

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM


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

Case Number:  
12-01234

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:

 29347867003878  
Uhle, Richard and Carol  
43661 PALMETTO DUNES TER  
LEESBURG, VA 20176-8481

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APR 23 2012

BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (610) 737-1863 email: R.C.UHLE@gmail.com

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

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):

12-01234

Filed on: 3/13/2012

Payment Telephone Number ( ) email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 50,000.00 / 100

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: REIMBURSEMENT FOR GOLF CLUB MEMBERSHIP  
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as: U-10 aka U-10  
(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).

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

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).

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

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).

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.  
 (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: RICHARD F. & CAROL A. WHELE  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_

Richard A. Wbele 7/16/2012  
Carol A. Wbele 4/16/2012

Address and telephone number (if different from notice address above):

(Signature)

(Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

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

<b>UNITED STATES BANKRUPTCY COURT</b>		Ⓢ	<b>PROOF OF CLAIM</b>
Name of Debtor: <b>THE CLIFFS CLUB &amp; HOSPITALITY Group, INC., et al</b>		Case Number: <b>12-01220</b>	
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): <b>RICHARD F. &amp; CAROL A. WHITE</b>		<b>COURT USE ONLY</b>	
Name and address where notices should be sent: <b>43661 Palmetto Dunes Terr LEESBURG, VA. 20174</b> Telephone number: <b>510-731-1863</b> email: <b>R.C. WHITE@GMAIL.COM</b> <b>240-499-4691</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> 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: _____			
1. Amount of Claim as of Date Case Filed: \$ <u>50,000.00/100</u>		<i>See Exhibits A, B, C, D</i>	
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.			
<input type="checkbox"/> 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: <b>INSTITUTION DEPOSIT Refund</b> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: <u>U-10</u> (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> 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.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> 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).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	Amount entitled to priority: \$ _____
<input type="checkbox"/> 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).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> 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)			

**7. Documents:** Attached are redacted copies of any 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 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, or their authorized agent.     I am a guarantor, surety, indorser, or other codebtor.
- (Attach copy of power of attorney, if any.)    (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: RICHARD F. + CAROL A. UHLE  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address and telephone number (if different from notice address above):  
43661 PARKVIEW PALMETO DUNES TERR  
LEESBURG, VA 20176  
610 737-1863  
 Telephone number: 240-499-4691 mail: A.C.UHLE@GMAIL.COM  
 Signature: Carol A. Uhle Date: 3/13/12

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.

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  
 ablevins@cliffscommunities.com  
 www.cliffscommunities.com

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 CNBC International Property Awards

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

EXHIBIT A

**The Cliffs Communities**  
**Closing Information Worksheet**

Estimated Closing Date: 5/3/02  
 Lender Holding Mortgage (Purchaser): tbd  
 Seller: Michael Putnam, 109 Linkside Drive, Taylors, SC 29687  
 Buyer: Richard and Carol Uhle, 4663 Park View Drive S., Emmaus, PA 18049  
 Telephone: Home: (610) 967-3821, Work:  
 Telephone: Home: (864) 268-3600, Work: 297-3748  
 Address: 109 Linkside Drive, Taylors, SC 29687  
 Section: 01, Lot: 22  
 Deposit/Reservation Fees Collected: \$2,500.00  
 Commission Information: Commission of: 12.00% On Amount: \$91,400.00  
 Membership Type Classification(s): Fees per Classification: CA \$50,000.00  
 Seller to pay membership and 2 years dues

Membership fees paid on behalf of the buyer by the seller? Which ones, how much?  
 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  
 unpaid Club Dues: NA on resale  
 Dues: Dues Two \$3,600  
 Special:

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:  
 Club Dues/Prorated: \$660.00  
 Working Capital Due from Buyer:  
 Paid Escrow:  
 Deposit Fee of \$1,250  
 Prorated Taxes: Do Not Collect  
 31 Exchange: Yes  No   
 Special Instructions:

APB

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.

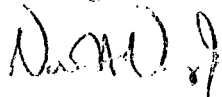
As part of the acknowledgment of your resignation, the club requires the following conditions to be met prior to the issue of any refund:

- 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

**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](mailto:mboggs@cliffscommunities.com)  
[www.cliffscommunities.com](http://www.cliffscommunities.com)

*"World's Best International Development 2007,"  
CNBC International Property Awards*



Please consider the environment before printing this e-mail.

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**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.

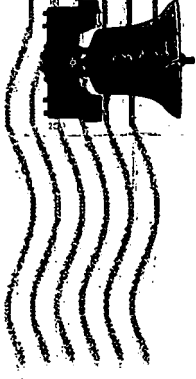
Thank you again.

Regards,

Richard F. Uhle  
Carol A. Uhle



USA FIRST CLASS FOREVER



PAID BY ADDRESSEE  
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

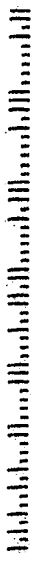
RECEIVED



APR 23 2012

BMC GROUP

Bmc Group, Inc  
ATTN: CLIFFS CLAIMS PROCESSING  
P.O. Box 3020  
CHANTASSEN, MN 55317-3020

55317302020





Richard Uhle  
43661 Palmetto Dunes Ter.  
Leesburg, VA 20176