

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

Name of Debtor:

Case Number:

The Cliffs at Glassy Golf & Country Club, LLC *12-01234*

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 + Jo Martin

Name and address where notices should be sent:

*306 HAMNETTS GLEN WAY
GREER, S.C. 29650*

RECEIVED

MAY 21 2012

BMC GROUP

mumart@bellsouth.net

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 *844-977-0490* email:

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 \$ *5000.00*

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)

MEMBERSHIP REFUND, MEMBER # M131

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

M131

3a. Debtor may have scheduled account as:

UNSECURED

(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.

Cliffs POC



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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 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

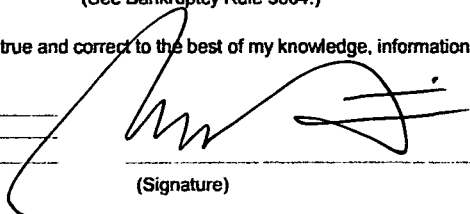
8. SIGNATURE: (See instruction #8)

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. I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3004.) (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 MARTIN
Title: _____
Company: _____


(Signature)

5/17/2012
(Date)

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

Telephone number: 864-877-0490 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

From: Nate Weyand (nweyand@cliffscommunities.com)
To: mwmart@bellsouth.net;
Date: Tue, March 22, 2011 3:58:14 PM
Cc:
Subject: RE: Refund Position

Mr. Martin,

Great to hear from you and I hope this email finds you doing well. We show your refund in the first position with 3 Glassy Family Memberships to issue to make your refund due.

Nate

Nate Weyand

Director, Membership Services

864.660.1160 | office

864.371.1563 | fax

800.371.1000 | toll-free

www.cliffscommunities.com

From: Michael Martin [mailto:mwmart@bellsouth.net]
Sent: Sunday, March 20, 2011 10:21 PM
To: Nate Weyand
Subject: Refund Position

Hello Nate,

Martin here, still waiting on that refund. How many have joined since our last correspondence please?

Michael W. Martin

(864) 877-0490

mwmart@bellsouth.net

THE CLIFFS GOLF AND COUNTRY CLUB, INC.
CLIFFS SOCIAL ATHLETIC MEMBERSHIP ENROLLMENT FORM

This is to certify that **Michael and Jo Martin** have purchased a Cliffs Social Athletic Membership, in conjunction with purchase of property at The Cliffs Community. It is acknowledged that he/she has submitted membership fees in the amount of **Five thousand dollars (\$5,000)**. It is further agreed that the member(s) understand the membership classification purchased, its privileges and benefits, and refund values associated with a resignation from the club, as outlined in the Cliffs Golf & Country Clubs constitution and by-laws, rules and regulations as modified June 1, 1999.

(For office use only)

MEMBERSHIP CLASSIFICATION	Cliffs Social Athletic
MEMBERSHIP ACCOUNT NUMBER	M129
INITIATION DEPOSIT PAID	\$5,000
TOTAL FEES PAID	\$5,000
DATE:	July 15, 1999

Date

7/29/99

Member Signature

Patt Fero

Patt Fero, Club Representative
Membership Department
The Cliffs Golf & CC, Inc.

Date

7/29/99

Member Signature

Jo S. Martin

William H. Boyd, Vice President
Club Operations
The Cliffs Golf & CC, Inc.



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

Statement Date 04/30/06

Account Number M131

New Balance 431.82

Amount Enclosed

Mr. Michael Martin
4 Hyacinth Drive
Landrum, SC 29356

Please detach and return this portion with your remittance

Trans Date	Trans No.	Description	Charge	Service Fee	Sales Tax	Payments & Credits	Balance
		Previous Balance					327.07
04/05/06	141130	Valley F&B2 Sale	20.85	3.75	1.23		25.83
04/08/06	71477	Glassy F&B3 Sale	7.50	1.35	0.44		9.29
04/10/06	104818	9 HOLE Cliffs Family Member	28.56				
04/10/06	104818	Taxes			1.43		29.99
04/10/06	141659	Valley Wellness SnackBar Sale	5.95	1.07	0.35		7.37
04/13/06	71784	Glassy F&B3 Sale	15.00	2.70	0.88		18.58
04/20/06	72335	Glassy F&B3 Sale	15.00	2.70	0.88		18.58
04/22/06	142907	Valley F&B3 Sale	17.90	3.22	1.06		22.18
04/27/06	Visa/MC GI	Payment Thank You!				-327.07	
04/30/06	CSA	CLIFFS SOC ATH	300.00				300.00
<p>Account reflects payments made through the last day of the month. If you have any questions please call (864) 371-1075 or fax to (864) 371-1530 or e-mail lsusie@cliffscommunities.com</p>							
<p>DO NOT SUBMIT PAYMENT</p> <p>You are on our auto-pay program, and the balance shown on this statement will be billed to your credit card on file.</p>							
Date 04/30/06		Previous Balance 327.07	Payments -327.07	Credits 0.00	Current 431.82	New Balance 431.82	
30 - 60 Days 0.00		60 - 90 Days 0.00	90 - 120 Days 0.00	120+ Days 0.00	Please Pay This Amount		

Total Credit Book Balance As Of 05/03/2006 Is \$0.52 / Food Minimum Balance As Of 04/30/06 Is \$204.20

A LATE FEE OF 1.5% ON BALANCES OVER 30 DAYS.

MARLEN
306 HAMMETS GLEN WAY
GREER, SC. 29650

CERTIFIED MAIL™



7011 3500 0001 3068 5314



1000



55317

U.S. POSTAGE
PAID
GREER, SC
29650
MAY 18, 2012
AMOUNT
\$6.60
00010187-12

POSTAGE WILL BE PAID BY ADDRESSEE

BMC Group, Inc.
ATTN: CLIFFS CLAIMS PROCESSING
P.O. Box 3020
CHANKASSEN, MN 55317-3020

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MAY 21 2012

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