

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA**

**PROOF OF CLAIM**



Your Claim is Scheduled As Follows:  
Schedule/Claim ID: s11876  
AMOUNT/CLASSIFICATION:  
\$19,513.94 UNSECURED

Name of Debtor:  
**The Cliffs at High Carolina Golf & Country Club, LLC**

Case Number:  
**12-01231**

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) :  
**Michael J. Quillen Family Ltd Part & Deborah Thomas Quillen**

Name and address where notices should be sent:  
 29347866005506  
Quillen, Michael  
22969 Virginia Trail 15121 Washington Way  
Bristol, VA 24202

RECEIVED

MAY 17 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 **276 669-9855** email: **mquillen30c.comcast.net**

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 \$ 19,513.94

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 credit for merchandise, food or services  
(See instruction #2)

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

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).

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).

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).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

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)

**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 J. Quillen & Deborah Thomas Quillen  
Title: General Partner  
Company: Michael J. Quillen LLP

Michael Quillen 5-14-12  
Deborah Thomas Quillen 5-14-12

Address and telephone number (if different from notice address above):  
15121 Washington Way  
Bristol VA 24202

Telephone number: 276-669-9855 email: mquillen30@comcast.net

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

**ADDITIONAL DISBURSEMENTS EXHIBIT**

**Buyer:** Michael J. Quillen Family Limited Partnership  
**Seller:** The Cliffs at High Carolina, LLC  
**Settlement Agent:** McGuire, Wood & Bissette, P.A.  
 (828)254-8800  
**Place of Settlement:** 48 Patton Avenue  
 Asheville, NC 28801  
**Settlement Date:** December 8, 2008  
**Property Location:** Stone Notch, Lot # 9  
 Buncombe County  
 Lot SN-9, The Cliffs at High  
 Carolina  
 PIN 0607.00-07-8830

PAYEE/DESCRIPTION	NOTE/REF NO	BUYER	SELLER
High Carolina Community Association Reserve Working Capital		333.33	
Cliffs Golf and Country Club, Inc. Club Credit			20,000.00
<b>Total Additional Disbursements shown on Line 1305</b>		<b>\$ 333.33</b>	<b>\$ 20,000.00</b>



GOLF AND COUNTRY CLUB  
 3598 HIGHWAY 11  
 TRAVELERS REST, SC 29690

# Statement

Check # \_\_\_\_\_

**Mr. Michael Quillen**  
 22969 Virginia Trail  
 Bristol, VA 24202

<b>Q00011</b>	<b>Dec 31/08</b>
MEMBER	DATE

**Golf** AMOUNT TO PAY \$ -20,000.00

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

DATE	REF.NO	DESCRIPTION	AMOUNT	SVC/GRAT	TAX	TOTAL
Dec 15/08	CLUB C	<b>Michael Quillen</b> Club Credit	-20,000.00	0.00	0.00	-20,000.00
		<u>Total For Michael Quillen</u>	<u>-20,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>-20,000.00</u>
<p>Credit cards will be processed on the 20th of January for members on the Automatic Pay Program.</p> <p>-----</p> <p>Payments for 2009 Prepaid Dues were processed on January 2, 2009. If you elected to participate, your payment will appear on your next statement.</p>						
			-20,000.00	0.00	0.00	-20,000.00

Remaining Food Minimum Balance 0.00

0.00	-20,000.00	0.00	0.00	0.00	-20,000.00
CREDIT BOOK	CURRENT BAL.	30 DAYS BAL.	60 DAYS BAL.	90 DAY BAL.	AMOUNT DUE

(Pymts to the club are not deductible as charitable contributions for income tax purposes)  
 The Cliffs Communities, Inc.

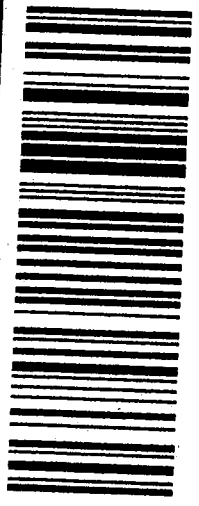
Please call (864) 371-1075, email [ar@cliffscommunities.com](mailto:ar@cliffscommunities.com), fax (864) 371-1530 with billing questions. A late fee of 1.5% will be applied on balances over 30 days.

A LATE FEE OF 1.5% ON PAST DUE BALANCES.



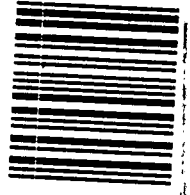
M. J. Quillen  
15121 Washington Way  
Bristol, VA 24202-4581

CERTIFIED MAIL™



7011 1570 0001 5293 7793  
BMC Group Inc.

RETURN RECEIPT  
REQUESTED



U.S. POSTAGE  
9319  
BRISTOL, VA  
MAY 14, 12  
AMOUNT  
\$6.40  
00040656-02

1000

55317

Attn: Cliffs Claims Processing

RECEIVED

MAY 17 2012

BMC GROUP

P.O. Box 3020

Chanhassen, MN

5531739020

