

At a recent meeting in Youngstown, OH, the attorney for Mr. Novelli (aka Ponderosa, Delta Isle, etc.) made his and Mr. Novelli's position clear – they don't think campground MEMBERS are creditors and that these members are NOT ENTITLED to file claims, vote on the reorganization plan, or otherwise participate in the bankruptcy proceedings. The Trustee, Mr. Rippy wasn't so sure.

He needs to hear from you. Mr. Rippy's address is:

Office of the US Trustee
Attn: Mr. Derrick Rippy
200 Public Sq., Ste. # 3300
Cleveland, OH 44114
(216) 522-7800

We (NAM) are convinced that YOU DO HAVE A RIGHT TO FILE A CLAIM AND HAVE A SAY in what goes into any plan for reorganization. Such a plan, if approved by the Judge, can dramatically change or limit your rights to use your site or the fees you will have to pay.

This RIGHT has been reinforced in many bankruptcies of "Membership Campgrounds" across the country based on what has been called the "Priority Deposit" rule. Members paid significant amounts of money, in advance, for the promise of future services (the right to camp at a particular campground or on a particular site at a campground).

Do you believe he has a duty to provide future campground services to you?

Do you believe that Mr. Novelli accepted the obligation to honor your contracts, deeds, etc., when he took your site fees, annual dues, etc.? When does that obligation end? Next year, the year after that, 10 years from now? What is the value of those promised future services?

The following documents are extrapolated from similar claims filed in this bankruptcy and in other similar bankruptcies.

This document is a "Proof of Claim" (POC) draft and a blank POC that you might want to fill in and mail to the bankruptcy clerk. The address is:

US Bankruptcy Court Federal Building & US Courthouse 125 Market Street Youngstown, OH 44503
--

Be sure to include

- (1) a COPY of your contract, deed, and any other evidence of your claim,
- (2) a duplicate of the complete set of documents, including the completed claim form,
- (3) a self-addressed, stamped envelope, and
- (4) a note asking that they date stamp your claim and the copy and return the copy to you in the enclosed SASE.

NOTE:

We are not attorneys. If you have questions, you should contact a qualified bankruptcy attorney.

Name of Debtor **Delta Isle Resort and Marina Club** Case Number **01-42526**

NOTE: This form should not be used to make a claim for an administrative expense 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.

Name of Creditor (The person or other entity to whom the debtor owes money or property): **Your NAME goes here**

Name and address where notices should be sent: **FILL THIS IN - this is where they send the money**

Telephone number: **Don't forget your phone #**

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 box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here if this claim replaces a previously filed claim, dated: _____

amends

1. Basis for Claim

Goods sold

Services performed

Money loaned

Personal injury/wrongful death

Taxes Priority Deposit

Other (Advance payment for future services)

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries, and compensation (fill out below)

Your SS #: _____

Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred: **Date Novelli took over**

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: **\$ 2,100**

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 interest or 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 **\$ 2,100**

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)(5).

Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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 4/98 and every 2 years thereafter with respect to dates 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.

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 the documents are not available, explain. If the documents are voluminous, attach a summary.

9. 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.

THIS SPACE IS FOR COURT USE ONLY

Date: _____ 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): _____

Today's date: _____ Sign AND print your name: _____

Name of Debtor **Delta Isle Resort and Marina Club** Case Number **01-42526**

NOTE: This form should not be used to make a claim for an administrative expense 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.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
 Name and address where notices should be sent:
Dan Hopper
4740 Silver Oak Street
Dayton, OH 45424-4650
 Telephone number: **(937) 236-2882**

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 box if you have never received any notices from the bankruptcy court in this case.
 Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:
 Check here if this claim replaces a previously filed claim, dated: _____
 amends

1. Basis for Claim
 Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes Debtor assumed priority obligations of
 Other Debtor in another bankruptcy

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages, salaries, and compensation (fill out below)
 Your SS #: _____
 Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred:
 3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: **\$ 2,100**
 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 interest or 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 **\$ 2,100**
 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)(5).
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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 4/98 and every 2 years thereafter with respect to dates 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.
 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 the documents are not available, explain. If the documents are voluminous, attach a summary.
 9. 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.

THIS SPACE IS FOR COURT USE ONLY

Date _____ 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): _____