

NAME OF DEBTOR:

THE CLIFFS Club & HOSPITALITY
Group, INC., et al

Case Number:

12-01220

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):

RICHARD F. & CAROL A. WHITE

COURT USE ONLY

Name and address where notices should be sent:

43661 Palmetto Dunes Terr
LEESBURG, VA. 20174

Check this box if this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Telephone number:
610-737-1863
240-499-4691

email: R.C. WHITE@GMAIL.COM

Filed on: _____

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

RECEIVED

MAR 19 2012

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.

Telephone number:

email:

BMC GROUP

1. Amount of Claim as of Date Case Filed: \$ 30,000.00

See Exhibits A, B, C, D

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: INITIATION DEPOSIT Refund
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as:

11-10
(See instruction #3a)

3b. Uniform Claim Identifier (optional):

(See instruction #3b)

4. Secured Claim (See instruction #4)

Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:

\$ _____

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Basis for perfection: _____

Value of Property: \$ _____

Amount of Secured Claim: \$ _____

Annual Interest Rate _____ % Fixed or Variable (when case was filed)

Amount Unsecured: \$ _____

5. Amount of Claim Entitled to 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 priority and state the amount.

Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

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).

Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

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).

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

Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)().

\$ _____

*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)

providing evidence of perfection of a security interest are attached. (See instruction #1, 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. I am the trustee, or the debtor, I am a guarantor, surety, indorser, or other codebtor.
(Attach copy of power of attorney, if any.) or their authorized agent. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

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: RICHARD F. + CAROL A. WHELE Richard F. Wbele 3/13/12
Title: _____ Carol A. Wbele 3/13/12
Company: _____ (Signature) (Date)
Address and telephone number (if different from notice address above):
43061 Parkview Palmetto Dunes Trlp
LEESBURG, VA 20176
610 437-1863
Telephone number: 240-499-4691 email: R.C.WHELE@GMAIL.COM

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Exhibit D

On May 3, 2002 we purchased Lot #22 at the Cliffs at Glassy. With the property we included an "A" Membership for \$50,000 at the Golf Club. At that time the membership fee was \$1600.00 annually. In 2007 it had grown to \$800.00 monthly.

We decided to put our property on the market and also to quit the Country Club.

We notified Ms. Magan Boggs of our decision and she immediately took the appropriate action. We were told that we would be put on a list for the \$50,000.00 refund but would have to wait until 5 memberships were sold for every 1 refund. Our number was 17 or 18.

As of this date we have received no refund monies.

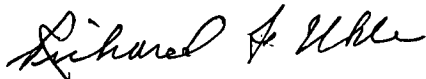
Several inquires were made as to the progress but it appeared we were still at 17-18.

We have included four documents with this communication. If more are needed, we may be reached at (610)737-1863 or (240)499-4691.

Our new address is 43661 Palmetto Dunes Terrace
Leesburg, VA 20176

Regards,

Richard F. Uhle



Carol A. Uhle



Ashley Blevins <ablevins@cliffscommunities.com>
 Cliffs Membership
 March 13, 2012 2:53:03 PM EDT
 "r.c.uhle@gmail.com" <r.c.uhle@gmail.com>
 3 Attachments, 2.2 MB

Mrs. Uhle,

Attached is the paperwork from your file. Please let me know if you need anything else.

Kind regards,
 Ashley

Ashley Blevins
 Membership Services Coordinator
 864.371.1047 | office
 864.371.1414 | fax
 800.371.1000 | toll-free

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 CNBC International Property Awards

P Please consider the environment before printing this e-mail.

The Cliffs Communities
 Closing Information Worksheet

Estimated Closing Date: 5/3/02
 Under Holding Mortgage (Purchaser): TBD
 Buyer: Michael Putnam
 Seller: Richard and Carol Uhle
 Address: 4663 Park View Drive S.
 Emmaus, PA 18049
 Telephone: Home: (610) 667-3821
 Work:

Buyer Address: Michael Putnam
 Address: 109 Unkelds Drive
 Taylors, SC 29687
 Telephone: Home: (864) 269-5600
 Work: 297-3748

Actual Street Address of Property: _____
 Development: Cliffs at Glassy Section: 22
 Phase: 01 Lot: 22
 Deposit/Reservation Fees Collected: \$2,500.00
 Commission Information: Commission Rate: 12.00% On Amount: \$91,400.00
 Membership Type Classification(s): Fees per Classification: CA \$50,000.00
 Other: _____

Membership fees paid on behalf of the seller by the seller? Which ones, how much? Seller to pay membership and 2 years dues
 Membership fees and checks:
 Included in purchase agreement and paid by certified check (within 30 days)
 Not included in purchase agreement and paid by personal check (within 30 days)
 Checks to be issued to Cliffs Golf and Country Club, Inc.
 Checks to be issued to Cliffs at Keowee Golf and Country Club, LLC
 Paid Club Dues: NA on reserves

Item: 2 Type: Dues Two Amount: \$3,000
 Description: _____

Is this a resale? If so, who is Seller Putnam
 Are there outstanding club dues or charges to be collected from Seller?
 Is there an outstanding balance on the club membership owned by Seller to be collected?

