

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s13191
AMOUNT/CLASSIFICATION:
\$60,000.00 UNSECURED
(CONTINGENT)

Name of Debtor:
The Cliffs Valley Golf & Country Club, LLC

Case Number:
12-01236

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:
 29347866011800
 Harris, Bradley
 4119 Sterling Bluff Court
 Carmel, IN 46033

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 (375) 81-0901 email: bkharris1111@hotmail.com

THIS SPACE IS FOR COURT USE ONLY

Name and address where payment should be sent (if different from above):

Same

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 () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 60,000.00

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: Equity in CLUB membership
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
0486 (tax id #)

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)

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: *Debtor has documents. Our originals are in storage out of state.*

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
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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: Bradley Harris
 Title: _____
 Company: _____
 Address and telephone number (if different from notice address above): _____

 Telephone number: _____ email: _____
 (317)581-0801 bkharris1111@hotmail.com

[Signature] 5-29-2012
 (Signature) (Date)

Same as above

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
<u>The Cliffs Valley Golf & Country Club, LLC</u>	12-01236
Cliffs Club & Hospitality Service Company, LLC	12-01237

FedEx Express **NEW Package** **US Airbill**
 FedEx Tracking Number **8005 7503 5053**

1 From **5-30-2012**

Sender's Name **Brad Harris** Phone **317 581-0501**

Company

Address **4119 Sterling Bluff Ct**

City **Carmel** State **IN** ZIP **46033**

2 Your Internal Billing Reference

3 To Recipient's Name **BMC GROUP INC** Phone

Company **ATTN: Cliffs Claims Processing**

Address **18675 Lake Drive East**

City **Channahassen** State **MN** ZIP **55312**

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

HOLD Weekday
 FedEx location address
 REQUIRED NOT available for
 FedEx First Overnight

HOLD Saturday
 FedEx location address
 REQUIRED Available ONLY for
 FedEx Priority Overnight
 FedEx 2Day or Select Overnight

Form ID No. **02200**

4 Express Package Service **RECEIVED**
 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 FedEx First Overnight is selected.

FedEx Priority Overnight
 Next business morning. *Friday shipments will be
 shipped on Monday unless Saturday Delivery
 New business afternoon.*

FedEx Standard Overnight
 Next business afternoon.*

2 or 3 Business Days

FedEx 2Day A.M.
 Second business morning. *Not available
 Second Delivery NOT available.

FedEx 2Day
 Second business afternoon. *Thursday shipments
 Second Delivery NOT available. Monday unless SAT/ORDAY
 Delivery.

FedEx Standard Overnight
 Next business afternoon.*

BMC GROUP

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 A.M., or FedEx Express Saver.

No Signature Required
 No signature is required for delivery.
 Declaring a signature for delivery.

Direct Signature
 Signature required for delivery. *See options
 may sign for delivery. See options.

Indirect Signature
 If no one is available at recipient's
 address, shipment will be signed for by
 residential deliveries only. See options.

Does this shipment contain dangerous goods?

No Yes
 One box must be checked.
 Yes: Restricted Shipper Declaration not required.
 Yes: Shipper's Declaration not required.
 Dangerous goods (including dry ice) cannot be shipped in FedEx packaging
 or placed in a FedEx Express Drop Box.

Dry Ice
 DRY ICE 5.00 185

Cargo Aircraft Only

7 Payment Bill to:

Sender Recipient Third Party Credit Card Cash/Check

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip. Acct. No.

Total Packages **1** Total Weight **1** lbs.



8005 7503 5053

Recipient's Copy

Packages UP to 150 lbs.
 For FedEx 2Day, FedEx Priority Overnight, FedEx Express Freight US Airbill.