

**IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA**

Oklahoma Department of Securities)	
<i>ex rel.</i> Melanie Hall, Administrator,)	
)	
Plaintiff,)	
)	
v.)	
)	
Premier Global Corporation et al.,)	
)	Case No. CJ-2022-5066
Defendants.)	Judge Don Andrews
)	

PROOF OF CLAIM

Read the instructions before filling out this form. This form is for making a claim for payment from a receivership estate. Do not use this form to make a request for payment of an administrative expense.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach 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. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Fill in all the information about the claim as of the date the case was filed. That date is **October 31, 2022**.

Part 1: Identify the Receivership Entity

1. What Receivership Entity are you asserting a claim against?	_____ Name of the Receivership Entity <i>(The Receivership Entities are identified in Instructions)</i>
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Part 2: Identify the Claim

2. Who is the current claimant?	_____ Name of the current claimant (the person or entity to be paid for this claim)	
	Other names of the claimant: _____	
3. Where should notices and payments to the claimant be sent?	Where should notices to the claimant be sent?	Where should payments to the claimant be sent? (If different)
	_____ Name	_____ Name
	_____ Number Street	_____ Number Street
	_____ City State Zip Code	_____ City State Zip Code
	Contact Phone: _____ Contact Email: _____	Contact Phone: _____ Contact Email: _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on claim registry (if known) _____	Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 3: Give Information About the Claim as of October 31, 2022

<p>6. Do you have any number you use to identify the Receivership Entity?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the Receivership Entity's account or any number you use to identify the entity: _____</p>
<p>7. How much is the claim?</p>	<p>Total Amount Invested, Loaned, or Other: \$ _____</p> <p>Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges</p> <p>Total Amount Received from One or More of the Receivership Entities: \$ _____</p> <p>Total Amount Received From or Credited By Any Third-Parties, Including Any Credit Card Transaction Reversals or Debt Forgiveness: \$ _____</p> <p>Total Amount You Claim is Due: \$ _____</p>
<p>8. What is the basis of this claim?</p>	<p>_____</p> <p>Examples: Money loaned or invested, goods sold, lease, services performed, or credit card.</p> <p>Attach redacted copies of any documents supporting the claim</p> <p>Limit disclosing information that is entitled to privacy, such as medical information or social security number</p>
<p>9. Is all or part of this claim secured by property?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on the following property: _____</p> <p>Attach redacted copies of documents, if any, that evidence the lien, such as a mortgage or security agreement.</p>

Part 4: Sign Below

<p>The person completing this proof claim must sign and date it.</p>	<p><i>Check the appropriate statement:</i></p> <p><input type="checkbox"/> I am the claimant. <input type="checkbox"/> I am the claimant's attorney or authorized agent.</p> <p>I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the claimant gave the receivership entity credit for any payments received toward the claim.</p> <p>I have examined the information in this Proof of Claim and have a reasonable believe that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing, along with submitted documentation, is true and correct.</p> <p>Executed on date _____</p> <p style="text-align: center;">MM/ DD / YYYY</p> <p>_____ Signature</p>
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Print the name of the Person who is completing and signing this claim:

Name	_____
	First name Middle Name Last Name
Title	_____
Company	_____
Address	_____
	Number Street

	City State Zip Code
Contact Phone:	_____
Email:	_____