

PROOF OF CLAIM

United States Bankruptcy Court for the District of South Carolina

Name of Debtor Against Which Claim is Asserted: The Cliffs at Walnut Cove Golf & Country Club, LLC	Case Number CASE NO. 12-01227
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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property) William Snyder	<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.
Name and address where notices should be sent: William Snyder c/o David D. Farrell, Esq. Thompson Coburn, LLP One US Bank Plaza, Suite 2700 St. Louis, Missouri 63101 Telephone No. 314-552-6000	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.

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MAY 31 2012
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SELECT CHAPTER

7 <input type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>
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Account or other number by which creditor identifies debtor: N/A	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated _____
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1. Basis for Claim

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)
<input type="checkbox"/> Services performed	<input type="checkbox"/> Wages, salaries, and compensations (fill out below)
<input type="checkbox"/> Money loaned	Your SS #: _____
<input type="checkbox"/> Personal injury/wrongful death	Unpaid compensations for services performed
<input type="checkbox"/> Taxes	from _____ to _____
<input checked="" type="checkbox"/> Other <u>See Attachment A hereto and expressly incorporated Herein</u>	(date) (date)

2. Date debt was incurred: See Attachment A hereto	3. If court judgment, date obtained:
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4. Total Amount of Claim at Time Case Filed: \$ Unknown at this time
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

5. Secured Claim

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

Real Estate Motor Vehicle

Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

Wages, Salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(3)

Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(4)

Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. § 507(a)(7)

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

Other — Specify applicable paragraph of 11 U.S.C. § 507(a)(1) and 546(c).
*Amounts are subject to adjustment of 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. Yes; see Attachment A attached hereto and made a part hereof.

8. Supporting Documents: *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If documents are not available, explain. If the documents are voluminous, attach a summary. **See Attachment A attached hereto and made a part hereof.**

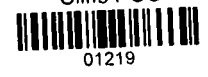
9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

To obtain an acknowledgement of the receipt of your claim, enclose a self-addressed, stamped envelope and an extra copy of your proof of claim filed with the Bankruptcy Court.

FAILURE TO DO SO WILL RESULT IN A \$15.00 SEARCH FEE AND \$0.50 FOR THE ACKNOWLEDGEMENT COPY

Cliffs POC

Date May 30, 2012	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) WILLIAM SNYDER <i>[Signature]</i> by <i>[Signature]</i> David D. Farrell, Attorney-in-fact
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ATTACHMENT A

This proof of claim is being filed on behalf of William Snyder ("Claimant") to evidence any and all pre-petition "claims" (as that term is defined in 11 U.S.C. §101) that Claimant may have with respect to his existing membership agreement(s) with The Cliffs at Walnut Cove Golf & Country Club, LLC (the "Debtor"), including, without limitation, any claims for monetary damages existing in favor of Claimant as a result of Debtor's default, breach, violation, repudiation and/or other failure to honor and/or perform any of the terms, conditions, duties and/or obligations existing under or otherwise relating to the foregoing membership agreement(s).

The exact nature, scope and dollar amount of the above-referenced claims remains unknown and unliquidated at this point. Claimant hereby expressly reserves his right to amend this proof of claim to set forth a more specific claim amount when and if the foregoing claims can be more readily determined and quantified.

Claimant further reserves his right to amend, restate and/or supplement this proof of claim to: (i) add and/or include any additional amounts or claims not referenced herein; (ii) provide any additional documentation that may be necessary or appropriate to further evidence and/or establish claimant's claim; and/or (iii) restate the nature and/or classification of this proof of claim (or any portion of this proof of claim) for any reason (including, but not limited to, any determination that all or any portion of this proof of claim is properly allowable as a priority and/or secured claim).

THOMPSON COBURN LLP

One US Bank Plaza
St. Louis, Missouri 63101
314-552-6000
FAX 314-552-7000
www.thompsoncoburn.com

May 30, 2012

David D. Farrell
314-552-6144
FAX 314-552-7144
dfarrell@
thompsoncoburn.com

VIA FEDERAL EXPRESS

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

Re: In re The Cliffs at Walnut Cove Golf & Country Club, LLC, Case No. 12-01227

Dear Sir or Madam:

Enclosed herein are an original and two copies of a proof of claim that we are submitting on behalf of our client, William Snyder.

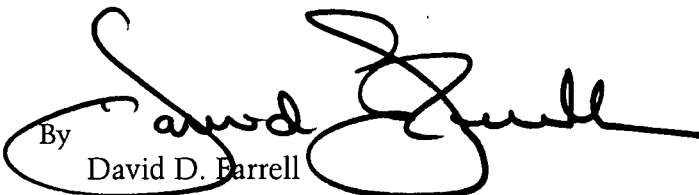
Please file the original proof of claim of record in the above-referenced proceedings before the close of business on May 31, 2012 and file-stamp at least one copy of the proof of claim and return it to me in the self-addressed stamped envelope.

If you have any questions or concerns regarding the foregoing, please contact me immediately.

Thank you very much for your assistance in this matter.

Very truly yours,

Thompson Coburn LLP

By  David D. Farrell

DDF/df

cc: Mr. William Snyder (w/copy of enclosure)(via email)

From: (314) 552-6393
David D. Farrell
Thompson Coburn LLP
505 N 7th

Origin ID: CPSA



St. Louis, MO 63101

Ship Date: 30MAY12
ActWgt: 0.5 LB
CAD: 103289583/WSX12500

Delivery Address Bar Code



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MAY 31 2012

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Ref # 37326/18271/0456
Invoice #
PO #
Dept #

SHIP TO: (314) 552-6144
BMC Group Inc.
Cliffs Calims Processing
18675 Lake Dr E

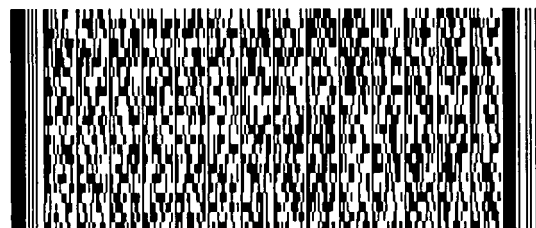
BILL SENDER

Chanhassen, MN 55317

RELEASE#: 3785346

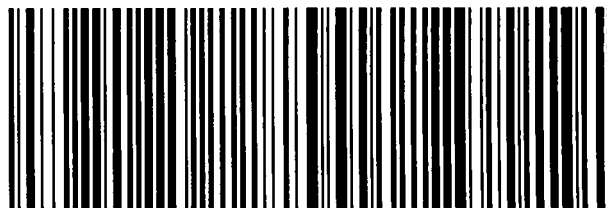
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FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.