

H. THOMAS MORAN, II, RECEIVER FOR
THE ASSETS OF LIFETIME CAPITAL, INC.
AND RELATED ENTITIES

**OFFICIAL COURT-APPROVED
NON-INVESTMENT DEBTCLAIM FORM**

SUBMIT FORM TO:
H. Thomas Moran, II
LifeTime Capital Receiver
P. O. Box 16338
Oklahoma City, OK 73113

Please copy this form and submit ONE (1) claim for *EACH* non-investment debt claim (e.g. claim for price of goods or services provided) against LifeTime Capital, Inc. or a related entity ("LifeTime").

INTERNAL USE ONLY:

Claim Category: _____

Claim Number: _____

Date Received: _____

PART 1. CLAIMANT INFORMATION:

NAME: (First) (Middle Initial) (Last) SOCIAL SECURITY OR TAX I.D. NO.

STREET ADDRESS:

CITY: STATE: ZIP: COUNTRY:

PHONE NUMBERS: DAYTIME () EVENING () CELLULAR/MOBILE: () FAX ()

E-MAIL ADDRESS: ALTERNATE CONTACT INFORMATION:

PART 2. DETAIL OF DEBT. (If you claim more than one Debt stemming from separate transactions, please copy this form and submit one completed form for each Debt. Please do *not* file one form for the aggregate amount of multiple Debts.)

BASIS OF CLAIM (Check the Box):

- Goods Sold (Describe) _____
- Equipment Rented or Leased (Describe) _____
- Services Provided (Describe) _____
- Funds Loaned (Describe Purpose of Loan) _____
- Wages or Salary (Describe Job Duties and Dates of Employment) _____
- Other (Explain) _____

IF YOU, THE CLAIMANT, ARE NOT THE ORIGINAL CREDITOR, PLEASE EXPLAIN YOUR RELATIONSHIP TO THE ORIGINAL CREDITOR (AND ATTACH DOCUMENTATION SHOWING YOUR LEGAL RIGHT TO COLLECT UPON THE DEBT). _____

IN ADDITION, PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE ORIGINAL CREDITOR:

FULL NAME OR BUSINESS NAME: (First) (Middle Initial) (Last)

ADDRESS: (Street Address) (City) (State) (Zip Code)

SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER:

SUPPORTING DOCUMENTS: Attach Copies of Supporting Documents to this Claim Form, e.g. Invoices, Contracts, Leases, Assignments, or other agreements which support your claim. DO NOT SEND ORIGINAL DOCUMENTS.

VERIFICATION OF CLAIMS: All claims submitted are subject to verification by the Receiver and approval by the Court. It is important to provide complete and accurate information to facilitate this effort. Claimants may be asked to supply additional information to complete this process. Failure to supply additional information in a timely manner may result in the Receiver's inability to verify your Claim(s) and the Court's decision to disallow your Claim(s) in whole, or in part.

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.

_____ Executed on (Date) _____
CLAIMANT - (Sign name)

CLAIMANT - (Print or type name)

INSTRUCTIONS FOR OFFICIAL COURT-APPROVED FORMS

Office of the Receiver, H. Thomas Moran, II
PO Box 16338
Oklahoma City, OK 73113

Phone: (405) 607-2722

Fax: (405)753-9397

Website: www.lifetimereceiver.com

E-mail: lifetimereceiver@coxinet.net

INSTRUCTIONS FOR NON-INVESTMENT DEBT CLAIM FORM

THE "**NON-INVESTMENT DEBT CLAIM**" Form is to be used to make a Claim for goods, services, loans etc. provided to LifeTime Capital Inc. or a related entity ("LifeTime") for which payment was not made.

If you invested funds with LifeTime, please use the separate, Investment and Premium Payment Claim Forms to make claims for those amounts paid to LifeTime. Those Forms are available on the Receiver's website at www.lifetimereceiver.com.

If you are making a Claim for more than one debt owed by LifeTime, please use one copy of the Form for each claimed debt. Please *do not* file an additional Claim for the total amount of separately claimed debts.

You may copy this Form or download additional copies from the Receiver's web site at www.lifetimereceiver.com.

IMPORTANT – TIMELY FILING REQUIRED

Your completed Claim Form(s) and supporting documentation should be submitted within **ninety (90) days** of your receipt of this information. Failure to submit a Claim in a timely manner may result in the inability to verify your Claim(s) and in the Court's determination that your Claim(s) cannot be Allowed, in whole or in part.

Once you have submitted your Claim, the Receiver, or his representative, may contact you for additional information regarding your Claim. Failure to provide such requested information within **thirty (30) days** may result in the inability to verify your Claim(s) and in the Court's determination that your Claim(s) cannot be Allowed, in whole or in part.

SUPPORTING DOCUMENTATION REQUIRED

You, the Claimant, are responsible for attaching copies of documentation listed below supporting the amount of your Claim. These documents must be sufficient to show that the claimed amount is owed to you by LifeTime. Failure to attach supporting documentation may result in the Receiver's inability to verify your Claim and in the Court's decision to disallow the Claim, in whole or in part.

Where the required documentation is in the custody or control of a third party you must obtain copies of that documentation from the third party to attach to your Claim.

Please provide *copies* (DO NOT SEND ORIGINAL DOCUMENTS) of these documents along with this Claim Form:

- Copy of any invoices for goods, services, etc. provided to LifeTime.
- An explanation of how you calculate the amount of your Claim – all Claim amounts must be for the *original* amount owed and be *exclusive* of amounts for interest or any type of late fee, charge or penalty.
- Copies any contracts, leases, notes, mortgages or other types of agreements with LifeTime related to your Claim.
- If you, the Claimant, are not the original Creditor for the Claim, please attach copies of documentation sufficient to show your right to make a Claim (e.g. purchase of receivables, business sale agreement, etc.)

ADDITIONAL INSTRUCTIONS

- The original creditor, or other legal claimant, must sign and date the Claim Form.
- **SUBMIT THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO: H. Thomas Moran, LifeTime Capital Receiver, P.O. Box 16338, Oklahoma City, Oklahoma 73113.**

We strongly suggest that you submit your Claim Form **via certified mail..DO NOT SEND** your completed Claim Form to the Court, this will only delay the Claim process.

- Upon receipt of your Claim(s) my office will send to you a letter acknowledging receipt and informing you of the assigned Claim Numbers. If you do not receive an Acknowledgement Letter within **45 days** of mailing your completed Claim Forms, you must let the Receiver know, **in writing**, at the address, fax number or e-mail address above to ensure that your Claim has not been lost in transit.
- It is very important for the Receiver to have a way to contact you throughout this process. If you move, or your contact information changes for any reason, please send a *signed* letter to the address or fax number shown above or send a completed Address Change Form to the address or fax number above. The Address Change Forms are available at the Receivership website at www.lifetimereceiver.com.
- Mailing of these Claim Forms to the potential claimants will be done as potential claimants are identified by the Receiver. If you know of any other LifeTime creditor who have not received Claim Forms within please tell them access the Receiver's website at www.lifetimereceiver.com to download Claim Forms or to to contact the Receiver by mail or e-mail so that we can provide a Claim Form.

For Answers to Frequently Asked Questions about these Claim Forms, please refer to the "F.A.Q." Section on the Receiver's website: www.lifetimereceiver.com.