Outstanding/Due from Seller:
 A Dues/Prorated: \$660.00
 Working Capital Due from Buyer:
 Paid Escrow:
 Up Fee of \$1,250
 Prorated Taxes: Do Not Collect

31 Exchange: Yes No
 Special Instructions:

EXHIBIT A
 (3)

AKC

Magan Boggs

From: Magan Boggs
Sent: Wednesday, February 04, 2009 3:34 PM
To: 'Richard & Carol Uhle'
Subject: RE: cancellation of membership

EXHIBIT B

Dear Mr. and Mrs. Uhle,

Thank you for your email. I will resign your Family Membership effective immediately. You will receive a letter in the mail shortly confirming your downgrade.

If you need anything further, please let me know.

Best regards,
Magan



Magan Boggs
Membership Services Assistant
864.371.1047 | office
864.371.1538 | fax
800.371.1000 | toll-free
mboggs@cliffscommunities.com
www.cliffscommunities.com

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CNBC International Property Awards*



Please consider the environment before printing this e-mail.

From: Richard & Carol Uhle [mailto:uhlemarjen@gmail.com]
Sent: Tuesday, February 03, 2009 4:29 PM
To: Magan Boggs
Subject: cancellation of membership

Megan,

Thank you for your prompt reply.

Richard and I wish to cancel our family membership at the Golf Club at Glassy effective immediately. Our account is under U10.

At his request we understand that we will no longer be under any monetary obligation to the Cliffs Community.

Please confirm receipt of this notice.

Thank you again.

Regards,

Richard F. Uhle
Carol A. Uhle

February 16, 2009

Exhibit C

Mr. and Mrs. Richard Uhle
1840 Sherwood Road
Allentown, PA 18103

Dear Mr. and Mrs. Uhle,

It is with regret we write at this time to confirm acknowledgment of your **Cliffs at Glassy Golf Membership** resignation in conjunction with Section 1, Lot 22 with The Cliffs Golf and Country Club. Your resignation is effective with the receipt of your written resignation notice and will be effective February 3, 2009. You are obligated for payment of dues for the month in which we received the notice. Your refund will be processed in accordance with the refund policies and procedures as outlined in the Master Membership Plan. If you need a copy of this document, please let us know. In summary, the refund is processed as follows:

- Your Glassy Golf Membership refund of \$50,000 is placed in a priority waiting list based on the classification and location of your membership. The Master Membership Plan outlines the refund procedure and explains that such refund will be paid within a reasonable period of time following such re-issuance of the original membership, consistent with the Cliffs Clubs processing of accounts payable, and will be processed only on the basis of one (1) refund for every five (5) memberships issued by the Club from its previously unissued memberships within the same classification as the original membership.

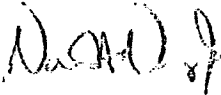
As part of the acknowledgment of your resignation, the club requires the following conditions to be met prior to the issue of any refund:

- Your Member account needs to be paid in full and show a zero balance.
- Please return any membership card(s) by mail.

It is important to mention that the Club bylaws do not provide for this resigned membership to be reactivated in the future. Specifically, Section 20 (I) states, "A Member that voluntarily resigns his/her membership may not reactivate the resigned membership in order to have the membership available to the resale purchaser of the resigned Member's property." Please consider this bylaw as it may impact you going forward.

I wish you the best in your future endeavors. If you have any questions regarding the procedures as outlined above or the restriction on availability of a Golf Membership for your resale buyer, please call the Membership Office at 864-660-1160.

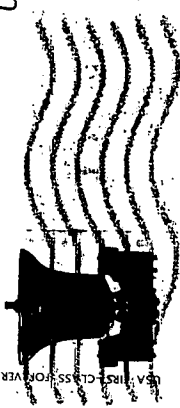
Kind regards,



Nate Weyand
Membership Director

15 MAR 2012 PM 3:11

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BMC Group, Inc
attn: The Celtic Club's Hospitality Club, Inc.,

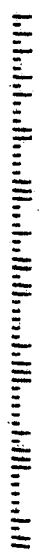
et al Processing

P.O. Box 3020

Charlottesville, MN 55317-3020

RECEIVED
MAR 19 2012
BMC GROUP

55317302020



★
Carol A. Uhle
43661 Palmetto Dunes Ter
Leesburg, VA 20176

