

H. Thomas Moran, II
Receiver for the assets of Edward T. Stein and the Relief Defendants
521 W. Wilshire Blvd., Suite 200
Oklahoma City, OK 73116

Final Investment Claim Form

*Submit form to the address above or email to receiver@esteinreceivership.com

*This form is to be completed by parties that participated in investment activities, rendered services to, or engaged in monetary transactions with Edward T. Stein, Defendant; and DISP, LLC, Edward T. Stein Associates, Ltd., G&C Partnership Joint Venture, Gemini Fund I, L.P., Prima Capital Management, LLC, Vibrant Capital Corp., and Vibrant Capital Funding I LLC, Relief Defendants.

Claimant Information	
Name (Investor or Trustee):	
Company/Entity Name (if applicable): (Trust or Creditor)	
Address (House Number, Street Name, Unit):	
Address (City, State, Zip Code):	
Telephone Number:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Office
Facsimile Number (if applicable):	
Email Address (for primary contact):	
Please indicate your preferred means of contact (check one): <input type="checkbox"/> US Postal Service <input type="checkbox"/> Email <input type="checkbox"/> Facsimile	

Additional information you feel necessary that would assist the Receiver with your claim:

Claims

Claim One

Amount Invested:	Date of Investment:	Description: <input type="checkbox"/> Gemini <input type="checkbox"/> Vibrant <input type="checkbox"/> Northold <input type="checkbox"/> DISP <input type="checkbox"/> Amerifund <input type="checkbox"/> Prima <input type="checkbox"/> OTHER _____
Is supporting documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Method of Monetary Transfer: <input type="checkbox"/> Personal Check <input type="checkbox"/> Wire <input type="checkbox"/> Rollover <input type="checkbox"/> Other _____

Notes:

Claim Two (if applicable)

Amount Invested:	Date of Investment:	Description: <input type="checkbox"/> Gemini <input type="checkbox"/> Vibrant <input type="checkbox"/> Northold <input type="checkbox"/> DISP <input type="checkbox"/> Amerifund <input type="checkbox"/> Prima <input type="checkbox"/> OTHER _____
Is supporting documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Method of Monetary Transfer: <input type="checkbox"/> Personal Check <input type="checkbox"/> Wire <input type="checkbox"/> Rollover <input type="checkbox"/> Other _____

Notes:

Claim Three (if applicable)

Amount Invested:	Date of Investment:	Description: <input type="checkbox"/> Gemini <input type="checkbox"/> Vibrant <input type="checkbox"/> Northold <input type="checkbox"/> DISP <input type="checkbox"/> Amerifund <input type="checkbox"/> Prima <input type="checkbox"/> OTHER _____
Is supporting documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Method of Monetary Transfer: <input type="checkbox"/> Personal Check <input type="checkbox"/> Wire <input type="checkbox"/> Rollover <input type="checkbox"/> Other _____

Notes:

Payments Received (Distributions and self directed payment if applicable)

Funds Received One	
Amount Received:	Method of Receipt: <input type="checkbox"/> Check <input type="checkbox"/> Wire <input type="checkbox"/> Other
Date Received:	
Is supporting documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

Funds Received Two	
Amount Received:	Method of Receipt: <input type="checkbox"/> Check <input type="checkbox"/> Wire <input type="checkbox"/> Other
Date Received:	
Is supporting documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

Funds Received Three	
Amount Received:	Method of Receipt: <input type="checkbox"/> Check <input type="checkbox"/> Wire <input type="checkbox"/> Other
Date Received:	
Is supporting documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

Please include copies of the following documentation:

- Supporting documentation of investments including statements and proof of funds sent to or received by Edward T. Stein and/or the Relief Defendants, et al.
- Supporting documentation of services rendered including notes payable, statements, etc. sent to or received by Edward T. Stein and/or the Relief Defendants, et al.
- Any investment or subscription documents.
- Marketing materials you received that helped in making your investment decision.
- Supporting documentation of any distributions or redemptions received on your investments.

If there is further information you wish to relay that cannot be completed on this form, please include a cover letter with details and supporting documentation of any claims made or complete the "Additional Comments" section on the first page of this form.

<i>Signature and date:</i>		
_____ Signature		_____ Date
<i>Witness signature and date (two signatures required):</i>		
_____ Witness 1 - Signature	_____ Print Name	_____ Date
_____ Witness 2 - Signature	_____ Print Name	_____ Date

<i>Signature and date of Joint Owner/Co-TTEE (if applicable):</i>		
_____ Signature		_____ Date
<i>Witness signature and date (two signatures required):</i>		
_____ Witness 1 - Signature	_____ Print Name	_____ Date
_____ Witness 2 - Signature	_____ Print Name	_____ Date

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct and that any and all attached or enclosed documents are true and correct copies of the original documents.