

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s14246
AMOUNT/CLASSIFICATION:
\$35,000.00 UNSECURED
(CONTINGENT)

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

Case Number:
12-01230

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) :

Kevin and Mary Ellen Kelly

Name and address where notices should be sent:

29347866003607
Kelly, Kevin and Mary Ellen
2063 Kinsmon Drive
Marietta, GA 30062

RECEIVED

MAY 25 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.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number 770 518-4845 email: KKELLYFAMILY@BELLSOUTH.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):

133

Filed on: 4-16-2012

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 35,000.00

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: Non payment of Membership Initiation Deposit Refund
(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).

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: Kevin and Mary Ellen Kelly
 Title: _____
 Company: _____

Kevin Kelly 5/24/12
 (Signature) (Date)
Mary Ellen Kelly 5/24/12
 (Signature) (Date)

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

Telephone number: _____ email: 770-518-9845 Kkellyfamily@bellsouth.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



August 21, 2009

Mr. and Mrs. Kevin Kelly
2063 Kinsmon Drive
Marietta, GA 30062

Dear Mr. and Mrs. Kelly,

It is with regret we write at this time to confirm acknowledgment of your **Cliffs at Keowee Springs Family Membership** resignation in conjunction with Section 1, Lot 86 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 August 17, 2009. 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 Keowee Springs Family Membership refund of \$35,000 is placed in a priority waiting list based on the classification and location of your membership. The Master Membership Plan outlines the refund procedure and explains that such refund will be paid within a reasonable period of time following such re-issuance of the original membership, consistent with the Cliffs Clubs processing of accounts payable, and will be processed only on the basis of one (1) refund for every five (5) memberships issued by the Club from its previously unissued memberships within the same classification as the original 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



RE: Out of Office: Resigned Membership

Friday, June 24, 2011 4:58 PM

"Magan Boggs" <mboggs@cliffscommunities.com>
"kkellyfamily" <kkellyfamily@bellsouth.net>

You're very welcome, Mrs. Kelly. Unfortunately, you are still in the same position in the waiting list. We have not sold any new Keowee Springs Family Memberships since we last spoke. I apologize for the delay.

Thanks,
Magan

-----Original Message-----

From: [kkellyfamily](mailto:kkellyfamily@bellsouth.net) [mailto:kkellyfamily@bellsouth.net]
Sent: Friday, June 24, 2011 12:38 PM
To: Magan Boggs
Subject: RE: Out of Office: Resigned Membership

Thank you. We resigned our membership for lot 86 in Keowee Springs in August 2009 and I was looking for an update on where we stand for a refund. I last contacted you Aug 2010 and at that point you needed to sell three more before we moved up to first. How are things going? Mary Ellen and Kevin Kelly

--- On Fri, 6/24/11, Magan Boggs <mboggs@cliffscommunities.com> wrote:

From: Magan Boggs <mboggs@cliffscommunities.com>
> Subject: RE: Out of Office: Resigned Membership
> To: "kkellyfamily" <kkellyfamily@bellsouth.net>
> Date: Friday, June 24, 2011, 11:14 AM
> Hi Mrs. Kelly,
>
> Would you mind resending your question? I am back in the office and
> will be glad to respond.
>
> Thanks,
> Magan
>
>
> _____
> Magan Boggs
> Membership Services Assistant
> 864.371.1047 | office
> 864.371.1538 | fax
> 800.371.1000 | toll-free
> mboggs@cliffscommunities.com
> www.cliffscommunities.com
>
>
>

> -----Original Message-----
> From: [kkellyfamily](mailto:kkellyfamily@bellsouth.net) [mailto:kkellyfamily@bellsouth.net]
>
> Sent: Thursday, June 23, 2011 2:00 PM

May 24, 2012

BMC Group Inc

Atten: Cliffs Claims Processing

P.O.Box 3020

Chanhassen, MN 55317-3020

To Whom It May Concern:

This packet of documentation contains our claim against the Cliffs at Keowee Springs Golf & Country Club, LLC. It is an amendment to claim number 133, filed on 4-16-2012. It changes the name of the debtor and the case number the claim was filed against.

Previous Name of Debtor: The Cliffs Club & Hospitality Group, Inc

Previous Case Number: 12-01220

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

New Case Number: 12-01230

Please update the files accordingly. Thank you.

Sincerely,

Kevin and Mary Ellen Kelly

2063 Kinsmon Drive

Marietta, GA 30062

Handwritten signatures of Kevin Kelly and Mary Ellen Kelly. The signature for Kevin Kelly is written in a cursive style, and the signature for Mary Ellen Kelly is also in cursive.

