



<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA</b>		<b>PROOF OF CLAIM</b>	
Name of Debtor: <u>The Cliffs</u>		Case Number:	
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:  29347868010328 George Coleman Ford PO BOX 518 Travelers Rest, SC 29690		<b>RECEIVED</b>  <b>MAY 21 2012</b>  <b>BMC GROUP</b>	
Creditor Telephone Number (864) 834-6060 email: <u>ann@colemanford.com</u>			
Name and address where <b>payment</b> 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. <b>Court Claim Number (if known):</b>  Filed on: _____
Payment Telephone Number (864) 834-6060 email:			
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <u>5404.37</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 checked="" 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.			
<b>2. BASIS FOR CLAIM:</b> (See instruction #2)			
<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> <u>2773</u>		<b>3a. Debtor may have scheduled account as:</b> (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> (See instruction #3b)
<b>4. SECURED CLAIM:</b> (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> <b>Describe:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Property:</b> \$ _____ <b>Annual Interest Rate:</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) <b>Amount of arrearage and other charges, as of time case filed, included in secured claim, if any:</b> \$ _____ <b>Basis for Perfection:</b> _____ <b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____			
<b>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.</b> <b>Amount entitled to priority:</b> \$ _____ <b>Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9):</b> \$ _____ <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"/> 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.			
Cliffs POC  00782			
<b>6. CREDITS:</b> 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: Ann Mansfield  
Title: OFFICE MANAGER  
Company: GEORGE COLEMAN FORD

Ann Mansfield      5/17/12  
(Signature)      (Date)

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

Telephone number: \_\_\_\_\_ email: ann@gecolemanford.com  
864-834-6060

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

STATEMENT



**GEORGE COLEMAN FORD**

47 Plaza Drive • P.O. Box 518  
**TRAVELERS REST, SC 29690**  
 Telephone (864) 834-6060

ACCOUNT NUMBER **1120-2773**

STATEMENT DATE **26 APR 2012**

AMOUNT DUE **\*\*\*\*\*\$5404.37**

AMOUNT ENCLOSED \_\_\_\_\_

THE CLIFFS CLUB  
 ATTN: ACCOUNTS PAYABLE  
 P.O. BOX 1279  
 TRAVELERS REST, SC 29690

371-1005 371-1042

PLEASE RETURN THIS STUB WITH YOUR CHECK

DATE	SOURCE	REFERENCE	CHARGES	CREDITS	BALANCE
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\*\*\*\* ANY QUESTIONS OR FOR COPIES --- PLEASE CALL \*\*\*\*  
 \*\*\*\* ANN AT 1-864-834-6060 \*\*\*\*

		PREV SERV CHARGES	165.09 INCLUDED IN PREV BAL		\$5,314.26
03-31	3	FOCS43933	240.52		
03-31	3	FOCS43933		-240.52	

Reynolds and Reynolds EPRINT/BFE 9F031942 Q (03/06)

FINANCE CHARGES will apply if the new balance is unpaid one month from the closing date of statement. The "FINANCE CHARGES" are computed by a periodic rate of 1.75% per month which is an ANNUAL PERCENTAGE RATE of 21% applied to the unpaid balance after deducting current payments and/or credits appearing on this statement from the previous balance.

90.11 BASED ON BALANCE OF 5149.17 CLOSING DATE 04/26/12

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	PAY THIS AMOUNT
90.11	556.58	81.83	0.00	4675.85	*****\$5404.37

SEND INQUIRIES TO:

**GEORGE COLEMAN FORD**  
 47 Plaza Drive • P.O. Box 518  
**TRAVELERS REST, SC 29690**  
 Telephone (864) 834-6060

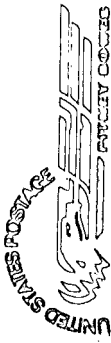
ACCOUNT NUMBER	<b>1120-2773</b>	<b>NEW BALANCE</b>
STATEMENT DATE	<b>26 APR 2012</b>	

GEORGE COLEMAN FOR

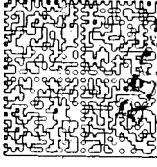
47 Plaza Drive

P.O. Box 518

Travelers Rest, S.C. 29690



02 1P  
000486268 MAY 17 2012  
\$ 000.450  
MAILED FROM ZIP CODE 29690

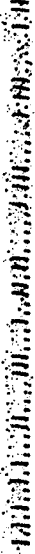


RECEIVED

MAY 21 2012

BMC GROUP

BMC Group, Inc.  
Attention: Cliffs Claims Processing  
P.O. Box 3020  
Chanhassen, MN 55317-3020



55317-3020