



UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM		Your Claim is Scheduled As Follows: Schedule/Claim ID: s11623 AMOUNT/CLASSIFICATION: \$2,950.08 UNSECURED
Name of Debtor: The Cliffs at Keowee Springs Golf & Country Club, LLC		Case Number: 12-01230		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.
<small>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).</small>				
Name of Creditor (the person or other entity to whom the debtor owes money or property) :				
Name and address where notices should be sent:  29347866900756 Kelly, Kevin and Mary Ellen 2063 Kinsmon Drive Marietta, GA 30062		RECEIVED MAY 25 2012 BMC GROUP		
Creditor Telephone Number (706) 518-9845 email: KKELLYFAMILY@BELLSOUTH.NET		THIS SPACE IS FOR COURT USE ONLY		
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.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____
Payment Telephone Number () email:				
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>2,950.08</u> <small>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.</small>				
<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: <u>Un-used dues credit recieved with purchase of cliffs Lot</u> <small>(See instruction #2)</small>				
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____		3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a)</small>		3b. Uniform Claim Identifier (optional): _____ <small>(See instruction #3b)</small>
4. SECURED CLAIM: (See instruction #4) <small>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.</small>				
Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		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: \$ _____		
Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)				
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:				
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).		
<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"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		
<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).		<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).		
<small>* 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.</small>				
Cliffs POC  00932				
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 MaryEllen Kelly
 Title: _____
 Company: _____

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

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

MaryEllen Kelly 5/24/12
 (Signature) (Date)

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

May 24, 2012

BMC Group Inc

Atten: Cliffs Claims Processing

P.O.Box 3020

Chanhassen, MN 55317-3020

To Whom It May Concern:

This documentation contains our claim against the Cliffs at Keowee Springs Golf & Country Club, LLC, for the request of a refund of our unused dues credit.

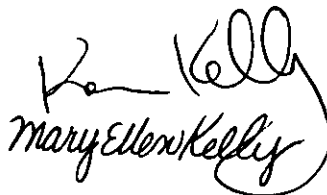
Thank you.

Sincerely,

Kevin and Mary Ellen Kelly

2063 Kinsmon Drive

Marietta, GA 30062

Handwritten signature of Mary Ellen Kelly in cursive script, written over the printed name.

FedEx NEW Package
Express US Airbill FedEx Tracking Number **8001 1988 7706**

From ID No **0200**

Recipient's Copy

1 From **May 24, 2012**

4 **Express Package Service** *1 to next location.
NOTE: Service order has changed. Please select carefully.
Packages up to 150 lbs.
For packages over 150 lbs., see the new FedEx Express Freight US Airbill.

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

2 or 3 Business Days
 NEW FedEx 2Day AM Standard Delivery NOT available.

Company _____

Address **2063 Kinsman Dr** Day/Even/Week/Room

FedEx Priority Overnight *Next business day delivery to select locations. Friday deliveries will be delivered on Monday unless SAT/NOV Delivery is selected.
 FedEx 2Day Standard Delivery *Thursday deliveries will be delivered on Monday unless SAT/NOV Delivery is selected.
 FedEx Express Saver Third business day.
 FedEx Standard Overnight Saturday Delivery NOT available.

City **Marietta** State **GA** ZIP **30067**

2 Your Internal Billing Reference **MAY 25 2012**

3 To Recipients Name **BMC GROUP INC** Phone _____ **BMC GROUP**

5 **Packaging** *Declared value limit \$500
 FedEx Envelope* **FedEx Pak*** **FedEx Box** **FedEx Tube** **Other**

Company **Attn: Cliffs Claims Processing**

Address **18675 Lake Drive East** Day/Even/Week/Room

6 **Special Handling and Delivery Signature Options**
 SATURDAY Delivery NOT available for FedEx Standard Overnight, FedEx 2Day AM, or FedEx Express Saver.
 No Signature Required Packages may be left without obtaining a signature for delivery.
 Direct Signature Someone at recipient's address may sign for delivery. Fee applies.
 Indirect Signature Someone at a neighboring address may sign for delivery. Fee applies. Residential deliveries only.
 Yes **No** **Signature Required** (not required)
 Signature/Restriction (not required)
 Drop Box **Drop Box ON TIME**
 Hold Saturday **Hold Overnight**
 RETIRED Recipient may be a former FedEx Priority Overnight and FedEx 2Day to select locations.

Address _____ Day/Even/Week/Room

7 **Payment Bill to:** **Bill to Sender** **Bill to Recipient** **Bill to Third Party** **Credit Card** **Card Check**
Enter FedEx Acct. No. or Credit Card No. below: _____
Decl. Rec'd Acct. No.

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

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

Total Packages _____ **Total Weight** _____ **Total Declared Value*** _____ **Card Card Amt** _____



*Our policy is limited to \$100 unless you declare a higher value. See the current FedEx Services Guide for details.
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8001 1988 7706