

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

Your Claim is Scheduled As Follows:
Schedule/Claim ID: s14377
AMOUNT/CLASSIFICATION:
\$35,000.00 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) :
Carol Guastucci

Name and address where notices should be sent:
29347866000969
Guastucci, Carol
PO Box 1349
Skyland, NC 28876-1349

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 828 691-2001 email: tchhof Asheville Charter.net

THIS SPACE IS FOR COURT USE ONLY

Name and address where payment should be sent (if different from above):
Carol Guastucci
PO Box 1349
Skyland NC 28876-1349

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 828 691-2001 email: tchhof Asheville Charter.net

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 35,000.00

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: Membership Dues Deposit

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
Club # 600286

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.



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)
Carol Guastucci

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: Carol Guastucci
 Title: OWNER
 Company: _____

Carol Guastucci 5/30/12
 (Signature) (Date)

Address and telephone number (if different from notice address above):
14 Foxbridge Way
Arden NC 28704

Telephone number: (828) 691-2001 email: tbl of Asheville c Chapter. 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

FedEx Express **NEW Package** **US Airbill**
 FedEx Tracking Number **8756 6131 3350**

Form 0200 10/96

FedEx Retrieval Copy

1 From 5/30/13 **Sender's FedEx Account Number**
Date

Sender's Name Carol Mastromarino **Phone** 888 691 2001

Company

Address 14 Foxbridge Way
Drop/Floor/Suite/Room

City ARDEN **State** NE **ZIP** 82704

2 Your Internal Billing Reference:

3 To **Recipient's Name** BMC Group Inc **Phone** 888 909 0100

Company Cliffs Claims Processing

Address 18675 Lake Drive East
Drop/Floor/Suite/Room

City CHANNASSEN **State** MN **ZIP** 55317

Use this line for the HOLD location address or for continuation of your shipping address.

HOLD Weekly
 FedEx location address **REQUIRED** NOT available for FedEx First Overnight.
 HOLD Saturday
 FedEx location address **REQUIRED** NOT available for FedEx First Overnight.
 HOLD Saturday
 FedEx location address **REQUIRED** NOT available for FedEx First Overnight.



8756 6131 3350

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

Next Business Day

2 or 3 Business Days

06 FedEx First Overnight
 Express next business morning delivery to select business addresses. Delivery is subject to service availability. Monday through Friday unless SATURDAY Delivery is selected.

49 NEW FedEx 2 DAY AIR MAIL
 Select business addresses only. Delivery is subject to service availability. Monday through Friday unless SATURDAY Delivery is selected.

01 FedEx Priority Overnight
 Next business morning, heavy shipment will be delivered. Monday through Friday unless SATURDAY Delivery is selected.

03 FedEx 2 DAY AIR MAIL
 Select business addresses only. Delivery is subject to service availability. Monday through Friday unless SATURDAY Delivery is selected.

05 FedEx Standard Overnight
 Standard delivery. NOT available.

20 FedEx Express Saver
 Select business addresses only. Delivery is subject to service availability.

5 Packaging *Declared value limit \$500.

06 FedEx Envelope* **02 FedEx Pak*** **03 FedEx Box** **04 FedEx Tube** **01 Other**

6 Special Handling and Delivery Signature Options

03 SATURDAY DELIVERY

No Signature Required
 Package may be left without obtaining a signature for delivery.

10 Direct Signature
 Someone at recipient's address may sign for delivery. *See options.*

34 Indirect Signature
 If no one is available to receive a package, someone at recipient's address may sign for delivery. For residential deliveries only. *See options.*

Does this shipment contain dangerous goods?
 One box must be checked.

No 04 **Yes**
 As per attached Shipper's Declaration, not required.
 Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or packed in a FedEx Express thin box.
 06 Shipper's Declaration **05 Dry Ice** **03 Hazardous Materials** **01 Air Freight Only**

7 Payment Bill to:

Sender **Enter FedEx Acct. No. or Credit Card No. below** **Obtain rec'd. Act. No.**
 Acct. No. in Section 2 **Recipient** **Third Party** **Credit Card** **Cash/Check**

Total Packages **Total Weight**

Credit Card Data

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

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