

debtor in
the

B10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		Proof of Claim
Name of Debtor: The Cliffs at Walnut Cove Golf & Country Club, LLC		Case Number: 12-01227
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Steve B. Carlile & Penny Carlile		COURT USE ONLY
Name and address where notices should be sent: Steve and Penny Carlile c/o Bill Rothschild Ogier, Rothschild & Rosenfeld, P.C. 170 Mitchell Street, S.W. Atlanta, GA 30303-3424 Telephone Number: 404 525 4000 email: br@orrem.com		<input type="checkbox"/> Check this box if 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): Telephone Number: _____ email: _____		<input checked="" type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: <u>\$150,000.00</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 a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Initiation Deposit</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>ID S14350</u>	3a. Debtor may have scheduled account as: <u>ID S14350</u> (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 setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: unclear Value of Property: \$ _____ Annual Interest Rate: <u>0</u> % <input checked="" type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: <u>\$ 150,000.00</u> Basis for perfection: _____ Amount of Secured Claim: <u>Sunknow</u> Amount Unsecured: <u>\$ unknown</u>
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507(a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).
<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"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).	<input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(<u>7</u>).
		Amount entitled to priority: <u>\$ 2,600.00</u>
*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 adjus		
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)		

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7. **Documents:** Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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 the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

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: William L. Rothschild

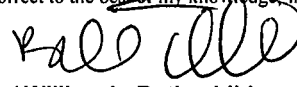
Title: attorney

Company: Ogier, Rothschild & Rosenfeld, P.C.

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

170 Mitchell Street
30303-3424

Telephone number: 404 525 4000 email: br@orrem.com


/s/ William L. Rothschild
(Signature)

May 29, 2012
(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,00 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

OGIER,
ROTHSCHILD,
ROSENFELD &
ELLIS-MONRO, PC

ATTORNEYS AT LAW

170 Mitchell Street, SW
Atlanta, GA 30303
404.525.4000 Phone
404.526.8855 Fax
www.orrem.com

May 30, 2012

BMC Group, Inc.
Attn: Cliffs Claims Processing
1876 Lake Drive East
Chanhassen, MN 55317

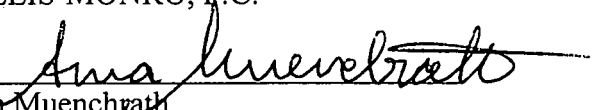
To Whom It May Concern:

Please find enclosed five (5) proofs of claim. Please stamp and file the proofs of claim and return the copies in the enclosed self addressed envelope.

Please contact the undersigned if you have any questions.

Sincerely,

OGIER, ROTHSCCHILD, ROSENFELD
& ELLIS-MONRO, P.C.

By: 
Anna Muenchrath
Legal Assistant

Customer: This service area is provided for your internal use
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1 From This position can be removed for Recipient's records.

Date: 5/31/12
Sender's Name: [Redacted]
Company: [Redacted]
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City: [Redacted] State: [Redacted] ZIP: [Redacted]

2 Your Internal Billing Reference

3 To Recipient's Name: [Redacted]
Address: [Redacted]
City: [Redacted] State: [Redacted] ZIP: [Redacted]

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6 Special Handling
SATURDAY Delivery
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HOLD Saturday at FedEx Location

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8 Residential Delivery Signature Options
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