

UNITED STATES BANKRUPTCY COURT		District of South Carolina	PROOF OF CLAIM						
Name of Debtor: THE CLIFFS CLUB & HOSPITALITY GROUP, INC., ET AL		Case Number: 12-01220	<p style="text-align: center;">COURT USE ONLY</p> <p><input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim.</p> <p>Court Claim Number: <u>s12709</u> <i>(If known)</i></p> <p>Filed on: <u>02/28/2012</u></p> <p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>						
NOTE: <i>Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</i>									
Name of Creditor (the person or other entity to whom the debtor owes money or property): TIM SIVORE									
Name and address where notices should be sent: TIM SIVORE 44 CAYUGA ROAD SEA RANCH LAKES, FL 33308		Telephone number: (954) 597-6361 email: TMSIVORE2@BELLSOUTH.NET	<div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">MAY 21 2012</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">BMC GROUP</div>						
Name and address where payment should be sent (if different from above):									
Telephone number:		email:							
1. Amount of Claim as of Date Case Filed: \$ <u>125,000.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.									
2. Basis for Claim: <u>MEMBER INITIATION DEPOSIT</u> (See instruction #2)									
3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; font-size: 1.2em;">2 7 0 9</div>	3a. Debtor may have scheduled account as: <u>s12709</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)							
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____							
5. Amount of Claim Entitled to 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 priority and state the amount. <table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </td> </tr> <tr> <td style="vertical-align: top;"> <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). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). </td> </tr> </table> <p style="text-align: right;">Amount entitled to priority: \$ _____</p>				<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<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"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)().
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).							
<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"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)().							
*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 any 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 the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. 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: TIM SIVORE Title: Company: Address and telephone number (if different from notice address above):

(Signature) (Date) 05/17/2012

Telephone number: (954) 597-6361 email: TMSIVORE2@BELLSOUTH.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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number: Fill in the federal judicial district in which the bankruptcy case was filed... Creditor's Name and Address: Fill in the name of the person or entity asserting a claim... 1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the bankruptcy filing... 2. Basis for Claim: State the type of debt or how it was incurred... 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account... 3a. Debtor May Have Scheduled Account As: Report a change in the creditor's name... 3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here.

4. Secured Claim: Check whether the claim is fully or partially secured... 5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a): If any portion of the claim falls into any category shown... 6. Credits: An authorized signature on this proof of claim serves as an acknowledgment... 7. Documents: Attach redacted copies of any documents that show the debt exists... 8. Date and Signature: The individual completing this proof of claim must sign and date it.

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. s12643 SIEMIENIK, TOM 406-A BELLVUE ROAD TRAVELERS REST, SC 29690		MEMBER MEMBER INITIATION DEPOSIT	X			\$35,500.00
Vendor No. s13094 SIHLER, ROBERT 334 IMPERIA COURT TRAVELERS REST, SC 29690		MEMBER MEMBER INITIATION DEPOSIT	X			\$75,000.00
Vendor No. s13093 SILVA, ALFRED 109 VALLEY LAKE TRAIL TRAVELERS REST, SC 29690		MEMBER MEMBER INITIATION DEPOSIT	X			\$75,000.00
Vendor No. s12900 SILVERSTEIN, MICHAEL 3121 SE DOUBLETON DR STUART, FL 34997		MEMBER MEMBER INITIATION DEPOSIT	X			\$25,000.00
Vendor No. s12539 SIMPSON, GLENN 11215 MARSEILLES LANE HOUSTON, TX 77082		MEMBER MEMBER INITIATION DEPOSIT	X			\$100,000.00
Vendor No. s13095 SINCLAIR, DESMOND 200 RIVERSIDE DRIVE SPRINGFIELD, NJ 07081		MEMBER MEMBER INITIATION DEPOSIT	X			\$75,000.00
Vendor No. s13100 SINCLAIR, HANK 47 EAST BAY BLVD THE WOODLANDS, TX 77380		MEMBER MEMBER INITIATION DEPOSIT	X			\$125,000.00
Vendor No. s12709 SIVORE, TIM 58 ROBINHOOD ROAD ASHEVILLE, NC 28804		MEMBER MEMBER INITIATION DEPOSIT	X			\$125,000.00
Vendor No. s13099 SKAWINSKI, STANLEY 100 COURTSIDE TRAIL TRAVELERS REST, SC 29690		MEMBER MEMBER INITIATION DEPOSIT	X			\$50,000.00

