

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA	PROOF OF CLAIM	
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Name of Debtor:
**THE CLIFFS at MOUNTAIN PARK
GOLF AND COUNTRY CLUB LLC**

Case Number:
12-01225

SCHEDULE/CLAIM ID S14831
*\$ 125,000.00 UNSECURED -
(contingent)*

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) :
STUART L. DONOVAN (VENDOR # S14831)

Name and address where notices should be sent:
**STUART L. DONOVAN
11104 KUERTZMILL DRIVE
CINCINNATI, OHIO 45249**

**RECEIVED
MAY 29 2012
BMC GROUP**

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 **613-607-7418** email: **STUARTLEEDONOVAN@AOL.COM**

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: _____

Payment Telephone Number **(513.607.7418)** email: **STUARTLEEDONOVAN@AOL.COM**

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 9180.00
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: DUES CREDIT
(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: \$ _____
You MUST specify the priority of the claim:
 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
 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).
 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).

Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
 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 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

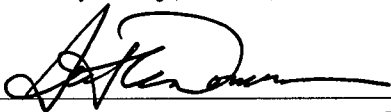
8. SIGNATURE: (See instruction #8)

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: STUART L. DONOVAN
Title: _____
Company: _____

 5/25/12
(Signature) (Date)

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

Telephone number: _____ email: _____
513.607.7418 STUART LEE DONOVAN@AOL.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

ATTN: BMC Group, Inc.
FROM: Stuart L. Donovan, Vendor # 14381
RE: Cliffs Claims Processing

As per my conversation with Geoff Carey, Executive Vice President, The Cliffs Club and Hospitality Group, I am filing an additional claim for a dues credit from Mountain Park. For some reason, this was omitted when the original claims were filed. Geoff informed me that he would add this claim with the final filings in June but wanted us to also file the claim.

If you have any questions, please call me at 513.607.7418

FedEx NEW Package

Express US Airbill

Tracking Number

8766 5749 6981

0200

From 10:30

FedEx Retrieval Copy

1 From 5/16/12 Sender's FedEx Account Number

Sender's Name STUART DONOVAN Phone 513 607 7418

Company _____ Address 1104 KVERTZMILL DR

City Cincinnati State OHIO ZIP 45349

2 Your Internal Billing Reference

3 To Recipient's Name BMC GROUP, INC Phone 513 607 7418

Company ATM: CLIFFS CLIMB PROTECTING

Address 18625 LAKE DRIVE EAST

Address _____ We cannot deliver to PO boxes or PO ZIP codes.

City CHINHASSON State MD ZIP 20837

4 Express Package Service *To avoid backlogs, NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For packages over 150 lbs, call 1-800-FedEx Express Flight to 1-800-468-3636

Next Business Day

FedEx First Overnight Earliest next business morning, delivery to select locations Friday afternoon, Saturday, Sunday, Monday or Tuesday unless SATURDAY Delivery is selected.

FedEx Priority Overnight Next business morning, Friday afternoon, Saturday, Sunday, Monday or Tuesday unless SATURDAY Delivery is selected.

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

5 Packaging *Declared value limit \$500.

FedEx Envelope FedEx Pak **REGULATED FedEx 100e** Other

6 Special Handling and Delivery Signature **MAINTENANCE 9 2012**

No Signature Required Direct Signature Signature at recipient's address may require additional charges. Signature required for delivery. See options.

Does this shipment contain dangerous goods? Yes No No 04 Yes 10 Yes 34 No 04 Yes 10 Yes 34 No 04 Yes 10 Yes 34

1 Payment Bill to: Sender Recipient Third Party Credit Card Cash/Check

2 of 3 Business Days NEW FedEx 2DAY AM. Second business morning, Saturday, Sunday NOT available. FedEx Express Saver FedEx Express Next Business Day. This business day. Saturday Delivery NOT available.

3 Obtain receipt Acpt. No. Credit Card Acct. Cash/Check



8766 5749 6981

Form 11/10 • Form 11/13 • ©1994-2010 FedEx • PRINTED IN U.S.A. 58F



FedEx NEW Package Express **US Airbill** Tracking Number **8766 5749 6981**

1 From **DATE** 3/6/12

Senders Name **STINET COMPANY** Phone **510 617 7418**

Company _____

Address **1104 KRAFTMILL DR** Dept./Floor/Station/Room _____

City **CINCINNATI** State **OH** ZIP _____

2 Your Internal Billing Reference

3 To Recipients Name **UNITED STATES GOVERNMENT** Phone **513 467 7418**

Company _____

Address **14075 LINDEN BLVD** Dept./Floor/Station/Room _____

City **CINCINNATI** State **OH** ZIP _____

Address _____ Use this line for the HQ/D location address or for continuation of your shipping address.

HOLD Weekly
FedEx location address authorized NOT available for FedEx Next Business Day

HOLD Saturday
FedEx location address authorized NOT available for FedEx 2Day to select locations.



8766 5749 6981

Form No. **0200** Recipients Copy

4 Express Package Service *To meet location. NOTE: Service order has changed. Please select carefully. Packages up to 150 lbs. For packages over 150 lbs., use the new FedEx Express freight airbill.

Next Business Day

FedEx First Overnight
FedEx location address authorized. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight
FedEx location address authorized. Shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight
FedEx location address authorized. Shipments will be delivered on Monday unless SATURDAY Delivery is selected.

2 on 3 Business Days

NEW! FedEx 2Day AM
FedEx location address authorized. Shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 2Day
FedEx location address authorized. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver
FedEx location address authorized. Shipments will be delivered on Monday unless SATURDAY Delivery is selected.

5 Packaging *Declared value limit \$500.

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

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
Package may be left without signature. Someone at recipient's address must sign for delivery. *Fee applies.*

Direct Signature
Someone at recipient's address must sign for delivery. *Fee applies.*

Indirect Signature
Someone at recipient's address cannot sign for delivery. *Fee applies.* (residential deliveries only)

Does this shipment contain dangerous goods?
 No Yes
 One box must be checked. Shipper's Declaration (no request) DRY ICE (IN 195) CARGO AIRCRAFT ONLY

7 Payment Bill to:

Sender Acct No. in Section Recipient Third Party Credit Card Cash/Check

Total Packages _____ Total Weight _____ Total Declared Value* \$ _____
 Enter FedEx Acct No. or Credit Card No. below. _____ Obtain resp.

*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

