

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s14508
AMOUNT/CLASSIFICATION:
\$50,000.00 UNSECURED
(CONTINGENT)

Name of Debtor:
The Cliffs at Walnut Cove Golf & Country Club, LLC

Case Number:
12-01227

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:
29347866003626
Knapp, Bruce and Susan
210 Gleneagles Point
Peachtree City, GA 30269

RECEIVED
MAY 29 2012
BMC GROUP

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.

Creditor Telephone Number 770 312 0680 email: susan@susanknapp.com

THIS SPACE IS FOR COURT USE ONLY

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 () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 50,000.00

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: LOSS OF MEMBERSHIP CLIFFS CLUB @ WALNUT COVE (AND ALL GOLF AND COUNTRY CLUB CLIFFS COMMUNITIES)

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

3a. Debtor may have scheduled account as:

3b. Uniform Claim Identifier (optional):

(See instruction #3a)

(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.

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$

Nature of property or right of setoff:
Describe:

Basis for Perfection:

Real Estate Motor Vehicle Other

Amount of Secured Claim: \$

Value of Property: \$

Amount Unsecured: \$

Annual Interest Rate: % Fixed or 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:

- 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
01024

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)

Membership receipts included in mailing

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: BRUCE KNAPP & Susan Knapp
Title: _____
Company: _____

[Signature] 25 May 2012
Susan Knapp May 25, 2012

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

(Signature)

(Date)

Telephone number: 770 312 0080 email: Susan@SusanKnapp.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

**THE CLIFFS AT WALNUT COVE GOLF & COUNTRY CLUB, LLC
FAMILY MEMBERSHIP AGREEMENT**

This is to certify that **Bruce and Susan Knapp** have made application for membership in The Cliffs at Walnut Cove Golf & Country Club. The membership classification applied for is a **Walnut Cove Family Membership**.

It is acknowledged that he/she will submit membership fees in the amount of **Fifty Thousand Dollars (\$50,000)**. The initiation deposit for the Family Membership acquired by Bruce and Susan Knapp is being submitted on their behalf by the seller of their property at Walnut Cove.

It is further agreed that the member(s) understand the membership classification purchased, its privileges and benefits, and refund values associated with a resignation from the club, as outlined in The Cliffs Club & Hospitality Group, Inc. Master Membership Plan, Rules and Regulations.

MEMBERSHIP CLASSIFICATION:	Walnut Cove Family
MEMBERSHIP ACCOUNT NUMBER:	K259
INITIATION DEPOSIT:	\$50,000.00
PROPERTY REFERENCE:	Section <u>Cove Park Lot 30</u>

I have received and reviewed official club documents, specifically The Cliffs Club & Hospitality Group, Inc. Master Membership Plan, Rules and Regulations outlining the Cliffs Membership Program. I agree to participate and become enrolled as a member of The Cliffs at Walnut Cove Golf & Country Club, LLC, which is managed and operated by The Cliffs Club & Hospitality Group, Inc. and agree to pay the applicable membership fees in the amount(s) indicated above.

My rights and privileges as a member shall be governed by the plan documents and the club's rules and regulations. Membership in the club does not convey any ownership, stock or equity certificate or other rights of ownership. As a member, I cannot be assessed as a matter of contract with the Club, and I assume no liability whatsoever in connection with the membership other than the payment of an applicable membership fee, dues and charges incurred by myself, my family and guests.

The Club reserves the right to set membership classification limitations. The Club has the plenary power to modify classes of memberships, their definitions, privileges, requirements and availability.

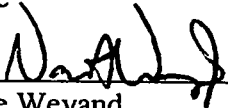
I shall be bound by the terms and conditions of the plan documents, as they may be amended from time to time in accordance with their terms and this membership purchase agreement.

I agree to pay the dues, fees and charges applicable to my membership classification(s) set forth by the club ownership, as it may be amended from time to time.



I hereby agree to release and discharge the Club, its ownership, affiliates, employees and agents from any and all claims and causes of actions that I may have against any of them regarding the Club membership program and facilities, except claims and causes of action arising from misrepresentations or omissions in the club documents.

