

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
PORTLAND DIVISION
NO. 3:16-cv-00438-JR

SECURITIES AND EXCHANGE COMMISSION
vs.
AEQUITAS MANAGEMENT, LLC; AEQUITAS HOLDINGS, LLC; AEQUITAS
COMMERCIAL FINANCE, LLC; AEQUITAS CAPITAL MANAGEMENT, INC.;
AEQUITAS INVESTMENT MANAGEMENT, LLC; ROBERT J. JESENİK; BRIAN A.
OLIVER; and N. SCOTT GILLIS

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**PROOF OF CLAIM FORM
(Instructions Attached)**

- Check this box if this claim amends a previously filed claim, dated _____ (including Claim # if known)
- Check this box if you received a Notice of Receiver's Initial Determination ("NOD") and include the NOD # here: _____

1. NAME AND ADDRESS OF CLAIMANT

Name _____
Street Address _____
City / State / Zip Code/ Country _____

If Claimant is an entity, name of contact person for Claimant and title: _____

Telephone No. of Claimant: _____

Email address of Claimant: _____

Last four digits of Tax I.D. No. or SSN: _____ Account or Reference No: _____ (if known)

2. CLAIM

2a. Basis of Pre-Receivership Claim:

- Goods sold or services performed
- Money loaned or invested or owner, partner, member, equity or other investment interest
- Taxes
- Wages, salaries, benefits, or compensation (fill out below and attach a detailed explanation), or unpaid compensation and benefits for services performed from _____ to _____ (dates);
Title: _____
- Any contract, lease or other agreement entered prior to March 16, 2016 for which payment has or will become due prior to, on or after March 16, 2016.
- Uncashed check issued prior to March 16, 2016 for refund on account of a healthcare account receivable overpayment or student loan account receivable overpayment or any other overpayment.
- Other (attach a detailed explanation).

2b. Pre-Receivership Claim Amount: \$ _____

2c. Check this box if your claim is an Administrative Claim. Briefly state the post-Receivership basis of your Administrative Claim: _____

2d. Administrative Claim Amount: \$ _____

2e. Which Aequitas Entity or entities did you contract with or owes you money (e.g. Aequitas Commercial Finance, LLC)?

2f. Identify any other party who you claim may be liable to you for repayment of your claim:

Amount recovered from other parties: \$ _____

2g. Legal action pending, date commenced, Court, Case No.:

Amount recovered from other parties: \$ _____

If Court Judgment, Date Obtained: _____

2h. Check this box if your claim is secured. Attach copies of all security agreements and other documents that evidence the secured status of the claim, a description of the collateral and its value as of March 16, 2016.

2i. Check this box if the claim includes interest or other charges, such as attorney's fees, lost profits, or late fees in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges.

