




<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA</b>		<b>PROOF OF CLAIM</b>	
Name of Debtor: <b>The Cliffs at Walnut Cove Golf &amp; Country Club, LLC</b>		Case Number: <b>12-01227</b>	<b>Your Claim is Scheduled As Follows:</b> Schedule/Claim ID: s14520 <b>AMOUNT/CLASSIFICATION:</b> \$110,000.00 UNSECURED (CONTINGENT)
<small>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).</small>			
Name of Creditor (the person or other entity to whom the debtor owes money or property) : <b>JOHN REAVES</b>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   <b>MAY 30 2012</b>   <b>BMC GROUP</b> </div>	
Name and address where notices should be sent:  29347866901095 Reaves, John 6790 SW 98th Street Miami, FL 33156			
Creditor Telephone Number <b>(305) 666-0012</b> email: <b>JWR CPA@BELLINI.NE</b>		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
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. <b>Court Claim Number (if known):</b> _____  Filed on: _____
Payment Telephone Number ( ) email:			
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <u>110,500.00</u> <small>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.</small>			
<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> <u>SEE ATTACHED LETTER</u> <small>(See instruction #2)</small>			
<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> _____		<b>3a. Debtor may have scheduled account as:</b> _____ <small>(See instruction #3a)</small>	<b>3b. Uniform Claim Identifier (optional):</b> _____ <small>(See instruction #3b)</small>
<b>4. SECURED CLAIM:</b> (See instruction #4) <small>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.</small>			
Nature of property or right of setoff: Describe: <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: \$ _____	
Value of Property: \$ _____		Basis for Perfection: _____	
Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small>		Amount of Secured Claim: \$ _____	
		Amount Unsecured: \$ _____	
<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).</b> 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: \$ <u>110,500.00</u>		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).		
<small>* 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.</small>			
<b>Cliffs POC</b>  01059			
<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)			

**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: JOHN WREAVES  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_

John Wreaves      5/29/12  
(Signature)      (Date)

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

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_  
(305) 666-0018      JWRCPA@BELLSOUTH.NET

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



November 5, 2009

Mr. John Reaves  
6790 SW 98th Street  
Miami, FL 33156

Dear Mr. Reaves,

It is with regret we write at this time to confirm acknowledgment of your **Cliffs at Walnut Cove Golf Membership** resignations in conjunction with Section 2, Lot 107, Section 2, Lot 174 and Section 3A, Lot 1 with The Cliffs Golf and Country Club. Your resignations from the Club are effective upon receipt of your written resignation notice and membership privileges will cease effective October 30, 2009. The Membership Plan obligates the resigned Member for payment of dues for the month in which the Club received the notice.

The refund of initiation deposits will be processed in accordance with the refund policies and procedures as outlined in the Master Membership Plan. If you need a copy of this document, please let us know. In summary, the refund policy is as follows:

- Your Walnut Cove Golf Membership refunds of \$17,500 (2/107), \$26,000 (2/174) and \$75,000 (3A/1) are placed in a priority waiting list based on the classification and location of your membership. The Master Membership Plan outlines the refund procedure and explains that such refund will be paid within a reasonable period of time following such re-issuance of the original membership, consistent with the Cliffs Clubs processing of accounts payable, and will be processed only on the basis of one (1) refund for every five (5) memberships issued by the Club from its previously unissued memberships within the same classification as the original membership.

It is important to mention that the Master Membership Plan does not provide for these resigned memberships to be reactivated in the future. Specifically, Section 20 (I) states, "A Member that voluntarily resigns his/her membership may not reactivate the resigned membership in order to have the membership available to the resale purchaser of the resigned Member's property." Please consider this section of the Plan as it may impact you going forward.

I wish you the best in your future endeavors. If you have any questions regarding the procedures as outlined above or the restriction on availability of a Golf Membership for your resale buyer, please call the Membership Office at 864-660-1160.

Kind regards,

Nate Weyand  
Membership Director

The Cliffs Golf and Country Clubs  
Membership Office  
3598 Highway 11, Travelers Rest, South Carolina 29690  
(864) 660-1100  
[www.cliffscommunities.com](http://www.cliffscommunities.com)

**FedEx**® US Airbill  
Express

FedEx Tracking Number **8750 2882 4230**

Form ID No. **0200**

FedEx Retrieval Copy

1 From **St. Louis, MO** Sender's FedEx Account Number **7413-7656-0**

Date **07/03/02**

Sender's Name **John W. Woods** Phone **305 666-7475**

Company \_\_\_\_\_

Address **6790 S.W. 83rd Street** Dept./Room/State/Room \_\_\_\_\_

City **MIAMI** State **FL** ZIP **33156**

2 Your Internal Billing Reference

3 To Recipients Name **Miss's Patricia Travers** Phone \_\_\_\_\_

Company **BMC Group, Inc.**

Address **13675 Lake Drive East** Dept./Room/State/Room \_\_\_\_\_

City **Winn** State **GA** ZIP **35317**

Address \_\_\_\_\_

City **Winn** State **GA** ZIP **35317**

4a Express Package Service \*To meet deadlines. Packages up to 150 lbs.

01  FedEx Priority Overnight  FedEx Standard Overnight 06  FedEx First Overnight

03  FedEx 2Day  FedEx Express Saver 20  FedEx Overnight

70  FedEx 1Day Freight  FedEx 1Day Freight Economy

80  Second Business Day  FedEx 2Day Freight  FedEx 3Day Freight

06  FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

5 Packaging \*Declared value limit \$500.

RECEIVED Special Handling and Delivery Signature Options

03  SATURDAY DELIVERY **MAY 3 0 2012**

10  No Signature Required  Direct Signature  Indirect Signature

01  HOLD Weekday  HOLD Saturday  HOLD Sunday

31  FedEx Home Delivery  FedEx 2Day to select locations.

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

Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_

Enter FedEx Acct. No. or Credit Card the below: \_\_\_\_\_

Obtain recip. Acct. No. **606**



8750 2882 4230