

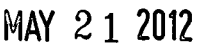




UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM	
Name of Debtor: <i>THE CLIFFS AT GLASSY GOLF & COUNTRY CLUB, LLC</i>		Case Number: <i>12-01234</i>	
NOTE: See reverse and attached for List of Debtors/Case Numbers/important details. Other than claims under 11 U.S.C. § 503(b)(9), 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) : <i>DENNIS M. GEAGAN</i>			
Name and address where notices should be sent:  29347868000334 Geagan, Dennis 72 Eagle Rock Road Landrum, SC 29356		  	
Creditor Telephone Number <i>(864) 895-0891</i> email: <i>DENNIS-GEAGAN72@GMAIL.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.	<input type="checkbox"/> 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 \$ <i>75,000.00</i> (<i>GOLF MEMBERSHIP</i>)			
<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>GOLF MEMBERSHIP</i> (See instruction #2)			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <i>1794</i>		3a. Debtor may have scheduled account as: <i>G 00011</i> (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.		Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		Basis for Perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		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:			
<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 00813	
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

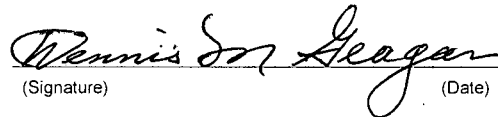
8. SIGNATURE: (See instruction #8)

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: DENNIS M. GEAGAN
 Title: _____
 Company: _____


 (Signature) _____ (Date)

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

Telephone number: _____ email: _____

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



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

This is to certify that **Dennis and Claudia Geagan** have made application for membership in the CLIFFS GOLF AND COUNTRY CLUB. The membership classification applied for is **Cliffs Golf** membership. It is acknowledged that the applicant has submitted a payment of **Seventy-five thousand dollars (\$75,000)**. The following is the scheduled due dates and amounts of future payments:

Due at Closing

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 club by-laws, rules and regulations, and has an understanding of the same.

MEMBERSHIP CLASSIFICATION:	Cliffs Golf
MEMBERSHIP ACCOUNT NUMBER:	G11
INITIATION DEPOSIT PAID:	\$75,000
TOTAL FEES PAID:	\$75,000
PROPERTY REFERENCE:	Section 8 Lot 96
DATE:	September 10, 2003

9-10-03

Date
Claudia A. Geagan
Member Signature

9-22-03
Date
Dennis M. Geagan
Member Signature

Patt M. Fero
Patt M. Fero
VP, Corporate Relations
The Cliffs Golf & CC, Inc.

Mimsy
Mimsy DeMars
Manager, Membership Services
The Cliffs Golf & CC, Inc.

OUR COPY

**THE CLIFFS GOLF AND COUNTRY CLUB, INC
MEMBERSHIP AGREEMENT**

I have received and reviewed official club documents, specifically The Cliffs and Country Club, Inc. constitution and by-laws, rules and regulations (as modified June 1, 1999), outlining the Cliffs Membership Program. I agree to participate and become enrolled as a member of The Cliffs Golf and Country Club, Inc., which is managed and operated by The Cliffs Golf and Country Club, Inc. and agree to pay the applicable membership fees in the amount(s) indicated below:

	<u>Membership Classification</u>	<u>Membership Fees</u>
_____	Cliffs Social Athletic	\$ _____
<u>X</u>	Cliffs Golf	\$75,000.00
_____	Cliffs Sports	\$ _____

My rights and privileges as a member shall be governed by the plan documents and the club's by-laws, rules and regulations. Membership in the club does not convey any ownership, stock or equity certificate or other rights of ownership. As a member, I cannot be assessed as a matter of contract with the Club, and I assume no liability whatsoever in connection with the membership other than the payment of an applicable membership fee, dues and charges incurred by myself, my family and guests.

The Club reserves the right to set membership classification limitations. The Club has the plenary power to modify classes of memberships, their definitions, privileges, requirements and availability.

I shall be bound by the terms and conditions of the plan documents, as they may be amended from time to time in accordance with their terms and this membership purchase agreement.

I agree to pay the dues, fees and charges applicable to my membership classification(s) set forth by the club ownership, as it may be amended from time to time.

I hereby agree to release and discharge the Club, its ownership, affiliates, employees and agents from any and all claims and causes of actions that I may have against any of them regarding the Club membership program and facilities, except claims and causes of action arising from misrepresentations or omissions in the club documents.