CORRECT ADDRESS

Tim M. Sivore
44 Cayuga Road
Sea Ranch Lakes, FL 33308



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

In re:

**The Cliffs Valley Golf & Country Club, LLC
d/b/a The Cliffs Golf & Country Club,**

Debtor

CHAPTER 11

Case No. 12-01236

Jointly Administered¹

SCHEDULES OF ASSETS AND LIABILITIES

MCKENNA LONG & ALDRIDGE LLP

Gary W. Marsh
J. Michael Levensgood
Bryan E. Bates
303 Peachtree Street, Suite 5300
Atlanta, Georgia 30308
Telephone: 404-527-4000
Fax: 404-527-4198

LAW OFFICE OF DANA WILKINSON

Dana Wilkinson
365-C East Blackstock Road
Spartanburg, SC 29301
Telephone: 864-574-7944
Fax: 864-574-7531

**Counsel for the Debtor and
Debtor in Possession**

¹ The jointly administered Debtors, followed by the last four digits of their respective taxpayer identification numbers and Chapter 11 case numbers, are as follows: The Cliffs Club & Hospitality Group, Inc. (6338) (12-01220); CCHG Holdings, Inc. (1356) (12-01223); The Cliffs at Mountain Park Golf & Country Club, LLC (2842) (12-01225); The Cliffs at Keowee Vineyards Golf & Country Club, LLC (5319) (12-01226); The Cliffs at Walnut Cove Golf & Country Club, LLC (9879) (12-01227); The Cliffs at Keowee Falls Golf & Country Club, LLC (3230) (12-01229); The Cliffs at Keowee Springs Golf & Country Club, LLC (2898) (12-01230); The Cliffs at High Carolina Golf & Country Club, LLC (4293) (12-01231); The Cliffs at Glassy Golf & Country Club, LLC (6559) (12-01234); The Cliffs Valley Golf & Country Club, LLC (6486) (12-01236); Cliffs Club & Hospitality Service Company, LLC (9665) (12-01237).

TIM SIVORE
44 Cayuga Road
Sea Ranch Lakes, FL 33308
Phone: 954-597-6361
Email: tmsivore2@bellsouth.net

Via Certified US Mail: #7009 3410 0000 0420 5306

May 17, 2012

BMC Group, Inc.
Attn: Cliffs Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

Re: Cliffs Membership Initiation Deposit Claim Amendment
Case No. 12-01236 Vendor No. s12709
Address Correction Schedule F

Dear Sir/Madam:

Please find attached Proof of Claim amending the address on file with the Bankruptcy Court in South Carolina.

I have relocated from the address on their filing (see attached "Schedule F Creditor Holding Unsecured Nonpriority Claims" Sheet 69 of 85).

Please confirm your receipt and let me know if you need any additional information.

Sincerely,



Tim Sivore

TMS/pls

Encls.

CERTIFIED MAIL™

Timothy M. Sivore
44 Cayuga Road
Sea Ranch Lakes, FL 33308-2918



7009 3410 0000 0420 5306



UNITED STATES
POSTAL SERVICE

1.000



U.S. POSTAGE
PAID
FORT LAUDERDALE, FL
33348
MAY 18, 12
AMOUNT

\$5.95
00049715-05

55317

**RETURN RECEIPT
.REQUESTED**

BMC Group, Inc.
Attn: Cliffs Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

RECEIVED
MAY 21 2012
BMC GROUP

55317+3020

