

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA	PROOF OF CLAIM	
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Name of Debtor: The Cliffs at Walnut Cove Golf & Country Club, LLC	Case Number: 12-01227
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Your Claim is Scheduled As Follows:
 Schedule/Claim ID: s14742
AMOUNT/CLASSIFICATION:
 \$100,000.00 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) :

Name and address where notices should be sent:

29347866012005
~~Higgins, Alan~~ *Higgins, Alan*
 1784 E Century Oaks Drive
 Westlake, OH 44145

RECEIVED
MAY 31 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 *440 385-7398* email: *alhig@me.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): _____

Payment Telephone Number () email:

Filed on: _____

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 100,000.00

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: _____
 (See instruction #2)

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

3a. Debtor may have scheduled account as:
Higgins, Alan
 (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:**
- | | |
|--|---|
| <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). |

* 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

 01125

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

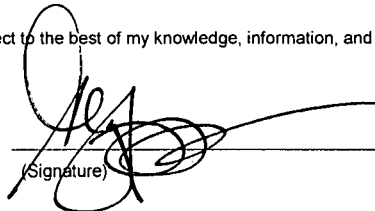
8. SIGNATURE: (See instruction #8)

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: Alan W. Higgins
 Title: _____
 Company: _____


 (Signature)

5-28-2012
 (Date)

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

Telephone number: _____ email: _____

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

Alan W. Higgins

1784 EAST CENTURY OAKS DRIVE • WESTLAKE, OHIO 44145-3657

May 29, 2012

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

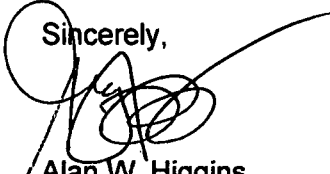
In re: Proof of Claim / Claim ID s14742

Dear Sirs:

The attached Proof of Claim is being filed solely to correct a typographical error that appears in regard to my name. The claim is properly disclosed on the Debtor's filing (Schedule F) other than as to the spelling of my last name. The incorrect spelling as shown on the Debtor's Schedule F is Higgins rather than the correct spelling, which is Higgins.

Please contact me if additional information is required.

Sincerely,



Alan W. Higgins

FedEx NEW Package Express **US Airbill**
 Tracking Number **8764 3710 1552**

1 From This portion can be removed for Recipient's records.
 Date **5-30-2012** Tracking Number **876437101552**

Sender's Name **ALAN HIGGINS** Phone **216 583-1572**

Company **ERNST & YOUNG LLP**

Address **925 EUCLID AVE STE 1300**

City **CLEVELAND** State **OH** ZIP **44115-1486**

2 Your Internal Billing Reference **US061**

3 To Recipient's Name **CLIFFS CLAMMS PRDCL**, Phone **MAY 3 1 2012**

Company **BMC GROUP, INC.**

Address **18675 LAKE DRIVE EAST**

City **CHANHASSEN** State **MN** ZIP **55317**



8764 3710 1552

4 Express Package Service *To most locations. NOTE: Service order has changed. Please select carefully.

Next Business Day

FedEx First Overnight
 Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight
 Next business morning. *Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight
 Next business afternoon. *Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

2 or 3 Business Days

NEW FedEx 2Day AM
 Saturday Delivery NOT available.

FedEx 2Day
 Second business afternoon. *Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver
 Next business day. *Saturday Delivery NOT available.

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 obtaining a signature for delivery.

Does this shipment contain dangerous goods?
 One box must be checked.
 No **Yes** As per attached Shipper's Declaration. Temperature goods (including dry ice) cannot be shipped in FedEx packaging or parcel in FedEx Express Day Box.

Direct Signature
 Someone at recipient's address may sign for delivery. *No options for residential deliveries only. *No options for indirect signatures.

Indirect Signature
 If no one is available at recipient's address, someone at delivery for residential deliveries only. *No options for indirect signatures.

Shipper's Declaration
 Dry Ice, Shipper's Declaration, Dry Ice, Shipper's Declaration, Cargo Aircraft Only.

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

Emerg. Fedex Acct. No. or Credit Card No. below. **Obtain receipt** **Acct. No.**

Total Packages **Total Weight** **is** **the** **Card Card Auth.** **Acct. No.**

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

Signature Required **Signature Not Required**

Signature Required **Signature Not Required**

Signature Required **Signature Not Required**

Signature Required **Signature Not Required**

Signature Required **Signature Not Required**

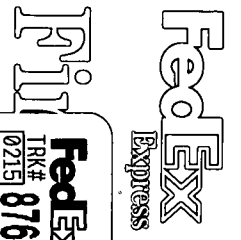
Recipient's Copy

Packages up to 150 lbs. For details see the FedEx Express Freight US Guide.

fedex.com 1800.GoFedEx 1800.463.3339



TO



FedEx
 TRK# **8764 3710 1552**

THU - 31 MAY A1
FIRST OVERNIGHT

N1 FBLA

55317
 MN-US
MSP

THE WOMAN ON TIME

Rev. Date: 1/10 - Part #18134 - ©1984-2010 FedEx - PRINTED IN U.S.A. SNS

FIRST OVERNIGHT
 Delivery Address
 8675 LAKE DR E