

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

Name of Debtor:
The Cliffs at Keowee Falls Golf & Country Club, LLC

Case Number:
12-01229

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(e).

Name of Creditor (the person or other entity to whom the debtor owes money or property):
THOMAS W MORRISS

Name and address where notices should be sent:
29347867001236
Morris, Thomas
227 Indian Wells Drive
Spartanburg, SC 29306
864-431-8395 tom@morriss.net

RECEIVED
MAY 31 2012
BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number () email:

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):
514147
Filed on: unknown - by others

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 125,000.00
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.

Note - DOES NOT SHOW ON SCHEDULE FOR FALLS

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: In accordance with note agreement - membership deposit was secured per attached agreement dated 4/20/2010

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
MO0525

3a. Debtor may have scheduled account as:
(See instruction #3a)

3b. Uniform Claim Identifier (optional): Filed by others as unsecured
(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: \$ clubco
Annual Interest Rate: 0 % 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: \$ 125,000.00
Amount Unsecured: \$ _____

4 pgs

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: \$ _____
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).

Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____
 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)

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
 Chanhasen, MN 55317-2020

BY MESSENGER OR OVERNIGHT DELIVERY TO:
 BMC Group, Inc
 Attn: Cliffs Claims Processing
 18675 Lake Drive East
 Chanhasen, MN 55317

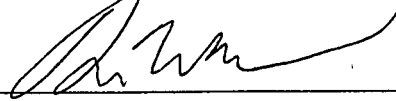
8. SIGNATURE: (See instruction #8)

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: Thomas W Morriss
 Title: _____
 Company: _____


 (Signature) 8/28/12
 (Date)

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

Telephone number: 864-431-8395 email: tom@morriss.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

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:

Schedule/Claim ID: 314177

AMOUNT/CLASSIFICATION:
\$125,000.00 UNSECURED
(CONTINGENT)

*Secured
Per attached*

Name of Debtor:
The Cliffs at Keowee Falls Golf & Country Club, LLC

Case Number:
12-01229

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:

29347866901038
Thomas Morriss
227 Indian Wells Drive
Spartanburg, SC 29306

Creditor Telephone Number () email:

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.

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.

THIS SPACE IS FOR COURT USE ONLY

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 \$ _____

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.

Does not show on Keowee Falls Schedule

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: _____
(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).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

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).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

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).

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)

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").
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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: _____
 Title: _____
 Company: _____

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

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
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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

CERTIFICATE OF CONFIRMATION OF MEMBERSHIP DEPOSIT OBLIGATIONS

THE CLIFFS CLUB & HOSPITALITY GROUP, INC.

hereby confirms that, pursuant to the terms of the Collateral Trust Agreement dated as of April 29, 2010 (as amended, the "Collateral Trust Agreement"; capitalized terms used but not defined herein have the meanings given them in the Collateral Trust Agreement) by and among The Cliffs Club & Hospitality Group, Inc. (the "Issuer"), the Guarantors from time to time party thereto, Wells Fargo Bank, National Association, as the Trustee, and Wells Fargo Bank, National Association, as Collateral Trustee, Thomas Morriss, Membership No. M00525 is a "Designated Holder" within the meaning of the Collateral Trust Agreement. This Certificate of Confirmation shall not be negotiable, assignable or transferable (and any attempted negotiation, transfer or assignment shall be void *ab initio*) and shall only serve as confirmation that, as of the date of such certificate, the Membership Deposit Obligations owing to such Designated Holder are secured under the terms of the Security Documents. In addition, this Certificate of Confirmation shall not entitle the certificate holder to any benefit if subsequent to the issuance hereof, the certificate holder ceases to be a Designated Holder within the meaning of the Collateral Trust Agreement. The Collateral Trustee shall act as registrar regarding the Membership Deposit Obligations secured by the Security Documents and the books and records of the Collateral Trustee regarding the identity of the Designated Holders and the outstanding Membership Deposit Obligations owing to such Designated Holder shall be deemed to be conclusive evidence thereof, absent manifest error, regardless of the existence, or lack of existence, of a Certificate of Confirmation for such Designated Holder or any other Person.

