
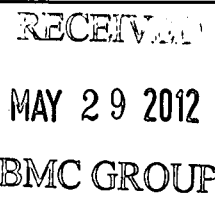




UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM	
Name of Debtor: The Cliffs at Keowee Springs Golf & Country Club, LLC		Case Number: 12-01230	Your Claim is Scheduled As Follows: Schedule/Claim ID: s11654 AMOUNT/CLASSIFICATION: \$12,504.34 UNSECURED
NOTE: See reverse and attached 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) : Ben + Jo Ann Shanley		 MAY 29 2012 BMC GROUP	
Name and address where notices should be sent:  29347866005785 Shanley, Ben 2055 Sugarloaf Club Drive Duluth, GA 30097			
Creditor Telephone Number (678) 957-0593 email: J.B.Shanley@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>12,504.34</u>			
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) <u>Club credit due Creditor AS per Addendum to Real Estate Sale + Purchase Agreement entered into 10/16/2010</u>			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>5571-0985</u>		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): \$ _____ 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"/> 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). <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).			
* 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.			
Cliffs POC  00998			
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)			

20-5732898

Purchase

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.

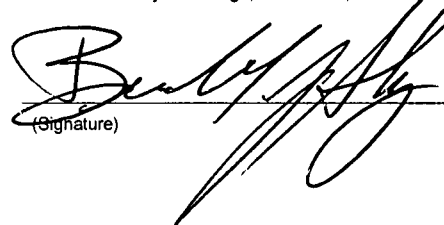
I am the creditor. I am the creditor's authorized agent.
(Attach copy of power of attorney, if any.) I am the trustee, or the debtor, or
their authorized agent. I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

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):

Telephone number: _____ email: _____

 5/24/2012
(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.

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



The Cliffs Club & Hospitality Service Company, LLC
DEBTOR IN POSSESSION
PO Box 1279
Travelers Rest, SC 29690
Phone: (864) 371-1075 Fax: (864) 836-1249

STATEMENT

MEMBER NUMBER	STATEMENT DATE
S00672	02-29-12
CHECK NUMBER	AMOUNT TO PAY

BEN SHANLEY
2055 SUGARLOAF CLUB DRIVE
DULUTH, GA 30097

REMITTANCE ADDRESS
: 2 9 6 9 0 1 2 0 1 7 9 4 :
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
		Balance Forward				-12,996.24
02-17-12	53026944	Falls South MDR - Food	162.45	29.24	11.50	203.19
02-17-12	53026944	Falls South MDR - Wine	18.00	3.24	1.28	22.52
02-17-12	53026951	Falls South MDR - Food	27.90	3.43	1.67	33.00
02-18-12	76018929	Bar - KFS	35.80	6.44	2.53	44.77
02-18-12	76018930	Bar - KFS	22.60	4.07	1.60	28.27
02-18-12	52053219	Keowee Falls South Cart Fee	-28.00	0.00	-1.68	-29.68
02-18-12	52053219	Keowee Falls South Guest Fee	-35.16	0.00	-1.76	-36.92
02-18-12	52053214	Keowee Falls South Cart Fee	103.75	0.00	6.23	109.98
02-18-12	52053214	Keowee Falls South Guest Fee	64.77	0.00	3.24	68.01
02-18-12	52053214	Keowee Falls Golf Merchandise	46.00	0.00	2.76	48.76
02-27-12	PREPET CR	PREPETITION CRED	12,504.34	0.00	0.00	12,504.34
02-29-12	SJ3163/63	Dues - Keowee Springs - Golf	823.80	0.00	41.19	864.99

Minimum Billing Period

Remaining Food Minimum Balance 0.00

864.99	0.00	0.00	0.00	0.00	864.99
CURRENT BAL.	30 DAYS BAL.	60 DAYS BAL.	90 DAYS BAL.	120 DAYS BAL.	AMOUNT DUE

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, or fax (864) 836-1249 with billing questions. A late fee of 1.5% will be applied on balances over 30 days.

MEMBERSHIP CLUB CREDIT

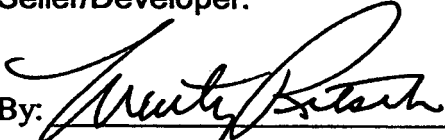
For
Company Homesite Purchase

This Addendum is attached to and made part of the Real Estate Sale and Purchase Agreement (the "Contract") entered into as of October 16, 2010, by and between Keowee Springs, LLC ("Seller" and "Developer") and Benedict J. and JoAnn Shanley ("Purchaser") regarding Keowee Springs ("Community"), Lot 5-23, of Pickens County, South Carolina ("The Property").
Club Credit

1. **Club Credit.** The Developer hereby agrees to pay at the Closing of the Property Twenty Five Thousand Dollars (\$25,000) to be applied to the Purchaser's current or active Family or Golf Membership Account **only if** the Purchaser acquires a Family or Golf Membership with this purchase. This shall be listed as a credit on the account that may be used for Club dues, Club merchandise and or food/beverage in the Club's facilities. This amount is non-refundable, not redeemable for cash and is non transferable to another purchaser in the event of a resale transaction or to any other entity, person, property or other membership account. If the sale and purchase of the Property does not close on the date listed in the Purchase Agreement, this Addendum will terminate and be of no further force or effect. **An Addendum must be completed for each property purchased. Time is of the essence.**


This Addendum is only valid if signed by _____.

Seller/Developer:

By: 


Date: 10/21/10

Purchaser:

By: 

Date: 10/16/2010

Purchaser:

By: 

Date: 10/16/2010

The Cliffs At Keowee Springs Golf & Country Club, LLC

By: 

The Cliffs Club & Hospitality Group, Inc. Member Manager

Date: 10-22-10

FedEx

Express



FedEx carbon-neutral
envelope shipping

ORIGIN ID: AYSR (678) 474-0080
SHIP DATE: 25MAY12
ACTING: 0.2 LB
CRD: 102973457/MSX12250
BILL SENDER

THE SHIPPING STORE & MORE
6555 SUGARLOF PARKWAY - STE 307
DULUTH, GA 30097
UNITED STATES US

To **CLIFFS CLAIMS PROCESSING**
BMC GROUP, INC
18675 LAKE DR EAST

RECEIVED
MAY 29 2012
BMC GROUP

CHANHASSEN MN 55317
(678) 677-7775
REF: 6786770000
PO: JAKE DEPT.



TRKH 7984 3922 8383
0201
TUE - 29 MAY A1
PRIORITY OVERNIGHT

SE FBLA **55317**
FIN-US MSP



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