By signing this form, the Member(s) acknowledges, as a matter of record, the type of Membership classification, and its privileges, and the refund value of initiation deposit paid in the event of resignation or transfer of membership. Furthermore, the Member(s) has received a copy of the Club's Master Membership Plan, rules and regulations, and has an understanding of the same.

10-7-10
Date


Nate Weyand
Membership Director
The Cliffs Club & Hospitality Group, Inc.

10-7-10
Date


Member Signature

Member Signature



October 6, 2010

Mr. and Mrs. Bruce Knapp
210 Gleneagles Point
Peachtree City, GA 30269

Dear Mr. and Mrs. Knapp,

It's my pleasure to welcome you to The Cliffs. In selecting The Cliffs you have joined over 3,000 property owners from 46 states and six countries around the world and now enjoy Membership in what *Resort Living* describes as "the most impressive, comprehensive private club membership in the world."

We are eager to acquaint you with the many opportunities, events and amenities that create The Cliffs lifestyle. To assist you, we have enclosed your Membership Guide to The Cliffs, but we also encourage you to attend on of our many Membership Orientations as well.

Our records indicate that you have contracted to purchase property at The Cliffs at Walnut Cove and that you have elected to participate in the Club as a Walnut Cove Family Member. If this information is incorrect please contact me immediately at 864.371.1019 or via e-mail at nweyand@cliffscommunities.com.

In order to activate your Membership please complete the forms included in your Membership Guide and return in the enclosed prepaid UPS envelope. **After closing and once we receive your completed forms, your membership account and card will be activated.**

Required Documents:

Membership Application: Please fill out this application in its entirety.

Membership Agreement: This agreement verifies that you have read and understand the Master Membership Plan and the Rules and Regulations of the Club.

Membership Addendum: This addendum outlines the initiation deposit to be paid and the refund due to the resale seller.

Member Preferences: Knowing your likes and dislikes helps us serve you better.

Key Information:

Master Membership Plan and Rules and Regulations: This comprehensive document outlines the Membership Program and defines all Membership classifications, privileges, Club access rules, policies, procedures, and regulations.

The Cliffs Golf and Country Clubs
Membership Office
3598 Highway 11, Travelers Rest, South Carolina 29690
(864) 660-1100

Membership Fees Schedule: This schedule notes all of the current Membership dues levels and related club fees currently in place at the Club.

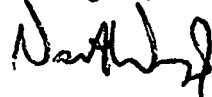
Lifestyle monthly newsletter: The Club's monthly newsletter is a popular publication among Members. It lists the many events and activities at The Cliffs. Membership Orientation dates are posted in *Lifestyle*. Attending Membership Orientation will help you get acclimated and meet fellow Members. We are providing a printed version in your Guide, but going forward, the Club will send this monthly publication in an electronic format.

Member Charge Cards: Your Member charge card is enclosed. Please be sure to carry this card with you to the Club and present this card when charges will be applied to your Member Account.

Food Minimum Program: A prorated amount will be applied to your Member account and can be monitored on your monthly statement. Please see the enclosed Membership Fees Schedule for more information.

If you have any questions about the Membership Guide to The Cliffs, please feel free to contact the Membership Office at 864.660-1160. And once again, welcome to The Cliffs!

Best regards,



Nate Weyand
Membership Director

Enclosures

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PLEASE F



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Scheduled Date of Delivery	05 29
Scheduled Time of Delivery	3 PM
Postage	\$ 18.95
Return Receipt Fee	
Insurance Fee	
Acceptance Emp. Initials	MP

FROM: (PLEASE PRINT) PHONE 770-312-0080

Knapp
210 Glen Eagles Pt
Peachtree City, GA 30269

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Visit www.usps.com
Call 1-800-222-1811



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Delivery Attempt	Time	Employee Signature
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Delivery Date	Time	Employee Signature
Mo. Day	AM PM	

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NO DELIVERY (Weekend/Holiday)

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PAYMENT BY ACCOUNT

Express Mail Corporate Acct. No. _____

Federal Agency Acct. No. or Postal Service Acct. No. _____

Signature: *[Handwritten Signature]*

TO: (PLEASE PRINT) PHONE () _____

BMC Group, Inc
ATTN: CLIFFS CLAIMS PROCESSING
PO Box 3020
Chanhassen, MN 55317

RECEIVED
MAY 29 2012

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