

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM



Your Claim is Scheduled As Follows:
Schedule/Claim ID: s15535
AMOUNT/CLASSIFICATION:
\$15,700.00 UNSECURED

Name of Debtor:
Cliffs Club & Hospitality Service Company, LLC

Case Number:
12-01237

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) :
Charlie's Creek Nursery, Inc.

Name and address where notices should be sent:
 29347866010284
Charlie's Creek Nursery Inc.
PO BOX 669
Iva, SC 29655

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 864 348-7849 email: charliescrk@wctel.net

THIS SPACE IS FOR COURT USE ONLY

Name and address where payment should be sent (if different from above):
Payment Telephone Number () email:

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: _____

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 15,700.00

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: Trees sold and delivered
(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: \$ _____
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
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. I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3004.) (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: Donald C. Black
Title: President / Owner
Company: Charlie's Creek Nursery, Inc.

Donald C Black 5-9-12
(Signature) (Date)

Address and telephone number (if different from notice address above):
PO Box 6609
Iva, SC 29655

Telephone number: 864-348-7849 email: charlieserk@writel.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

Charlie's Creek Nursery, Inc

5827 Hwy 81 North
 PO Box 669
 Iva, SC 29655

Invoice

Date	Invoice #
2/22/2011	67

Bill To
The Cliffs Communities, Inc. Accounts Payable Department PO Box 1549 Travelers Rest, S.C. 29690

Ship To
Mtn Park Ordered By Phil Corn Same Inv as # 6036 (old Comp)

P.O. Number	Terms	Rep	Ship	Via
35808	Net 30	WMP	2/22/2011	Allen Browning

Quantity	Item Code	Description	Price Each	Amount
50	Cryp. Yoshino	Cryptomeria Yoshino 10-12'	85.00	4,250.00
	Freight	Freight hauled by Browning Trucking	400.00	400.00
	Handling Char	Handling Charge	25.00	25.00
		CK# 15327 5-18-11 \$1000 BAL = \$3675 ⁰⁰		
		CK# 15542 5-31-11 \$1000 Bal = \$2675 ⁰⁰		
			CK # 17460 10-19-11 \$500 Bal = \$2175	

These trees (HAVE / HAVE NOT) been treated for fire ants in accordance with applicable Federal Quarantine regulations 7CFR301.81

Total	\$4,675.00
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Charlie's Creek Nursery, Inc.

5827 Hwy 81 North

P.O. Box 669

Iva, SC 29655

Invoice

Date	Invoice #
2/22/2011	6036

Bill To
The Cliffs Communities, Inc. Accounts Payable Department PO Box 1549 Travelers Rest, S.C. 29690

Ship To
The Cliffs Ordered By Phil Corn

P.O. Number	Terms	Rep	Ship	Via
35808	Net 30	WMP	2/22/2011	Allen Browning

Quantity	Item Code	Description	Price Each	Amount
50	Cryp. Yoshino	Cryptomeria Yoshino 10-12'	85.00	4,250.00
	Freight	Freight hauled by Browning Trucking	400.00	400.00
	Handling Char	Handling Charge	25.00	25.00

These trees (HAVE / HAVE NOT) been treated for fire ants in accordance with applicable Federal Quarantine regulations 7CFR201.81

Total	\$4,675.00
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Charlie's Creek Nursery, Inc

5827 Hwy 81 North
 PO Box 669
 Iva, SC 29655

Invoice

Date	Invoice #
3/8/2011	9

Bill To
The Cliffs Communities, Inc. Accounts Payable Department PO Box 1549 Travelers Rest, S.C. 29690

Ship To
Mntn Park Ordered By Phil Corn *Same Inv as # 7060 (old Comp)

P.O. Number	Terms	Rep	Ship	Via
35808	Net 30	WMP	3/8/2011	Noble's Truckin

Quantity	Item Code	Description	Price Each	Amount
50	Cryp. Yoshino	Cryptomeria Yoshino 10-12'	85.00	4,250.00
	Freight	Freight hauled by Noble's Trukcing	400.00	400.00
	Handling Char	Handling Charge	25.00	25.00

These trees (HAVE / ~~HAVE NOT~~) been treated for fire ants in accordance with applicable Federal Quarantine regulations 7CFR301.81

Total	\$4,675.00
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Charlie's Creek Nursery, Inc.

