

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

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s15524
AMOUNT/CLASSIFICATION:
\$842.28 UNSECURED

Name of Debtor:
Cliffs Club & Hospitality Service Company, LLC

Case Number:
12-01237

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:
 29347866010242
Capstone Filter Services, LLC
 Mark Jermon
 101 Morgan Court
 Greer, SC 29650
864-616-8254 mark@capstonefilter.com

RECEIVED
MAY 24 2012
BMC GROUP

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.

Creditor Telephone Number *(804)* 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.

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: _____

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **842.28**

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: **Goods sold**
 (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: \$ **842.28**
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 00899

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: Mark Jermon
 Title: Member
 Company: Capstone Filter Services

Mark Jermon 5-18-12
 (Signature) (Date)

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

864-616-8254

Telephone number: email: mark@capstonefilterservices.com

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

Mark Jermon

From: Libby Carew [lcarew@cliffscommunities.com]
Sent: Thursday, August 04, 2011 9:32 AM
To: 'Mark Jermon'
Subject: filter order
Attachments: filter order 8.4.11.xlsx

Hi Mark, I have a filter order here for you. Please call me before you bring them up here. We have moved out of the white house and I am not sure where they will be delivered. It could be closer to Travelers Rest. Please reference the PO#'s on the boxes . And if we could get these ASAP of that would be great.

Thanks



Libby Carew

Administrative Assistant Facilities Maintenance

864.371.1093 | office

864.371.1531 | fax

800.371.1000 | toll-free

lcarew@cliffscommunities.com

www.cliffscommunities.com

"World's Best International Development 2007,"

CNBC International Property Awards



Please consider the environment before printing this e-mail.

Filter order 8.4.11

PO 41091 (FS CH)

20x20x1	5	each
16x25x1	10	each
20x22x1	1	each
16x20x2	4	each
16x25x2	4	each

PO 41070 (WC/KV)

20x20x1	4	each
20x20x1	2	boxes
16x20x1	2	each
12x12x1	2	boxes
16x28x2	2	boxes

PO 41086 (Valley)

15x20x2	16	each
16x25x1	14	each
20x25x1	2	each
20x20x1	12	each
16x20x1	6	each
20x25x2	12	each
14x20x1	1	each
20x20x2	4	each

PO 41068 (Glassy)

20x25x1	1	each
20x24x1	11	each
20x20x2	4	each
20x25x2	3	each
16x25x2	3	each
20x20x1	10	each
24x30x1	2	each
12x20x1	2	boxes
14x20x1	1	each
12x12x1	1	each

Capstone Filter Services, LLC

101 Morgan Court
 Greer, South Carolina 29650
 Phone: 864 292-3745

Invoice

DATE	INVOICE #
8/30/2011	7841

BILL TO
The Cliffs Communities Attn: Accounts Payable P.O. Box 1549 Travelers Rest, SC 29690

SERVICE LOCATION
The Cliffs Communities Brian Newton 3598 Highway 11 Travelers Rest, SC 29690

SERVICE DATE	TERMS	SERVICE TICKET #
Ord. 8/4/11	Net 30	PO 41091 FS CH

DESCRIPTION	QTY	RATE	AMOUNT
20x20x1 AFP2000 Pleat	5	2.71	13.55
16x25x1 AFP2000 Pleat	10	2.71	27.10
16x20x2 AFP2000 Pleat	4	2.65	10.60
16x25x2 AFP2000 Pleat	4	2.92	11.68
20x22x1 custom Pleat	1	8.20	8.20
Sales Tax 6%		4.27	4.27

Thank you for your business.	Total	\$75.40
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Capstone Filter Services, LLC

101 Morgan Court
 Greer, South Carolina 29650
 Phone: 864 292-3745

Invoice

DATE	INVOICE #
8/30/2011	7842

BILL TO
The Cliffs Communities Attn: Accounts Payable P.O. Box 1549 Travelers Rest, SC 29690

