

PROOF OF CLAIM FORM

<p>SECURITIES AND EXCHANGE COMMISSION, Plaintiff,</p> <p>v.</p> <p>BRIAN DAVISON, BARRY M. RYBICKI, EQUIALT LLC, EQUIALT FUND, LLC, EQUIALT FUND II, LLC, EQUIALT FUND III, LLC, EA SIP, LLC, Defendants,</p> <p>and</p> <p>128 E. DAVIS BLVD, LLC, 310 78TH AVE, LLC, 551 3D AVE S, LLC, 604 WEST AZEELE, LLC, BLUE WATERS TI, LLC, 2101 W. CYPRESS, LLC, 2112 W. KENNEDY BLVD, LLC, BNAZ, LLC, BR SUPPORT SERVICES, LLC, CAPRI HAVEN, LLC, EANY, LLC, BUNGALOWS TI, LLC, EQUIALT 519 3RD AVE S., LLC, MCDONALD REVOCABLE LIVING TRUST, 5123 E. BROADWAY AVE, LLC, SILVER SANDS TI, LLC, TB OLDEST HOUSE EST. 1842, LLC, Relief Defendants.</p>	<p>Name and Address of Claimant:</p> <p>Personal ID Code:</p> <p>Case Number: 8:20-cv-00325-T-35AEP U.S. District Court Middle District of Florida (Tampa Division)</p>
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ATTENTION: The Honorable Mary S. Scriven of the United States District Court, Middle District of Florida, entered an order appointing Burton W. Wiand as Receiver over the assets of the above-captioned corporate defendants and relief defendants as well as EquiAlt Qualified Opportunity Zone Fund, LP; EquiAlt QOZ Fund GP, LLC; EquiAlt Secured Income Portfolio REIT, Inc.; EquiAlt Holdings LLC; EquiAlt Property Management LLC; and EquiAlt Capital Advisors, LLC, and EquiAlt Fund I, LLC (individually, a **“Receivership Entity,”** and collectively, **“Receivership Entities”**). The Receivership Estate does not include the individual defendants. On July 8, 2021, the Court issued an order establishing a Claims Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities’ assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received by the Receiver on or before December 22, 2021. Proof of Claim Forms may be submitted by one of the following options: **(i) online, through the Receiver’s eClaims portal which can be accessed at www.omniagentsolutions.com/equalt (please note that in order to submit your claim through the eClaims portal, you will need your Personal Identification Code which is provided with your preprinted contact information above); (ii) electronically, by uploading your completed Proof of Claim Form to www.omniagentsolutions.com/equalt; or (iii) by submitting your completed Proof of Claim Form by mail, overnight delivery or courier, to EquiAlt Receiver Claims Processing c/o Omni Agent Solutions, at 5955 De Soto Avenue, Suite 100, Woodland Hills, CA 91367.**

The proper submission of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted. Questions regarding this form and the submission of same may be submitted to equaltclaims@omniagt.com or by calling 866-956-2142.

The information provided in this Proof of Claim Form will be used to determine your rights to a distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.** On July 6, 2021, the Receiver filed a motion seeking the Court’s approval to pool all Receivership assets and claims. As stated in that motion, the Receiver intends to use pooled Receivership assets to make distributions to all claimants who were damaged by this fraudulent scheme and timely and properly submit claims.

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

Any person or entity submitting this Proof of Claim Form submits to the exclusive jurisdiction of the above-captioned Court for all purposes, including, without limitation, as to any claims, objections, defenses, or counterclaims that could be or have been asserted by the Receiver against such Claimant or the holder of such claim in connection with this Receivership, including, those arising out of (1) any dealing or business transacted by or with any Receivership Entity and/or (2) any dealing or business transacted that relates in any way to any Receivership property. Claimant further agrees by making this submission to waive any right to a jury trial with respect to such claims, objections, defenses, and counterclaims.

IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS **NOT RECEIVED** BY THE RECEIVER THROUGH ONE OF THE APPROVED SUBMISSION METHODS LISTED ABOVE BY **DECEMBER 22, 2021**. YOU WILL BE FOREVER **BARRED** FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES’ ASSETS AND YOU WILL **NOT** BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

General Instructions:

Except where specified, you **must** answer each and every question on the following pages. If you are an investor, you do not need to answer questions 18-20, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 9-17, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write “not applicable.” If the answer to the question is “no” or “none,” please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). _____

2. If the Claimant’s interest is held in a qualified account (i.e., IRA, 401k, etc.), please confirm the name of the custodian (i.e., Goldstar, Vantage, etc.).

3. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person’s authority to act on the Claimant’s behalf. **If you are a power of attorney, trustee, or other**

fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.