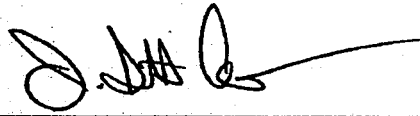
Community: Falls

Lot Reference and Initiation Deposit Amount: Towne Landing - 019 \$125,000

Dated: April 30, 2010

[Signatures are on next page.]

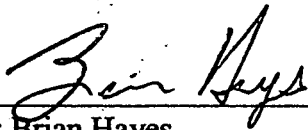
THE CLIFFS CLUB & HOSPITALITY GROUP,
INC., a South Carolina corporation

By: 
Name: J. Scott Carlton
Title: President

This is one of the Certificates of Confirmation
referred to in the within-mentioned Collateral Trust
Agreement:

WELLS FARGO BANK,
NATIONAL ASSOCIATION,
as Authenticating Agent

AUTHORIZED SIGNATURE

By: 
Name: Brian Hayes
Title: Corporate Trust Officer

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

May 29, 2012

To whom it may concern,

Attached are the followings claims as they pertain to the Cliffs Club and Hospitality Group Inc bankruptcy.

- A) Membership Dues- While it appears that a claim may have been made it does not appear on the Keowee Falls Schedule in my name. Also in accordance with the Indenture agreement the Membership agreement was to secured by the Cliffs property. Claim is for \$125,000.00 secured.
- B) Accrued Credit on Class "a" note - Per Indenture Trustee they will file for Notes and interest but not credit. Claim is for \$12,110.00.
- C) Guest Golf passes purchased in March 2011 unused portion was 7 . These were terminated at filing. Claim is for \$393.75

Also enclosed is a self addressed stamped envelope for and a copy of each claim.

Please let me know if there are any questions

Regards,



Thomas W Morriss
227 Indian Wells Drive
Spartanburg, SC 29306
864-431-8395

Align top of FedEx Express® Shipping Label here.

ORIGIN ID: ANDA (864) 654-1717
THOMAS MORRISSE
PAK MAIL CENTER
1085 OLD CLEMSON HWY STE E
SENECA, SC 29672
UNITED STATES US

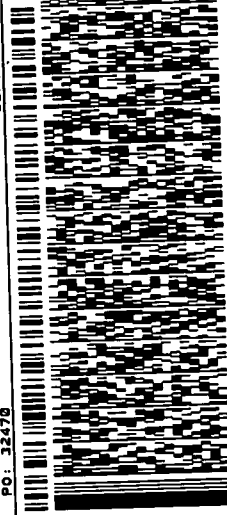
SHIP DATE: 30MAY12
ACTWGT: 0.1 LB
CAD: 101773201/MSX12250
BILL SENDER

TO ATTN: CLIFFS CLAIM PROCESSING
BMC GROUP INC.
18675 LAKE DRIVE EAST

CHANHASSEN MN 55317
(864) 654-1717 REF: 864318395
INV: 32478 DEPT:
PO: 32478

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MAY 31 2012

BMC GROUP



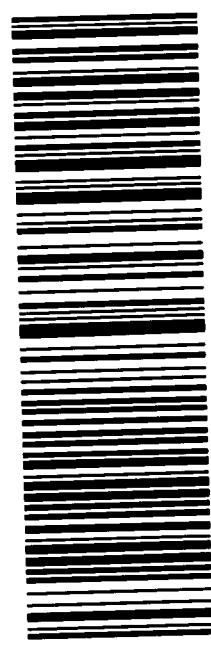
THU - 31 MAY A1
PRIORITY OVERNIGHT

TRK# 7936 1973 7979
0201

NA FBLA

55317
MN-US MSP

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Regulations Universal Country to Mail is prohibited.
BMC GROUP

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