

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:  
Schedule/Claim ID: s14113  
AMOUNT/CLASSIFICATION:  
\$105,000.00 UNSECURED  
(CONTINGENT)

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed except as provided in the accompanying bar date notice.

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

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known):

Filed on: \_\_\_\_\_

Name of Debtor:  
The Cliffs at Keowee Falls Golf & Country Club, LLC

Case Number:  
12-01229

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:

29347866901031  
Weaver, Rudolph  
PO BOX 2202  
Manchester Center, VT 05255

RECEIVED

MAY 23 2012

BMC GROUP

Creditor Telephone Number 802-297-0060 email: wear@phn.org

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.

Payment Telephone Number ( ) email:

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

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: member initiation deposit  
(See instruction #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)

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).

Cliffs POC



00860

\* 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

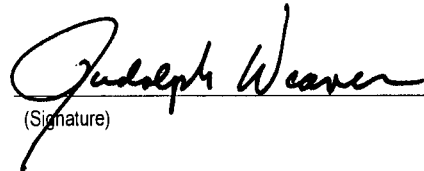
**8. SIGNATURE:** (See instruction #8)

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: Rudolph Weaver  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_

 May 22, 2012  
 (Signature) (Date)

Address and telephone number (if different from notice address above):  
P.O. Box 2202  
Manchester Center, VT 05255  
802-297-0060 wear@phin.org  
 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

# FedEx<sup>®</sup> US Airbill

Express

FedEx Tracking Number **87299 2890 5851**

fedex.com 1800.GoFedEx 1800.463.3339

RECIPIENT: PEEK HERE

**1 From This Fedex.com** can be removed for Next Business Day service.  
 Date 5/22/12 FedEx Tracking Number **872928905851**

Sender's Name WCFNY Phone 508 262 7240

Company JOSEPH J O'NEAL PC

Address 376B MAIN ST

City MANCHESTER

State 05254

**2 Your Internal Billing Reference**

**3 To**  
 Recipient's Name PMC GROUP INC Phone 603 233 1111

Company PMC GROUP INC

Address 13615 LAKE DRIVE EAST

City CINCINNATI State OH ZIP 452317

Use this line for the HOLD location address or for continuation of your shipping address.



8729 2890 5851

0421256176

Form ID No. **0215**

fedex.com

**4a Express Package Service** \*To most locations.

Packages up to 150 lbs.

FedEx Priority Overnight  
 Next business morning, Friday  
 afternoon. NOT to be delivered on Monday  
 unless SAT/USDA Delivery is selected.

FedEx First Overnight  
 Earliest next business morning  
 delivery to select locations.

FedEx 2Day  
 Second business day, Thursday  
 through Saturday. NOT to be delivered  
 unless SAT/USDA Delivery is selected.

FedEx Express Saver  
 Third business day, Monday  
 through Friday. NOT available  
 unless SAT/USDA Delivery is selected.

**4b Express Freight Service** \*\*To most locations.

Packages over 150 lbs.

FedEx 1Day Freight  
 Next business day, Monday through  
 Friday unless SAT/USDA  
 Delivery is selected.

FedEx 2Day Freight  
 Next business day, Monday through  
 Friday unless SAT/USDA Delivery is selected.

FedEx 3Day Freight  
 Third business day, Monday through  
 Friday unless SAT/USDA Delivery is selected.

FedEx 4Day Freight  
 Fourth business day, Monday through  
 Friday unless SAT/USDA Delivery is selected.

**5 Packaging**  
 Includes FedEx Small Pak and  
 FedEx Tube Pak.

FedEx Pak\*  
 Includes FedEx Small Pak and  
 FedEx Tube Pak.

**6 Special Handling and Delivery Signature Options**

**SATURDAY Delivery**  
 NOT available for FedEx Standard Overnight, FedEx Express Saver, or FedEx 30-Way Freight.

No Signature Required  
 Shipper's signature not required for delivery.

Direct Signature  
 Recipient's signature required for delivery. Fee applies.

Does this shipment contain dangerous goods?  
 Shipper must complete the attached  
 Shipper's Declaration.

Indirect Signature  
 If no one is available at recipient's address, the carrier will attempt to deliver to a  
 residential delivery unit only. Fee applies.

**NO** Yes As per attached Shipper's Declaration and required.

Dry Ice Yes 3.0W 1985 x \_\_\_\_\_ to

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or packed in a FedEx Express Drop Box.

Cargo Aircraft Only

**7 Payment Bill to:**

Sender  
 Add. No. in Section 7  
 Recipient  
 Third Party  
 Credit Card  
 Cash/Check

Total Packages 1 Total Weight \_\_\_\_\_  
 Enter FedEx Acct. No. or Credit Card No. below.  
 FedEx Acct. No. \_\_\_\_\_  
 Credit Card Acct. No. \_\_\_\_\_

