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| UNITED STATES DISTRICT COURT, DISTRICT OF UTAH Securities and Exchange Commission v. National Note of Utah, LC and Wayne LaMar Palmer*And*Bonneville Minerals, LLC; Centennial Aviation, LLC; The Corner Corporation; DPLM, LLC; Elkhorn Ridge, LLC; Expressway Business Park, LLC; Farrell Business Park, LLC; Freedom Minerals I, LLC; Freedom Minerals II, LLC; Homeland Development I, LLC; Homeland Development II, LLC; Homeland Funding Corp.; Homeland Holding Corp.; Homeland Minerals, LLC; Homeland Mortgage, Inc.; Homeland Mortgage L.C.; Indian Canyon, LLC; Koala T. Investments LLC; Land Utah, LC; Made Art Licensing, LLC; Montana One, LLC; ND I, LLC; NPL America, LLC; Network Leisure Shoppes, Inc.; Note Systems, Inc.; Old Glory Minting Company, LLC; Ovation 106, LLC; Passport Properties, L.C.; Pedigree Properties; Presidential Utah Properties, LC; Prime Wave I, LLC; The Property Company, LLC; Real Estate Finance Institute, Inc.; Riverbend Estates LC; Spanish Fork Development, LLC; Territory Land Company, Inc.; Top Flight, LLC; Traditions in Timber; Twin Pines Property, LC; and Vision Land, LLC. | **PROOF OF CLAIM** |
| **RECEIVER USE ONLY:**Date Form received:Claim Number: \_\_\_\_\_\_\_\_🞏 Backup documents needed🞏 Documents received |
| **CLAIMANT** (The person or entity owed money by an entity listed above): |
| Names(s):Street:City, State, Zip:Telephone Number:Email:  |  | 🞏 Check box if this claim is related to other claims |
| List related claims |  |
| **TOTAL AMOUNT CLAIMED:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **BASIS FOR CLAIM** (Check the boxes below for each category of claim you are making): |
| 🞏 **PROMISSORY NOTE**. Check this box if you loaned money to or invested money with any of the companies listed above. Please provide the following information, if known: **Account number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Total amount paid to companies: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Total amount received back: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Total Claimed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 🞏 **PRECIOUS METALS PURCHASE.** Check this box if you purchased precious metals from  Old Glory Mint and did not receive any or all the metals ordered*. Attach supporting documents*. **Total Claimed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 🞏 **OTHER BASIS.** Check this box if you are owed money by any of the companies listed above for  any reason other than on account of a promissory note or precious metal purchase. Describe reason for claim:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Attach supporting documents*. **Total Claimed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DISTRIBUTIONS**: **Distributions, if any, will be made to the Claimant identified above at the address listed.** Please fill in this section only if you would like all or a part of any distribution made to a retirement custodian or another entity. If this portion is completed, all distributions will be made as directed unless instructed otherwise in writing. |
| **Payee/Acct. No. (if applicable)** | **Address** | **% of Distribution** |
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| **ADDITIONAL INFORMATION:** If there is additional information the Receiver needs to know, please provide an explanation here: |
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**SIGNATURE & VERIFICATION:**

This Form must be signed by each person making the claim to be valid, or by an authorized agent of the claimant(s). *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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

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| **SUBMITTING YOUR COMPLETED FORM TO THE RECEIVER** DO NOT FILE YOUR FORM WITH THE COURT*This Form may be completed and submitted via U.S. Mail, overnight mail, or hand delivery addressed to the following:* Claims c/o Klein & Associates, 10 E. Exchange Place, Suite 502, Salt Lake City, Utah 84111; *or* *submitted by email* at: Claims@kleinutah.com **COMPLETED FORM MUST BE RECEIVED BY THE RECEIVER ON OR BEFORE NOVEMBER 3, 2015.*****[Questions? See Attached Instructions]*** |