5827 Hwy 81 North

P.O. Box 669

Iva, SC 29655

Invoice

Date	Invoice #
3/3/2011	7060

Bill To
The Cliffs Communities, Inc. Accounts Payable Department PO Box 1549 Travelers Rest, S.C. 29690

Ship To
The Cliffs Mtn Park Ordered By Phil Corn

P.O. Number	Terms	Rep	Ship	Via
35808	Net 30	WMP	3/3/2011	Noble's

Quantity	Item Code	Description	Price Each	Amount
50	Cryp. Yoshino	Cryptomeria Yoshino 10-12'	85.00	4,250.00
	Freight	Freight hauled by Noble's Trucking	400.00	400.00
	Handling Char	Handling Charge	25.00	25.00

These trees (HAVE / HAVE NOT) been treated for fire ants in accordance with applicable Federal Quarantine regulations 7CFR301.81

Total	\$4,675.00
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Charlie's Creek Nursery, Inc

5827 Hwy 81 North
 PO Box 669
 Iva, SC 29655

Invoice

Date	Invoice #
4/14/2011	226

Bill To
The Cliffs Communities, Inc. Accounts Payable Department PO Box 1549 Travelers Rest, S.C. 29690

Ship To
Mtn Park Ordered By Phil Corn

P.O. Number	Terms	Rep	Ship	Via
35808	Net 30	WMP	4/14/2011	Cabin Creek

Quantity	Item Code	Description	Price Each	Amount
25	Jap. Black Pine	Japanese Black Pine 8-10'	85.00	2,125.00
25	Cryp. Radican	Cryptomeria Radican 10-12'	85.00	2,125.00
		Subtotal		4,250.00
	Freight	Freight hauled by Aaron @ Cabin Creek Mowing	400.00	400.00
	Handling Char	Handling Charge	25.00	25.00

These trees (HAVE / HAVE NOT) been treated for fire ants in accordance with applicable Federal Quarantine regulations 7CFR301.81

Total	\$4,675.00
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Charlie's Creek Nursery, Inc

5827 Hwy 81 North
 PO Box 669
 Iva, SC 29655

Invoice

Date	Invoice #
4/20/2011	235

Bill To
The Cliffs Communities, Inc. Accounts Payable Department PO Box 1549 Travelers Rest, S.C. 29690

Ship To
Mntn Park Ordered By Phil Corn

P.O. Number	Terms	Rep	Ship	Via
35808	Net 30	WMP	4/20/2011	Billy Nix

Quantity	Item Code	Description	Price Each	Amount
25	Cryp. Radican	Cryptomeria Radican 10-12'	85.00	2,125.00
25	Leyland Cypre	Leyland Cypress 10-12'	65.00	1,625.00
		Subtotal		3,750.00
	Freight	Freight hauled by Billy Nix	400.00	400.00
	Handling Char	Handling Charge	25.00	25.00

These trees (HAVE / HAVE NOT) been treated for fire ants in accordance with applicable Federal Quarantine regulations 7CFR301.81

Total \$4,175.00

*Charlie's Creek
Nursery, Inc.*

P.O. BOX 669
IVA, SC 29655



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

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Mo. Day Year	5-30-12	Scheduled Date of Delivery		
Time Accepted	12:15 PM	Month Day	Scheduled Time of Delivery	1 PM
Flat Rate or Weight	12.15 lbs	Military <input type="checkbox"/> Non <input checked="" type="checkbox"/>	Total Postage & Fees	\$ 18.95
		2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>	Insurance Fee	\$
		Int'l Alpha Country Code	Acceptance Emp. Initials	JPC

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Mo. Day	Time	Employee Signature
Mo. Day	Time	Employee Signature
Mo. Day	Time	Employee Signature

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 Delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee is not available) is void unless the employee's signature constitutes valid proof of delivery.

TO: (PLEASE PRINT) PHONE ()

BMC Group Inc
 Attn: Cliff's Claims Processing
 18678 Lake Drive East
 Chanhausen MN

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