

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

Name of Debtor:

CLIFFS Keowee Falls

Case Number:

12-01289

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) :

RICHARD DYER

RECEIVED

Name and address where notices should be sent:

404 MOONLIT TRAIL
SALEM, SC 29676

MAY 24 2012

BMC GROUP

864 944 8822 RICK DYER @

Creditor Telephone Number () email:

CARTRINK.NET

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: _____

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

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 75,000

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)

GOLF MEMBERSHIP INITIATION FEE

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).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

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).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

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).

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.



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: _____
 Title: _____
 Company: _____

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

Rick Dyer 5/20/12

 (Signature) (Date)

Telephone number: _____ email: _____



864 944 8822 RICKDYER@EARTHLINK.NET

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

I RECEIVED THIS IN THE MAIL
IT IS NOT CORRECT REASON

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM	 Your Claim is Scheduled As Follows: Schedule/Claim ID: s13280 AMOUNT/CLASSIFICATION: \$50,000.00 UNSECURED (CONTINGENT)
Name of Debtor: The Cliffs at Keowee Vineyards Golf & Country Club, LLC		Case Number: 12-01226	<p>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.</p> <p>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.</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p> <p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number (if known): _____</p> <p>Filed on: _____</p>
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:  29347866000210 Dyer, Richard 404 Moonlit Trail Salem, SC 29676			
Creditor Telephone Number () email:			
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> 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. <input type="checkbox"/> 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)			
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> 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): \$ _____	
<p>You MUST specify the priority of the claim:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <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"/> 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). </div> <div style="width: 48%;"> <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) (____). <input type="checkbox"/> Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9). </div> </div> <p>* 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.</p>			
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").
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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)

*THIS DOCUMENT IS NOT CORRECT
 RE/M*

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: _____
 Title: _____
 Company: _____

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

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:

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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



KEOWEE FALLS SOUTH MEMBERSHIP OUTLINE
October 2003

Membership Classifications and Initiation Deposits...

Keowee Falls South Full Golf	\$75,000.00
Keowee Falls South Social Athletic	\$15,000.00

Membership Deposit Payment Options...

Keowee Falls South Full Golf - \$75,000 payment in full at closing

(or)

Keowee Falls South Full Golf - \$25,000.00 at closing; \$25,000.00 due within thirty days of commencement of golf course construction; remaining balance of \$25,000 due within sixty days prior to course completion. (0% interest).

Keowee Falls South Social Athletic – \$15,000.00 due at closing.

Membership Prepaid Dues Program...

Keowee Falls South Full Golf Members– Receive a \$15,000.00 prepaid dues credit toward future club dues.

Keowee Falls South Social Athletic Members – Receive a \$5,000.00 prepaid dues credit toward future club dues.

Immediate Membership Privilege Granted...

All Keowee Falls South Members are provided with immediate membership privilege and access through the granting of a Cliffs Honorary Social Athletic Membership. This membership privilege requires no additional fees or dues. Honorary Social Athletic Members have dining and recreational usage of all existing club facilities, which include swimming pools, tennis courts, fitness centers, hiking and nature trails, and marina. A membership charge account will be established for charging privileges at all locations. Golf privilege is provided through our reciprocal golf program.

Interim Membership Status...

Keowee Falls South Full Golf Members may elect an Interim Golf Privilege that provides for a temporary membership status at one of our existing clubs. Interim membership provides for more unlimited golf usage, until which time the Keowee Falls South course opens for play. Interim Membership Privilege does require the payment of monthly dues and prepaid dues credit can be activated.



File this
Copy
(one copy mailed
11/11)

**CLIFFS GOLF & COUNTRY CLUB, INC.
MEMBERSHIP ADDENDUM**

This document shall serve as official record of membership agreement between G.E. and Nancy Drake (buyer), and Richard and Judy Dyer (seller) in conjunction with property transfer identified as Section East Lot 5, The Cliffs at Keowee Falls South Community.

