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|--|--|---|--|--|--|
| <b>UNITED STATES BANKRUPTCY COURT<br/>DISTRICT OF SOUTH CAROLINA</b>   |  | <b>PROOF OF CLAIM</b>   |  | <br><b>Your Claim is Scheduled As Follows:</b><br>Schedule/Claim ID: s13872<br><b>AMOUNT/CLASSIFICATION:</b><br>\$105,000.00 UNSECURED<br>(CONTINGENT)  |  |
| Name of Debtor:<br><b>The Cliffs at Keowee Falls Golf &amp; Country Club, LLC</b>  |  | Case Number:<br><b>12-01229</b>   |  | <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;"><b>THIS SPACE IS FOR COURT USE ONLY</b></p> <p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.<br/> <b>Court Claim Number (if known):</b> _____<br/>         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:   |  |  29347866001960<br><b>RECEIVED</b><br><b>MAY 29 2012</b><br><b>BMC GROUP</b>   |  |  |  |
| 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:  |  |   |  |  |  |
| <b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ _____<br>If all or part of your claim is secured, complete item 4.<br>If all or part of your claim is entitled to priority, complete item 5.<br><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. |  |   |  |  |  |
| <b>2. BASIS FOR CLAIM:</b> _____<br>(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> _____<br>(See instruction #3a)   |  | <b>3b. Uniform Claim Identifier (optional):</b> _____<br>(See instruction #3b)   |  |
| <b>4. SECURED CLAIM:</b> (See instruction #4)<br>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.  |  |   |  |  |  |
| <b>Nature of property or right of setoff:</b><br>Describe:<br><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: \$ _____<br>Basis for Perfection: _____<br>Amount of Secured Claim: \$ _____<br>Amount Unsecured: \$ _____ |  |  |  |
| Value of Property: \$ _____<br>Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable<br>(when case was filed)  |  |   |  |  |  |
| <b>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.</b>   |  |   |  |  |  |
| Amount entitled to priority: \$ _____  |  | Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____   |  |  |  |
| <b>You MUST specify the priority of the claim:</b>   |  |   |  |  |  |
| <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).   |  |  |  |
| * 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)  |  |   |  |  |  |

Cliffs POC  
  
 00972

**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: MICHAEL GAONA  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_

Michel J. Gaona      5-23-2012

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

(Signature)

(Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

919-848-4907      mgaona@ncrr.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 |

Michael J. Gaona  
7725 Sandy Bottom Way  
Raleigh, North Carolina 27613  
(919)-848-4907

May 23, 2012

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

**Re: Proof of Claim 11492 and Claim 13872**

Gentlemen,

Enclosed are executed Proof of Claims for the above referenced Claim numbers. I have received numerous electronic communications from a several groups regarding this matter, and I am not sure I completed them correctly. I am not skilled in these legal areas and I have simply executed the Proof of Claim as submitted to me.

If I have competed these documents incorrectly please provide me the opportunity to submit corrected documents.

Thank you for your attention to my request.

Michael J. Gaona



Mrs. Betsy Gaona  
7725 Sandy Bottom Way  
Raleigh, NC 27613

RALEIGH NC 27613  
Research Triangle Region  
23 MAY 2012 PM 4 L



RECEIVED

MAY 29 2012

BMC GROUP

BMC Group  
ATTN: Cliffs Claims Processing  
PO Box 3020  
CHANHASSEN MN 55317-3020

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