. below.  Other: \_\_\_\_\_

**8 Residential Delivery Signature Options**  No Signature Required  Direct Signature  Indirect Signature  
If you require a signature, check Direct or Indirect.

Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_  
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging. One box must be checked. Dry Ice, UN 1845, Cargo Aircraft Only. Shipper's Declaration not required.

Four liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.  
Rev. Date 10/09-Pat 11/07/09-Q194-2008 FedEx-PRINTED IN U.S.A.-SIF



