

EMVEST RECEIVERSHIP CLAIM FORM

Instructions: This Claim Form must be signed under penalty of perjury by Claimant and **received** by the Receiver's Office by **JANUARY 16, 2007 (i.e. the Claims Bar Date)**. For more details on the Claims Procedure and other Receivership information, see the Receiver's website at <http://emvest.info>. You may also e-mail questions to the Receiver at <http://emvest.info>.

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____ E-Mail: _____

Amount of Claim – i.e. amount of capital actually invested or value of service provided excluding any interest or investment gain promised or accrued:

\$ _____

State the factual basis for your Claim (Please include detail of dates and amounts involved):

INTEREST OR INVESTMENT RETURNS

Have you received any payments/credits back from that investment? Yes _____ No _____

If yes, provide dates and amounts: _____

INTEREST AND ADDITIONAL CHARGES

Does your claim include interest or investment gain in addition to principal? Yes _____ No _____.

If yes, attach itemized statement. (Claims must be limited to capital actually invested)

SUPPORTING DOCUMENTS

Please attach a complete set of supporting documents to this Claim Form, even if you previously provided all documents which support your claim to the Receiver or the SEC. If you assert that your claim is secured, please attach full documentation to support that assertion.

DATE-STAMPED COPY

To receive an acknowledgement that your claim has been received by the Receiver, enclose a self-addressed stamped envelope and an extra copy of the Claim Form.

SIGNATURE

I declare under penalty of perjury that this Claim Form is true and correct.

Claimant _____ Date _____

RETURN TO: DENNIS MURPHY, CPA, 630 N. Rosemead Blvd., Suite 100, Pasadena, CA 91107