INFORMATION ON COMPLETING THE PROOF OF CLAIM FORM

1. **Information about Claimant.** Complete this section giving the name, address, telephone number and email address of the individual or entity who is asserting a claim against an Aequitas Entity and the Receivership Estate, and any account or reference number associated with such debt or obligation. If the Claimant is an entity, please provide contact information and the title of the authorized representative. If a valid email address is included on this form, the Claims Agent will send email notification confirming receipt of the Proof of Claim.
2. **Claim information.**
 - 2a. Please indicate the basis of your claim in this section. If you believe you have one claim, you only need to submit one Proof of Claim Form. If you believe you have multiple claims, you should file a separate Proof of Claim Form for each such claim. Check only one box per claim. Attach additional explanations as necessary. Please refer to The Notice of Claims Bar Date and Procedures For Submitting a Proof of Claim for the definitions of a Claimant, Pre- Receivership Creditor Claim, Aequitas-Related Claim, Aequitas Entities, and any other capitalized terms not defined therein can be found in the documents available at: i) the Claims Agent’s website (<http://www.AequitasClaims.com>) or ii) the Aequitas Receiver’s website (www.kccllc.net/aequitasreceivership).
 - 2b. **Pre- Receivership Claim Amount.** For all Claims other than Administrative Claims, please state the amount of your claim as of March 16, 2016. Investors, if you claim to have made a loan to or hold an interest in an Aequitas Entity, please fill out and attach an “Investor Supplement to Proof of Claim Form” to account for each time you made an investment with or lent funds to the applicable Aequitas Entity, indicating the beginning balance for the account starting on July 1, 2014 and the date and amount of each transaction thereafter. You must also provide a chronological accounting indicating the date and amount of any withdrawals made by or payments received by you from any Aequitas Entity after July 1, 2014, whether such payments were denominated as the return of principal, interest, commissions, finder’s fee, or otherwise. You can also obtain the Investor Supplement to Proof of Claim Form and instructions from a link on: i) the Claims Agent’s website (<http://www.AequitasClaims.com>) or ii) the Aequitas Receiver’s website (www.kccllc.net/aequitasreceivership).
 - 2c. **Administrative Claim.** Mark the applicable box if your claim is an Administrative Claim. Please refer to The Notice of Claims Bar Date and Procedures For Submitting a Proof of Claim for the definition of an Administrative Claim, Administrative Claimant, and Aequitas Entities. Administrative Claimants must also designate the post- Receivership basis for the claim in section 2c. Attach additional explanations as necessary.
 - 2d. **Administrative Claim Amount.** Administrative Claimants must state the amount of the post- Receivership Claim which remains unpaid.
 - 2e. **Which Aequitas Entity did you contract with or owes you money:** A Claimant or Administrative Claimant who reasonably believes they hold or may hold a Claim against one or more Aequitas Entities must identify each Aequitas Entity against which the Proof of Claim is asserted. This procedure will expedite the Receiver’s review of the Proof of Claim. If you believe you have different claims against different Aequitas Entities, you should file a separate Proof of Claim Form for each of your claims and you must identify each entity or entities against which each Proof of Claim is asserted. Failure to identify the correct Aequitas Entity(ies) on a Proof of Claim Form may be grounds for objection to, and disallowance of such Claim.
 - 2f. **Other liable parties.** Please identify all other parties you believe may be liable to you on the claim. Also, please provide any information regarding money recovered from such party(ies).
 - 2g. **Pending legal action.** If you have commenced a legal action against any party you believe may be liable to you on the claim, please provide the details of said legal action here, including the Court and Case number. Please attach supporting documentation. Also, please provide any information regarding court judgments and money recovered.
 - 2h. **Security interest.** Please mark the applicable box if you contend your claim is subject to a security interest and attach copies of all security agreements and other documents that evidence the secured status of the claim, including a description of the collateral and its value as of March 16, 2016.
 - 2i. **Claim above principal amount.** Mark the applicable box if your claim amount includes interest or other charges, such as attorneys’ fees, lost profits, or late fees in addition to the principal amount of your claim and attach an itemized statement of all such additional charges.
3. **Supporting Documentation.** In addition to filling out the Proof of Claim Form, you must provide supporting documentation evidencing your claim. **Please Review the Notice of Claims Bar Date and Procedures for Submitting a Proof of Claim** for instructions of the supporting documents which must be attached to your Proof of Claim Form, as applicable.
DO NOT SEND ORIGINAL DOCUMENTS.
If the documents are not available, explain why. If the documents are voluminous, attach a summary.
4. **Signature is required. Sign the Proof of Claim Form and indicate your name and title, as applicable.**
5. **Date.** Insert the date on which you completed and signed the Proof of Claim Form.
6. **Submit Claim Form.** Submit a completed Proof of Claim Form, along with all supporting documentation:

By electronic mail, as an attachment in portable document format (.pdf), to Aequitas@epiqglobal.com; or

By mail to Aequitas Receivership Claims Processing Center, c/o Epiq Corporate Restructuring, LLC, P.O. Box 4421, Beaverton, OR 97076-4421; or

By courier service addressed to Aequitas Receivership Claims Processing Center, c/o Epiq Corporate Restructuring, LLC, 10300 SW Allen Blvd., Beaverton, OR 97005.

If you choose to submit a Proof of Claim by electronic mail, you should retain a copy of the email or other evidence the Proof of Claim was delivered to the Claims Agent no later than the Claims Bar Date. If you choose to submit a Proof of Claim by courier service, you should retain evidence the Proof of Claim was delivered to the Claims Agent no later than the Claims Bar Date. If you choose to submit a Proof of Claim by mail, it is recommended that you submit your Proof of Claim by certified or registered mail and retain evidence that the Proof of Claim was postmarked no later than the Claims Bar Date.

Acknowledgment of Receipt of Proof of Claim Form. Proof of Claim Forms submitted with a valid email address will receive email notification confirming receipt by the Claims Agent of the Proof of Claim.