It is understood that G.E. and Nancy Drake have purchased said property from Richard and Judy Dyer, and have elected to re-purchase the Keowee Falls South Golf Membership held by Richard and Judy Dyer. G.E. and Nancy Drake will pay at closing the fee of seventy-five thousand dollars (\$75,000.00) to the club to re-purchase the Keowee Falls South Golf membership. Of the \$75,000.00 membership fees collected, Richard and Judy Dyer are due a refund in the amount of forty thousand dollars (\$40,000.00) or 100% of the total fees collected in accordance with refund policies and procedures as outlined in The Cliffs Golf & Country Clubs by-laws, rules and regulations. The Keowee Falls South Social Athletic membership held by Richard and Judy Dyer is resigned to the club and a refund in the amount of ten thousand dollars (\$10,000) is due to Richard and Judy Dyer (100% of original fees paid). The Keowee Falls South Golf membership re-purchased shall retain all rights, benefits and privileges as provided for in the master membership program, current edition published September, 2004.

As evidenced by signatures below, the parties agree to a full understanding of the Keowee Falls South Golf membership classification re-purchase and refund procedure.

10-28-04
Date
Nate Weyand
Nate Weyand
Senior Director of Administrative Services
The Cliffs Golf & Country Club, Inc.

11/5/05
Date
Richard Dyer
Member Signature
Judy Dyer
Member Signature

∞ The Cliffs Clubs ∞

The Cliffs at Glassy, Cliffs Valley, The Cliffs at Keowee Vineyards and The Cliffs at Walnut Cove
250 Knightsridge Road, Travelers Rest, South Carolina 29690
864-660-1100
www.cliffscommunities.com

May 10, 2012

BMC Group
Attn: Cliffs Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

Dear BMC Group

I am submitting a proof of claim against Cliffs Keowee Falls for the Golf Membership Initiation fees I paid to the Cliffs Keowee Falls. Please note that I actually purchased three different lots at the Cliffs (one in Keowee Falls North with an associated Keowee Vineyards membership, and two at Keowee Falls South, with one Keowee Falls membership). My multiple lot and membership purchases seem to have caused some confusion by the Cliffs (see below). Note also that my membership number remained the same as I changed lots – it has always been D115 (first at the Vineyards, then at the Falls).

The Cliffs apparently thinks I have a \$50,000 claim against Keowee Vineyards, but my only claim is for the \$75,000 golf membership initiation fee that I paid for membership at Cliffs Keowee Falls. This is the proof of claim I am submitting.

Here are the lots I purchased and the associated paperwork I am submitting:

- The first lot was Keowee Falls North Lot E-5. I paid \$50,000 for a membership at Keowee Vineyards when I purchased this lot. I later sold that lot and was reimbursed the \$50,000 fee by the Cliffs. I am attaching a copy of the letter I received from the Cliffs regarding this reimbursement. This is the membership that I think the Cliffs has in error – and I am also including a copy of the erroneous proof of claim relating to this property/membership.
- The second lot I purchased was Lot 73 in Keowee Falls South - Emerald Bay. I later traded this lot back to the Cliffs under the Cliffs trade up program. I paid the \$75,000 golf membership initiation fee when I purchased this lot. I am enclosing a copy of the Keowee Falls South Membership outline that was in effect at that time. I paid the membership fee in three installments of \$25,000 each. I am fairly certain that I traded up to my next lot before I completed all three installments, however the change lots did not affect my payment terms or membership status.
- The final lot I purchased was Lot 82 in Keowee Falls South - Laurel Point. I traded in Lot 73 Keowee Falls South - Emerald Bay when I purchased this lot.

Sincerely



Richard Dyer
Cliffs Falls Member # D115
404 Moonlit Trail
Salem, SC 29676



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Month: 5 Day: 24 Year: 12

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Return Receipt Fee

Insurance Fee

COD Fee

Total Postage Fees: \$18.95

Acceptance Emp. Initials: [Signature]

FROM: (PLEASE PRINT) RICHARD DYER
404 MOONLIT TR
SALEM SC 29676

PHONE: 864 944 8822

RECEIVED
MAY 24 2012

BMC GROUP

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Delivery Date	Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

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Additional merchandise insurance is void if customer signature is not provided. Signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or Postal Service Acct. No. _____

NO DELIVERY Weekend Holiday Mailer Signature _____

TO: (PLEASE PRINT) BMC GROUP INC
ATTN: CLIFFS CLAIMS
8675 LAKE DR. EAST
CHANHASSEN, MN

PHONE () _____

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EP13F

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