

Debt Acquisition Company of America V, LLC
 1565 Hotel Circle South, Suite 310
 San Diego, CA 92108
 Ph. 619-220-8900/ Fax 619-220-8112

UNITED STATES BANKRUPTCY COURT
 DISTRICT OF SOUTH CAROLINA

In re:)	CHAPTER 11
)	
)	Case No. 12-01220
)	
The Cliffs Club & Hospitality Group, Inc., et al.,)	NOTICE OF TRANSFER OF CLAIM
d/b/a The Cliffs Golf and Country Club,)	OTHER THAN FOR SECURITY AND
)	WAIVER OF NOTICE
Debtor.)	
)	Bankruptcy Rule 3001(e)(1)

PLEASE TAKE NOTICE that the scheduled claim of **KINGFISHER MAPS INC.** ("Transferor") against the Debtor in the amount of **\$449.25**, as listed within Schedule F of the Schedules of Assets and Liabilities filed by the Debtor, and all other claims of Transferor have been transferred and assigned other than for security to Debt Acquisition Company of America V, LLC ("DACA"). The signature of the Transferor on this document is evidence of the transfer of the claims and all rights there under. Transferor hereby agrees to waive notice as described by Bankruptcy Rule 3001(e)(1).

I, the undersigned Transferor of the above-described claims, hereby assign and transfer my claims and all rights there under to DACA upon terms as set forth herein and in the offer letter received. I represent and warrant that the claim is not less than **\$449.25** and has not been previously objected to, sold, or satisfied. Upon notification by DACA, I agree to reimburse DACA a portion of the purchase price if the claim is reduced, objected to, or disallowed in whole or in part by the Debtor. Such reimbursement would be calculated as follows: dollar amount of claim reduction multiplied by the purchase rate. Other than as stated above, DACA assumes all risks associated with the debtor's ability to distribute funds. I agree to deliver to DACA any correspondence or payments received subsequent to the date of this agreement and authorize DACA to take any steps necessary to transfer this claim and all claims we hold against the above debtor into their name. The clerk of the court is authorized to change the address regarding the claim of the Transferor to that of the Transferee listed below.

TRANSFEROR:
KINGFISHER MAPS INC.
110 LIBERTY DRIVE SUITE 100 CLEMSON SC 29631

Print Name Justin Gray Title Operations Manager
 Signature [Signature] Date 5/29/2012
 Updated Address if needed) _____
 Phone 800.326.0257 Fax 864.654.2208 E-Mail info@kfmaps.com
 Federal Tax Identification / Social Security Number: 57-0857917

TRANSFEE:
Debt Acquisition Company of America V, LLC
1565 Hotel Circle South, Suite 310, San Diego, CA 92108

Signature: [Signature]
 Andrew Whatnall

Mail Ref# 2-225
 3009399