


<b>UNITED STATES BANKRUPTCY COURT</b>		<b>District of South Carolina</b>	<b>PROOF OF CLAIM</b>
Name of Debtor: The Cliffs at Keowee Springs Golf & Country Club, LLC		Case Number: 12-01230	<div style="text-align: center; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">MAY 24 2012</div> <div style="text-align: center; font-weight: bold;">BMC GROUP</div>
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): Jack Molenkamp		<b>COURT USE ONLY</b>	
Name and address where notices should be sent: Jack Molenkamp 10908 Laken Woods Drive Bumpass, VA 23024		Telephone number: _____ email: _____	<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where payment should be sent (if different from above):		Telephone number: _____ email: _____	<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.
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>1,439.73</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <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.			
<b>2. Basis for Claim:</b> <u>membership dues</u> (See instruction #2)			
<b>3. Last four digits of any number by which creditor identifies debtor:</b>		<b>3a. Debtor may have scheduled account as:</b> <u>s11648</u> (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> 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.		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		<b>Basis for perfection:</b> _____	
Value of Property: \$ _____		<b>Amount of Secured Claim:</b> \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		<b>Amount Unsecured:</b> \$ _____	
<b>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.</b>			
<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"/> 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"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	
		<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	
			<b>Amount entitled to priority:</b> \$ _____
Cliffs POC  00901			
*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.			
<b>6. Credits.</b> 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,     I am a guarantor, surety, indorser, or other codebtor.  
 (Attach copy of power of attorney, if any.)    or their authorized agent.    (See Bankruptcy Rule 3005.)  
 (See Bankruptcy Rule 3004.)

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: Jack Molenkamp  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address and telephone number (if different from notice address above):  
10908 Laken Woods Drive  
Burpass, VA 23024  
 Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

*Jack A Molenkamp*    5-23-12  
 (Signature)    (Date)

*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:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:**

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).**

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

ATTACHMENT TO PROOF OF CLAIM  
OF JACK MOLENKAMP

**Reservation of Rights.** This proof of claim is filed with full reservation of rights, including the right to assert additional, supplementary and/or amended proofs of claim and requests for administrative expense reimbursements based on events, information and/or documents obtained from the Debtor or others through discovery or otherwise. Without in any way limiting the foregoing, the Claimant reserves the right to assert this claim by way of setoff, recoupment or defense to any claim asserted by the Debtor and/or its affiliates against the Claimant. Without in any way limiting the foregoing, the Claimant reserves the right to assert any claim it may have against the Debtor or against any other party or property other than the Debtor or the property of its estate. This proof of claim is not intended, nor should it be construed, as the Claimant's consent to jurisdiction in the Bankruptcy Court, or as a waiver of the Claimant's right to a trial by jury in any action or proceeding.

**EXHIBIT 1**

**Invoice**

# STATEMENT



The Cliffs Club & Hospitality Service Company, LLC

PO Box 1279  
 Travelers Rest, SC 29690  
 Phone: (864) 371-1075 Fax: (864) 836-1249

<b>MEMBER NUMBER</b>	<b>STATEMENT DATE</b>
M00600	01-31-12
<b>CHECK NUMBER</b>	<b>AMOUNT TO PAY</b>

JACK MOLENKAMP  
 1724 Q. STREET  
 WASHINGTON, DC 20009

**REMITTANCE ADDRESS**

: 296901201794:  
 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
01-31-12	SJ2994/94	Balance Forward Dues - Keowee Springs - Golf	823.80	0.00	41.19	-2,304.72 864.99

Minimum Billing Period

Remaining Food Minimum Balance 0.00

0.00	0.00	0.00	0.00	-1,439.73	-1,439.73
<b>CURRENT BAL.</b>	<b>30 DAYS BAL.</b>	<b>60 DAYS BAL.</b>	<b>90 DAYS BAL.</b>	<b>120 DAYS BAL.</b>	<b>AMOUNT DUE</b>

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

**The Cliffs Club & Hospitality Service Company, LLC**

Please call (864) 371-1075, email [ar@cliffscommunities.com](mailto:ar@cliffscommunities.com), or fax (864) 836-1249 with billing questions. A late fee of 1.5% will be applied on balances over 30 days.

Jack A. Molenkamp  
10908 Laken Woods Drive  
Bumpass, Virginia 23024

May 23, 2012

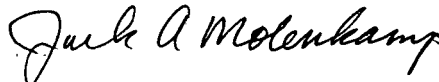
BMC Group, Inc.  
Attn: Cliffs Claims Processing  
18675 Lake Drive East  
Chanhassen, MN 55317

Cliffs at Keowee Springs

Ladies and Gentlemen:

I have enclosed the original and copy of two proofs of claim in connection with the above-referenced bankruptcy. Please date stamp the copy and return it to me in the enclosed self-addressed, stamped envelope. Thank you.

Sincerely yours,



Jack A. Molenkamp

Enclosures

RECEIVED

MAY 24 2012

BMC GROUP

MICHELLE L. WELSH (202) 419-2185 HUNTON & WILLIAMS 2200 PENNSYLVANIA AV., NW WASHINGTON DC 20037	<b>0.5 LBS LTR 1 OF 1</b> SHP WGT: LTR DATE: 23 MAY 2012
<b>SHIP CLIFFS CLAIMS PROCESSING</b> <b>TO: BMC GROUP, INC.</b> 18675 LAKE DR E <b>CHANHASSEN MN 55317-9383</b>	
	 <b>MN 559 9-03</b>
<b>UPS NEXT DAY AIR 1</b> TRACKING #: 1Z 271 813 01 7507 7420	
	
<b>BILLING: P/P</b> REF #1: 77777.002151 REF #2: 12463	

SHIPMENT ID  
MA42U6XKA3SR6

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**HOW TO USE THIS LABEL**

To prepare your package for shipment you need to do the following:

- 1 Use the Print button in your browser to print this page to your laser printer.
- 2 Fold the printed page in half and use it as your shipping label.
- 3 Place the shipping label in a transparent pouch and affix to your package so that the entire label is visible.
- 4 **Take your package and this printed Shipping Label to your Drop-Off Location:**

Hunton & Williams  
Mail Room  
WASHINGTON, DC 20037

**UPS Drop-Off Deadline: 7:30 PM**

**DO NOT PHOTOCOPY**

Using a photocopy could delay the delivery of your package and will result in additional shipping charges.

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