

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <i>The Cliffs Club Hospitality Group, Inc., et al</i>		Case Number: <i>12-01220</i>
NOTE: 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.		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		COURT USE ONLY
Name and address where notices should be sent: <i>Jeffrey, Jarvis Rubin 1034 Waterfall Court Birmingham MI 48009</i>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Telephone number: <i>248.203.4776</i> email: <i>jjr 4333@aol.com</i>		
Name and address where payment should be sent (if different from above):		<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.
Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ <u><i>40,000.00</i></u>		RECEIVED
If all or part of the claim is secured, complete item 4.		MAY 24 2012
If all or part of the claim is entitled to priority, complete item 5.		BMC GROUP
<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><i>Club initiation fee</i></u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u><i>6725</i></u>	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 the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		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 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.		
<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)(____).
		Amount entitled to priority: \$ _____
*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. (Attach copy of power of attorney, if any.) (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: Janis Ruben Title: Company: Address and telephone number (if different from notice address above): Telephone number: email:

(Signature) (Date) 5/21/12

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: Creditor's Name and Address: 1. Amount of Claim as of Date Case Filed: 2. Basis for Claim: 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: 3a. Debtor May Have Scheduled Account As: 3b. Uniform Claim Identifier:

4. Secured Claim: 5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a). 6. Credits: 7. Documents: 8. Date and Signature:



March 16, 2011

Dr. and Mrs. Jeffrey Rubin
1034 Waterfall Court
Birmingham, MI 48009

Dear Dr. and Mrs. Rubin,

It is with regret we write at this time to confirm acknowledgment of your **Cliffs at Glassy Golf Membership** resignation in conjunction with Section 3, Lot 31 with The Cliffs Golf and Country Club. Your resignation from the Club is effective upon receipt of your written resignation notice and membership privileges will cease effective March 1, 2011. The Membership Plan obligates the resigned Member for payment of dues for the month in which the Club received the notice.

The refund of initiation deposit will be processed in accordance with the refund policies and procedures as outlined in the Master Membership Plan. If you need a copy of this document, please let us know. In summary, the refund policy is as follows:



- Your Glassy Golf Membership refund of \$40,000 is placed in a priority waiting list based on the classification and location of your membership. The Master Membership Plan, Section 11.2, outlines that a voluntary resignation will be refunded consistent with the Cliffs Clubs processing of accounts payable, and will be process only on the basis of one (1) refund for every three (3) memberships issued by the Club from its previously unissued memberships within the same classification as the resigned membership.

I wish you the best in your future endeavors. If you have any questions regarding the procedures as outlined above, please call the Membership Office at 864-660-1160.

Kind regards,

Nate Weyand
Membership Director

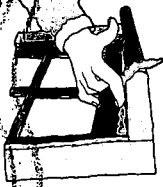
The Cliffs Golf and Country Clubs
Membership Office
3598 Highway 11, Travelers Rest, South Carolina 29690
(864) 660-1100
www.cliffscommunities.com

 Mrs. Janis Rubin
1034 Waterfall Ct. 
Birmingham, MI 48009

METROPOLIX MI 480

21 MAY 2012 PRR 21

USAG GREEN
recycle
the bottle



RECEIVED

MAY 24 2012

BMC GROUP

BMC Group, Inc.

Attn: The Cliffs Club - Vegetability Group Inc

Claims Processing

P.O. Box 3020

Chambers, MN 55317-3020

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