




UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM	 Your Claim is Scheduled As Follows: Schedule/Claim ID: s15532 AMOUNT/CLASSIFICATION: \$9,444.70 UNSECURED
Name of Debtor: Cliffs Club & Hospitality Service Company, LLC		Case Number: 12-01237	<p>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.</p> <p>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.</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p>
<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) : Cold Mountain Stoneworks Inc.		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED MAY 31 2012 BMC GROUP </div>	
Name and address where notices should be sent:  29347866010271 Cold Mountain Stone Works Inc ACHAPMAN 5634 Rascoe Dameron Road Burlington, NC 27217		Creditor Telephone Number (813) 266-5551 email:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____
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.	
Payment Telephone Number () email:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>9,444.70</u> 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. <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.			
2. BASIS FOR CLAIM: <u>goods sold</u> <small>(See instruction #2)</small>			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>1549</u>		3a. Debtor may have scheduled account as: <small>(See instruction #3a)</small>	3b. Uniform Claim Identifier (optional): <small>(See instruction #3b)</small>
4. SECURED CLAIM: <small>(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. Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small> 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).			
<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>			Cliffs POC  01130
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. I am the trustee, or the debtor, or I am a guarantor, surety, indorser, or other codebtor.
(Attach copy of power of attorney, if any.) their authorized agent. (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: Lester A. Chapman Jr
Title: President
Company: Cold Mountain Stoneworks Inc.
Address and telephone number (if different from notice address above):

Lester A. Chapman Jr 5/28/2012
(Signature) (Date)

Telephone number: 336-266-5551 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

COLD MOUNTAIN STONE WORKS, INC.

5634 Rascoe Dameron Road
 Burlington, NC 27217

336-421-3643 Fax: 336-421-0346

Invoice

Date	Invoice #
3/14/2011	902398

Bill To
Cliff's Communities ATTN: Accounts Payable PO Box 1549 Traveler's Rest, South Carolina 29690

Ship To
Attn: Partick Clark Cliffs Valley Golf Course

Terms
Due on receipt

P.O. Number
42069

Project

Delivered	Quantity	Item Code	Description	Price Each	Amount
3/8/2011	1	Gravel	Rip Rap = 20.63 tons	700.00	700.00
Total					\$700.00

COLD MOUNTAIN STONE WORKS, INC.

5634 Rascoe Dameron Road
 Burlington, NC 27217

336-421-3643 Fax: 336-421-0346

Invoice

Date	Invoice #
3/14/2011	902397

Bill To
Cliff's Communities ATTN: Accounts Payable PO Box 1549 Traveler's Rest, South Carolina 29690

Ship To
Attn: Patrick Clark Cliffs @ Glassy Wellness Center

Terms
Due on receipt

P.O. Number
42069

Project

Delivered	Quantity	Item Code	Description	Price Each	Amount
3/7/2011	46.87	Creek Rock	Creek Rock by the ton	60.00	2,812.20

Total				\$2,812.20
--------------	--	--	--	------------

COLD MOUNTAIN STONE WORKS, INC.

5634 Rascoe Dameron Road
 Burlington, NC 27217

336-421-3643 Fax: 336-421-0346

Invoice

Date	Invoice #
3/28/2011	902406

Bill To
Cliff's Communities ATTN: Accounts Payable PO Box 1549 Traveler's Rest, South Carolina 29690

Ship To
Mountain Park Golf Course Attn: Phil Corn

Terms
Due on receipt

P.O. Number

Project

Delivered	Quantity	Item Code	Description	Price Each	Amount
	20	Track Hoe	Track Hoe Hours for the week of 3/21/2011	110.00	2,200.00
	34.5	Truck Time	Truck Time Hauling Boulders from development to Golf Course = 26 Total Loads Hauled	75.00	2,587.50
Total					\$4,787.50

COLD MOUNTAIN STONE WORKS, INC.

5634 Rascoe Dameron Road
 Burlington, NC 27217

336-421-3643 Fax: 336-421-0346

Invoice

Date	Invoice #
4/5/2011	902409

Bill To
Cliff's Communities ATTN: Accounts Payable PO Box 1549 Traveler's Rest, South Carolina 29690

Ship To
Mountain Park Golf Course Attn: Phil Corn

Terms
Due on receipt

P.O. Number

Project

Delivered	Quantity	Item Code	Description	Price Each	Amount
3/29/2011	7	Track Hoe	Track Hoe time	110.00	770.00
3/29/2011	5	Truck Time	Truck Time Hauled 6 loads	75.00	375.00

Total				\$1,145.00	
--------------	--	--	--	------------	--

Pull To Open

EXTREMELY URGENT

Please Rush To Addressee

PLEASE PRESS FIRMLY

Schedule package pickup right from your home or office at usps.com/pickup

Print postage online - Go to usps.com/p

P1

1007



U.S. POSTAGE
PAID
YANCEVILLE, NC
27379
MAY 23, 12
RMDUNT

\$18.95
00059028-06



EXPRESS MAIL

UNITED STATES POSTAL SERVICE

Flat Rate Mailing Envelope

For Domestic and International Use

Visit us at usps.com



When used internationally affix customs declarations (PS Form 2976, or 2976A).



EH 866881024 US



EXPRESS MAIL
Mailing Label
Label 1-B, March 2004

UNITED STATES POSTAL SERVICE®
Post Office To Addressee

PRESS HARD. YOU ARE MAKING 3 COPIES.

ORIGIN (POSTAL SERVICE USE ONLY)	
PO ZIP Code 29379	Day of Delivery 1st <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st <input type="checkbox"/>
Date Accepted 5/29/12	Scheduled Date of Delivery 5/30
Time Accepted 9:10 AM	Scheduled Time of Delivery 11:30 AM
Flat Rate <input type="checkbox"/> or Weight <input type="checkbox"/>	Int'l Alpha County Code
Postage \$18.95	Return Receipt Fee
Insurance Fee	Acceptance Emp. Initials J

FROM: (PLEASE PRINT) PHONE ()

CMSU
5634 Rascoe Damoren Rd.
Burlington, NC 27217

RECEIVED BMC, Inc
MAY 31 2012
Attn: Cliffs Claims Processings
BMC GROUP
Chanhassen, MN

FOR PICKUP OR TRACKING
VISIT www.usps.com
Call 1-800-222-1811

CUSTOMER USE ONLY		
No. Day	Time	Employee Signature
Delivery Attempt	<input type="checkbox"/> AM <input type="checkbox"/> PM	
No. Day	Time	Employee Signature
Delivery Date	<input type="checkbox"/> AM <input type="checkbox"/> PM	
No. Day	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

WAVES OF SIGNATURE (Domestic Mail Only)
Customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Holiday Mailer Signature

TO: (PLEASE PRINT) PHONE ()

5 5 3 1 7 + 3 0 2 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

ATTENTION - DELIVERY PERSONNEL

SENDER HAS WAIVED SIGNATURE REQUIREMENT

PLEASE DELIVER PER DMM M500.4.3

EXPRESS MAIL - WE DELIVER



is have been
CertificationSM
lignit design.
to
Section mark of ABCO.