9-10-03
 Date
Claudia A. Morgan
 Member Signature
Patt M. Fero
 Patt M. Fero
 VP, Club & Community Relations
 The Cliffs Golf & CC, Inc.

9-22-03
 Date
Mimsy DeMars
 Member Signature
Mimsy DeMars
 Mimsy DeMars
 Manager, Membership Services
 The Cliffs Golf & CC, Inc.

*OUR
COPY*

**CLIFFS GOLF & COUNTRY CLUB, INC.
MEMBERSHIP ADDENDUM**

This document shall serve as official record of membership agreement between Dennis and Claudia Geagan (buyer), and Gary and Doris Grund (seller) in conjunction with property transfer identified as Section 8 Lot 96, **The Cliffs at Glassy Community**.

It is understood that Dennis and Claudia Geagan have purchased said property from Gary and Doris Grund, and have elected to re-purchase the Cliffs Golf Membership held by Gary and Doris Grund. Dennis and Claudia Geagan will pay at closing the fee of seventy-five thousand dollars (\$75,000.00) to the club to re-purchase the Cliffs Golf membership. Of the \$75,000.00 membership fees collected, Gary and Doris Grund are due a refund in the amount of fifty thousand dollars (\$50,000.00) or 100% of the total fees collected in accordance with refund policies and procedures as outlined in The Cliffs Golf & Country Clubs by-laws, rules and regulations. The Cliffs Golf membership re-purchased shall retain all rights, benefits and privileges as provided for in the master membership program, current edition published January, 2001.

As evidenced by signatures below, the parties agree to a full understanding of the Cliffs Golf membership classification re-purchase and refund procedure.

9-10-03
Date
Patt M. Fero
Patt M. Fero
VP, Corporate Relations
The Cliffs Golf & Country Club, Inc.

Mimsy
Mimsy DeMars
Manager, Membership Services
The Cliffs Golf & Country Club, Inc.

9-22-03
Date
Dennis Geagan
Dennis Geagan
Claudia Geagan
Claudia Geagan

OUR
COPY



The Cliffs Club & Hospitality Service Company, LLC
PO Box 1279
Travelers Rest, SC 29690
Phone: (864) 371-1075 Fax: (864) 836-1249

MEMBER NUMBER	STATEMENT DATE
G00011	08-31-11
CHECK NUMBER	AMOUNT TO PAY

DENNIS GEAGAN
72 EAGLE ROCK ROAD
LANDRUM, SC 29356

REMITTANCE ADDRESS
: 2 9 6 9 0 1 2 0 1 7 9 4 :
The Cliffs Club & Hospitality Service Company, LLC
PO Box 1279
Travelers Rest, SC 29690

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

DATE	REF. NO.	DESCRIPTION	AMOUNT	SVC / GRAT	TAX	TOTAL
08-24-11	26030192	Vineyards Bar - Beer	20.00	0.00	1.40	21.40
08-27-11	13027003	Glassy Dining Room - Food	43.00	0.00	2.58	45.58
08-28-11	28018574	Vineyards Beverage Cart - Food	2.00	0.00	0.14	2.14
08-28-11	26030304	Vineyards Bar - Beer	13.50	0.00	0.95	14.45
08-28-11	26030304	Vineyards Bar - Food	21.00	4.00	1.47	26.47
08-30-11	42029824	Keowee Springs - Golf	1.00	0.00	0.07	1.07
08-31-11	SJ1732/32	GL - Service Charge - Resident	31.44	0.00	1.89	33.33
08-31-11	76016019	Falls South MDR - Beer	4.00	0.00	0.24	4.24

Minimum Billing Period	01-01-11	12-31-11	Remaining Food Minimum Balance	0.00
981.68	0.00	0.00	0.00	0.00
CURRENT BAL	30 DAYS BAL	30 DAYS BAL	30 DAYS BAL	120 DAYS BAL
				AMOUNT DUE
				981.68

Payments to the club are not deductible as charitable contributions for income tax purposes.

Please call (864) 371-1075, email ar@cliffscommunities.com, or

Mr. Dennis Gengan
72 Eagle Rock Rd
Landrum, SC 29356-3400

7011 2000 0001 6613 3474

U.S. POSTAGE
PAID
LANDRUM, SC
29356
MAY 17, 12
AMOUNT
\$4.05
00068984-04



55317



1000

*BMC Group, Inc.
ATTN: CLIFFS CLAIMS PROCESSING
P.O. BOX 3020
Chanhassen, MN
55317-3020*

RECEIVED

MAY 21 2012

BMC GROUP