

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

Name of Debtor:

THE CLIFFS AT GLASSY # CC LLC

Case Number:

12-01234

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:

29347868001082
Tyson, Wayne & TYSON, NORA
PSC 470 4220 CAMPBELL AVE UNIT 1008
BOX 2982
APO, AP 96534 ARLINGTON, VA 22206

Creditor Telephone Number (757) 849 4650 email: WAYNORA@YAHOO.COM

Name and address where payment should be sent (if different from above):

SAME

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:

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

Payment Telephone Number () SAME email: SAME

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 75,000

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: (See instruction #2)

GOLF MEMBERSHIP (REFUND) (MEMBER # T00124)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

0124

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).

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).

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.

Cliffs POC



01014

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: WAYNE M. and NOBA W. TYSON

Title: _____
 Company: _____

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

Telephone number: _____ email: _____

Wayne M Tyson 5/21/2012
 (Signature) (Date)
Noba W Tyson 5/21/2012

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
<input checked="" type="checkbox"/> 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

Jeffrey H. May

864. 895. 3100
FAX 3113

CLOSING ATTORNEY:

FROM: Roxanne Kowalski

DATE: 7/21/03

PROPERTY: Cliffs at Glassy Section: 3 Lot #: 106
Street Address: County: Greenville

PURCHASER: Wayne Tyson
Nora Tyson
19 The Palisades
Williamsburg, VA 23185
SELLERS: Chip & Karen Register
1310 Oakcrest Drive Apt 311
Columbia, SC 29223

Phone (H): 757-259-0484 Phone (H): 803-419-1994
(W): (W):

ANTICIPATED CLOSE DATE: 8/15/03

PURCHASE PRICE: 50,000 Commission Rate: 12% on: 40,000
Payable to Cliffs Real Estate Inc.

DEPOSIT COLLECTED: 1,000 Additional Deposit Due:

LENDER: Contact: Phone:

MEMBERSHIP: made payable to Cliffs Golf and Country Club, Inc. or Keowee Golf & Country Club
Full Golf Membership \$ 75,000

Included in purchase price, charge to seller. NOT included in purchase price; charge to purchaser.
Prepaid Club Credit - Paid by seller \$ 10,000

OTHER CHARGES:
POA Dues Prorate Collect \$ Glassy Valley Keowee
Working Capital due from Buyer \$ 700
Road Escrow due from Seller \$
Utility Installation Fee of \$1250 Collect from purchaser - reimburse seller
Charitable Contribution \$

Sales Agent: Brad Appraisal Company:


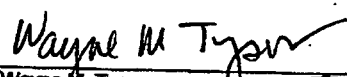

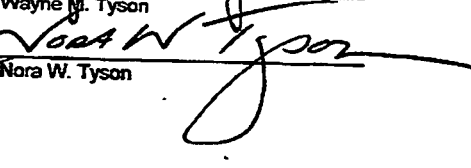
Sellers Lender & Account #: _____

1031 Exchange: _____

Additional Notes: _____

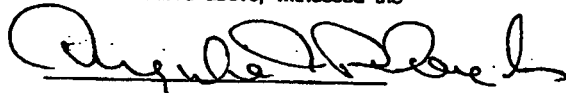
WITNESS the Grantors' hand and seal this 15 day of May, 2012.

SIGNED, Sealed and delivered
In the presence of:


 Witness	 Wayne M. Tyson
 Witness	 Nora W. Tyson

U.S. NAU
Commonwealth of Virginia)
COUNTY OF THE PENTAGON) PROBATE

PERSONALLY appeared before me the undersigned witness and made an oath that (s)he saw the within named Grantors sign, seal and, as their act and deed, deliver the within written instrument and that (s)he, with the other witness subscribed above, witnessed the execution thereof.



SWORN to before me this 15th day of May, 2012

 (L.S.)
Notary Public for South Carolina U.S. NAU
Commission Expires: 17 SEP 15
File Number 12261/9000

A. HERNANDEZ
LN, USN
Notary Public and Counsel by
virtue of 10 U.S.C. 1044a

RADM Nora and Mr. Wayne Tyson
4220 Campbell Ave. Unit 1008
Arlington, VA 22206
H 757-259-0484
M 757-846-4650
waynora@yahoo.com

May 24, 2012

BMC Group, Inc.
ATTN: Cliffs Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317-3020

Re: Proof of Claim

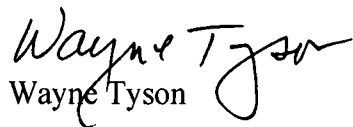
To Whom It May Concern:

Enclosed are the following documents:

1. Proof of Claim
2. Copy of Golf Membership Statement
3. Copy of Title of Real Estate indicating the May, 2012, sale of Cliffs Property
4. Copy of Proof of Claim
5. Self Addressed Stamped Envelope

Thank you most sincerely for your attention to this matter.

Yours truly,


Wayne Tyson

FedEx **NEW Package**
Express **US Airbill** Tracking Number **8000 3405 5728**

0200 Form ID No.

FedEx Retrieval Copy

1 From **Date** 5/24/12

Senders **WAYNE TYSON** Phone **757 849.4650**

Company _____

Address **4220 CAMPBELL AVE UNIT 1008**

City **ARLINGTON** State **VA** ZIP **22206**

2 Your Internal Billing Reference

3 To Recipient's Name **BMC GROUP, INC** Phone **757 849-4650**

Company **ATTN: CLIFFS CLAIMS PROCESSING**

Address **18675 LAKE DRIVE EAST**

Address _____

City **CHANTASSER** State **MN** ZIP **55317-3020**



8000 3405 5728

4 Express Package Service

NOTE: Service order has changed. Please select carefully.

06 **FedEx First Overnight**

01 **FedEx Priority Overnight**

05 **FedEx Standard Overnight**

5 Packaging **FedEx Envelope*** **FedEx Pak*** **FedEx Box** **FedEx Tube** **Other**

03 **SATURDAY DELIVERY**

6 Special Handling and Delivery Signature Options

No Signature Required

Direct Signature

Indirect Signature

No Signature Required

As per recipient

Shipper's Declaration

Dry Ice

Cargo Aircraft Only

7 Payment Bill to:

Sender Recipient Third Party Credit Card Cash/Check

Total Packages _____ Total Weight _____

Credit Card Acct. _____

612

Next Business Day

2 or 3 Business Days

49 **NEW FedEx 2Day AM**

03 **FedEx 2Day**

20 **FedEx Express Saver**

8000 3405 5728