

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA	PROOF OF CLAIM
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Name of Debtor: CLIFF at Mtn. Park	Case Number: 12-01225
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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: 29347868010216 Buddy's Chain Saw Ser. Inc. 213 West Cedar Rock Street Pickens, SC 29671	RECEIVED MAY 21 2012 BMC GROUP
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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 864 878-4911 email: _____	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____
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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: _____	

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 729.42

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: (See instruction #2)
Signed for Merchandise when rec'd did not pay. Invoices enclosed (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)
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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): \$ _____
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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"/> 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).
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* 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: DERRILL BOTTOMS
Title: owner
Company: Buddy's chain saw service, Inc. Derrill E. Bottoms 5-17-12
Address and telephone number (if different from notice address above): Inc. (Signature) (Date)

Telephone number: 864-878-4911 email: Buddys chain saw sa. Bell south. Mt

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

BUDDY'S CHAIN SAW SERVICE, INC.

213 West Cedar Rock Street
 PICKENS, SOUTH CAROLINA 29671
 Phone (864) 878-4911

NAME Cliffs At Mt Park		DATE 1-31-11	
ADDRESS		PHONE	
		APARTMENT	DATE PROMISED
MAKE	MODEL NO.	SERIAL NO.	DATE OF ORIGINAL INSTALLATION
NATURE OF SERVICE		<input type="checkbox"/> ESTIMATE <input type="checkbox"/> CASH <input type="checkbox"/> WARRANTY <input type="checkbox"/> CHARGE <input type="checkbox"/> CONTRACT <input type="checkbox"/> C.O.D.	
QTY.	DESCRIPTION	PRICE	AMOUNT
	P.O. #	②	
✓ 3	4002 710 2191 Heads		92.35
2-3 lbs	lime		77.00
1	Case Mixing 21201		70.00
1	DOZEN DRAG FILES		59.85
1	BAR		54.95
1	CHAIN		24.95
6	SAFETY GLASSES		77.70
COMMENTS <i>Pickens</i>		TOTAL MATERIALS	458.20
		TECHNICAL SERVICE TIME <input type="checkbox"/> SHOP <input type="checkbox"/> HOME <input type="checkbox"/> PICK UP OR DELIVERY <input type="checkbox"/> SERVICE CALL CHARGE	
TECHNICIAN		DATE COMPLETED	TAX
Signature below constitutes acceptance of above service performed as being satisfactory - and that the equipment has been left in good condition.			32.07
			TOTAL
			490.27

CHARGE

B PRODUCT 631

52584

INVOICE

Thank You

BUDDY'S CHAIN SAW SERVICE, INC.

213 West Cedar Rock Street
 PICKENS, SOUTH CAROLINA 29671
 Phone (864) 878-4911

RA 1549

NAME <i>Mr Price</i>		DATE <i>5-23-11</i>	
ADDRESS		PHONE	
APARTMENT		DATE PROMISED	
MAKE	MODEL NO.	SERIAL NO.	DATE OF ORIGINAL INSTALLATION
NATURE OF SERVICE		<input type="checkbox"/> ESTIMATE <input type="checkbox"/> CASH <input type="checkbox"/> WARRANTY <input type="checkbox"/> CHARGE <input type="checkbox"/> CONTRACT <input type="checkbox"/> C.O.D.	
QTY.	DESCRIPTION	PRICE	AMOUNT
	<i>POO.#</i>		
<i>2</i>	<i>Bills</i>	<i>(P) 79.90</i>	
<i>2</i>	<i>Chains</i>	<i>49.90</i>	
<i>1</i>	<i>Case Charger</i>	<i>51.00</i>	
<i>2</i>	<i>Grades</i>	<i>49.90</i>	
			<i>223.50</i>
COMMENTS <i>Chains</i>		TOTAL MATERIALS	
TECHNICAL SERVICE TIME <i>William C</i>		<input type="checkbox"/> SHOP <input type="checkbox"/> HOME	
TECHNICIAN		<input type="checkbox"/> PICK UP OR DELIVERY <input type="checkbox"/> SERVICE CALL CHARGE	
Signature below constitutes acceptance of above service performed as being satisfactory - and that the equipment has been left in good condition.		DATE COMPLETED	TAX <i>15.65</i>
		TOTAL <i>239.15</i>	

B PRODUCT 631

53679

INVOICE

Thank You

Buddy's Saw Service
213 W. Cedar Rock St.
Pickens, SC 29671

CERTIFIED MAIL™



7006 2150 0000 8733 7632



1000



55317

U.S. POSTAGE
PAID
PICKENS, SC
29671
MAY 18, 12
AMOUNT

\$5.75
00022763-06

BMC Group, Inc.
att: cliffs claims processing
P.O. Box 3020
Cherokee, TN

RECEIVED
MAY 21 2012
BMC GROUP

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