4. If this form is being completed on behalf of an entity, please provide the full names of the entity’s officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. _____

5. Provide **one** mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive. It is the Claimant’s sole responsibility to advise the Receiver of any change to this address after the submission of this form.

6. Provide **one** email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant’s sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver’s discretion?

_____ Yes _____ No

7. Provide **one** telephone number for the Claimant. It is the Claimant’s sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form. _____

8. Provide the basis for your claim (please check applicable boxes):

- Investor
- Provided Goods or Services to a Receivership Entity
- Other (specify basis) _____

If you are not an investor, write “Not Applicable” to questions 9 through 17. If you are an investor, write “Not Applicable” to questions 18 through 20. All Claimants must answer questions 1 through 8 and questions 21 and 22.

Questions Specific to Investors

9. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount (which is (1) less the amount in (2)). Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

- _____ Yes, I agree with the amounts listed.
- _____ No, I do not agree with the amounts listed.
- _____ No amounts were provided by the Receiver.

If you answered yes, you do not have to respond to questions 10, 11, and 12. If you answered no or no amounts were provided by the Receiver, you must answer questions 10, 11, and 12, and provide copies of the documents requested. If no amounts were provided on the attached Exhibit A or you do not agree with the amounts listed, you must provide the amount you are claiming you are owed from the Receivership in response to question 12 below.

10. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1st investment in or with the Receivership Entities:

totaled \$ _____ and was made on _____ (date); through a check (or wire transfer) made payable to _____ and drawn on account number _____ with _____ (identify financial institution).

If applicable, 2nd investment in or with the Receivership Entities:

totaled \$ _____ and was made on _____ (date); through a check (or wire transfer) made payable to _____ and drawn on account number _____ with _____ (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn, or the wire transfer initiated.

Total amount you are claiming you invested with the Receivership Entities: \$ _____

11. Have you (whether personally or through your qualified account) ever received any money from a Receivership Entity, including as an “interest” payment, “return of principal,” or distribution relating to your investment or for any other reason? ___ Yes ___ No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$ _____

12. **State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership; this amount should be the total amount in question 10 less the total amount in question 11): \$ _____**

13. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes No. If yes, please identify how much or what you received, from whom, and the date it was received. _____

14. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.

15. Please explain the way in which you came to learn about any one or all of the Receivership Entities and thereafter invest in or with them, including the person(s) who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information. _____

16. Are you related by blood or marriage to any of the individual defendants or sales agents? Yes No. If yes, to whom are you related and what is the relationship? _____

17. Did you receive any compensation of any nature from any Receivership Entity, including but not limited to commissions, referral fees, or marketing fees? _____ Yes _____ No. If yes, please identify how much or what you received, from whom, and the date it was received. _____

Questions Specific to Non-Investor Claimants

18. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid). _____

19. State the amount you claim you are owed by any Receivership Entity. \$ _____
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

20. Identify your contact person or persons at the Receivership Entities. _____

Questions for all Claimants:

21. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? _____ Yes _____ No. If yes, identify the nature and status of any such action, the date the action was initiated, and the name of the attorney who commenced the action. _____

22. If you answered yes to question 21, have you received any money as a result of these efforts? _____ Yes _____ No. If yes, please provide the date you received the recovery, from whom the recovery was received, the total amount of the recovery, and the net amount you received. _____

Sign this Proof of Claim Form, under penalty of perjury, and send it along with legible copies of any documentation requested in this form, to the Receiver by one of the following options so as to be received no later than **December 22, 2021**: (i) online, through the Receiver's eClaims portal which can be accessed at www.omniagentsolutions.com/equalt (please note that in order to submit your claim through the eClaims portal, you will need your Personal Identification Code which is provided below your preprinted contact information on the first page of this form); (ii) electronically, by uploading your completed Proof of Claim Form to www.omniagentsolutions.com/equalt; or (iii) by submitting your completed Proof of Claim Form by mail, overnight delivery or courier, to EquiAlt Receiver Claims Processing c/o Omni Agent Solutions, at 5955 De Soto Avenue, Suite 100, Woodland Hills, CA 91367. **IF YOU FAIL TO TIMELY SUBMIT YOUR PROOF OF CLAIM FORM, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.**

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM AND STATE THE AMOUNT YOU ARE CLAIMING YOU ARE OWED FROM THE RECEIVERSHIP.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct.

Signature of Claimant: _____

Print Name: _____

Date: _____

Title (if any): _____

If joint claim:

Signature of Claimant: _____

Print Name: _____

Date: _____

Title (if any): _____

EXHIBIT A

Claimant Name:

Amount Invested:

Total Payments:

Net Investment Amount:

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.