FedEx Express **NEW Package** **US Airbill**

Tracking Number **8001 1988 7706**

From **0200** To **10:00**

03 **FedEx Retrieval Copy**

From **May 24, 2012**

4 Express Package Service *To meet deadline. NOTE: Service rates has changed. Please select carefully.

2 or 3 Business Days

Packages up to 150 lbs. For packages over 150 lbs, see the new FedEx Express Weight to Address.

Sender's Name **Mary Ellen Kelly** Phone **770 518-9845**

06 FedEx First Overnight Delivery to select business. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

01X FedEx Priority Overnight Next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

03 FedEx 2Day Second business afternoon. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

Company _____

Address **2063 Kinsman Dr**

05 FedEx Standard Overnight Next business afternoon. Saturday Delivery NOT available.

05 FedEx Express Saver Third business day. Saturday Delivery NOT available.

City **Marietta** State **GA** ZIP **30062**

2 Your Internal Billing Reference

5 Packaging * Included when Item 52A.

06X FedEx Envelope * **02** FedEx Pak* **03** FedEx Box **04** FedEx Tube **01** Other

3 To Recipients Name **BMC Group Inc** Phone _____

Company **Attn: Cliffs Claims Processing**

6 Special Handling and Delivery Signature Options

10 Direct Signature (No one is available at recipient's address, someone at neighboring address may sign for delivery. For residential deliveries only. See applicable restrictions.)

34 Indirect Signature (No one is available at recipient's address, someone at neighboring address may sign for delivery. For residential deliveries only. See applicable restrictions.)

Address **18675 Lake Drive East** Dept./Room/Suite/Room _____

31 HOLD Saturday FedEx First Overnight

Does this shipment contain dangerous goods? **01** No Signature Required (Package may be left without obtaining signature for delivery.) **10** Direct Signature (No one is available at recipient's address, someone at neighboring address may sign for delivery. For residential deliveries only. See applicable restrictions.) **34** Indirect Signature (No one is available at recipient's address, someone at neighboring address may sign for delivery. For residential deliveries only. See applicable restrictions.)

Does this shipment contain hazardous materials? **01** No **04** Yes (See applicable restrictions.) **06** Special Declaration **05** Dry Ice **01** Cargo Aircraft Only

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

City **Chanhassen** State **MN** ZIP **55317**

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below. **01** Sender **2** Recipient **3** Third Party **4** Credit Card **5** Cash/Check **01** Third Party **02** Cash/Check **03** Cash/Check **04** Cash/Check **05** Cash/Check **06** Cash/Check **07** Cash/Check **08** Cash/Check **09** Cash/Check **10** Cash/Check **11** Cash/Check **12** Cash/Check **13** Cash/Check **14** Cash/Check **15** Cash/Check **16** Cash/Check **17** Cash/Check **18** Cash/Check **19** Cash/Check **20** Cash/Check **21** Cash/Check **22** Cash/Check **23** Cash/Check **24** Cash/Check **25** Cash/Check **26** Cash/Check **27** Cash/Check **28** Cash/Check **29** Cash/Check **30** Cash/Check **31** Cash/Check **32** Cash/Check **33** Cash/Check **34** Cash/Check **35** Cash/Check **36** Cash/Check **37** Cash/Check **38** Cash/Check **39** Cash/Check **40** Cash/Check **41** Cash/Check **42** Cash/Check **43** Cash/Check **44** Cash/Check **45** Cash/Check **46** Cash/Check **47** Cash/Check **48** Cash/Check **49** Cash/Check **50** Cash/Check **51** Cash/Check **52** Cash/Check **53** Cash/Check **54** Cash/Check **55** Cash/Check **56** Cash/Check **57** Cash/Check **58** Cash/Check **59** Cash/Check **60** Cash/Check **61** Cash/Check **62** Cash/Check **63** Cash/Check **64** Cash/Check **65** Cash/Check **66** Cash/Check **67** Cash/Check **68** Cash/Check **69** Cash/Check **70** Cash/Check **71** Cash/Check **72** Cash/Check **73** Cash/Check **74** Cash/Check **75** Cash/Check **76** Cash/Check **77** Cash/Check **78** Cash/Check **79** Cash/Check **80** Cash/Check **81** Cash/Check **82** Cash/Check **83** Cash/Check **84** Cash/Check **85** Cash/Check **86** Cash/Check **87** Cash/Check **88** Cash/Check **89** Cash/Check **90** Cash/Check **91** Cash/Check **92** Cash/Check **93** Cash/Check **94** Cash/Check **95** Cash/Check **96** Cash/Check **97** Cash/Check **98** Cash/Check **99** Cash/Check **00** Cash/Check



8001 1988 7706

Rev. Date 10/04 *Part #61532-0154-2010 FedEx - PRINTED IN U.S.A. SFR