SERVICE LOCATION
The Cliffs Communities Brian Newton 3598 Highway 11 Travelers Rest, SC 29690

SERVICE DATE	TERMS	SERVICE TICKET #
Ord. 8/4/11	Net 30	PO 41086 (Valley)

DESCRIPTION	QTY	RATE	AMOUNT
15x20x2 AFP2000 Pleat	16	2.67	42.72
16x25x1 AFP2000 Pleat	14	2.71	37.94
20x25x1 AFP2000 Pleat	2	2.94	5.88
20x20x1 AFP2000 Pleat	12	2.71	32.52
16x20x1 AFP2000 Pleat	6	2.51	15.06
20x25x2 AFP2000 Pleat	12	3.21	38.52
14x20x1 AFP2000 Pleat	1	2.55	2.55
20x20x2 AFP2000 Pleat	4	2.89	11.56
Sales Tax 6%		11.20	11.20

Thank you for your business.	Total	\$197.95
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Capstone Filter Services, LLC

101 Morgan Court
 Greer, South Carolina 29650
 Phone: 864 292-3745

Invoice

DATE	INVOICE #
8/30/2011	7843

BILL TO
The Cliffs Communities Attn: Accounts Payable P.O. Box 1549 Travelers Rest, SC 29690

SERVICE LOCATION
The Cliffs Communities Brian Newton 3598 Highway 11 Travelers Rest, SC 29690

SERVICE DATE	TERMS	SERVICE TICKET #
Ord. 8/4/11	Net 30	PO 41070 (WC/KV)

DESCRIPTION	QTY	RATE	AMOUNT
20x20x1 AFP2000 Pleat	4	2.71	10.84
20x20x1 AFP2000 Pleat	24	2.71	65.04
16x20x1 AFP2000 Pleat	2	2.51	5.02
12x12x1 AFP2000 Pleat	24	2.54	60.96
16x28x2 (custom size)	24	9.62	230.88
Sales Tax 6%		22.36	22.36

Thank you for your business.	Total	\$395.10
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Capstone Filter Services, LLC

101 Morgan Court
 Greer, South Carolina 29650
 Phone: 864 292-3745

Invoice

DATE	INVOICE #
8/30/2011	7844

BILL TO
The Cliffs Communities Attn: Accounts Payable P.O. Box 1549 Travelers Rest, SC 29690

SERVICE LOCATION
The Cliffs Communities Brian Newton 3598 Highway 11 Travelers Rest, SC 29690

SERVICE DATE	TERMS	SERVICE TICKET #
Ord. 8/4/11	Net 30	PO 41068 (Glassy)

DESCRIPTION	QTY	RATE	AMOUNT
20x25x1 AFP2000 Pleat	1	2.94	2.94
20x24x1 AFP2000 Pleat	11	2.97	32.67
20x20x2 AFP2000 Pleat	4	2.89	11.56
20x25x2 AFP2000 Pleat	3	3.21	9.63
16x25x2 AFP2000 Pleat	3	2.92	8.76
20x20x1 AFP2000 Pleat	10	2.71	27.10
24x30x1 AFP2000 Pleat	2	4.20	8.40
12x20x1 AFP2000 Pleat	24	2.41	57.84
14x20x1 AFP2000 Pleat	1	2.55	2.55
12x12x1 AFP2000 Pleat	1	2.54	2.54
Sales Tax 6%		9.84	9.84

Thank you for your business.	Total	\$173.83
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Capstone Filter Services
101 Morgan Court
Greer, SC 29650
(864) 292-3745



MAY 18 2012
\$1.30

FIRST CLASS
MAILED FROM 29607
011T0401021248

RECEIVED

MAY 24 2012

BMC GROUP

BMC Group, Inc.

Attn: Cliffs Claims Processing

PO Box 3020

Chanhassen, MN

55317-3020