

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 Non-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 (Individual or Entity): | |
| 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 of Services Rendered, Goods Provided or Credit Extended: | Date of Services Rendered, Goods Provided or Credit Extended: | 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 of Services Rendered, Goods Provided or Credit Extended: | Date of Services Rendered, Goods Provided or Credit Extended: | 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 of Services Rendered, Goods Provided or Credit Extended: | Date of Services Rendered, Goods Provided or Credit Extended: | 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

| 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 services rendered, goods provided or credit extended 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 invoice, loan or credit documents.

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.