

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA**

SECURITIES AND EXCHANGE  
COMMISSION,

Plaintiff,

v.

INTEGRATED NATIONAL  
RESOURCES, INC. dba  
WEEDGENICS, ROLF MAX  
HIRSCHMANN aka "MAX  
BERGMANN," and  
PATRICK EARL WILLIAMS,

Defendants, and

WEST COAST DEVELOPMENT  
LLC, INR CONSULTING LLC  
(WYOMING ENTITY),  
OCEANS 19 INC.,  
AUTOBAHN PERFORMANCE LLC,  
ONE CLICK  
GENERAL MEDIA INC.,  
OPUS COLLECTIVE,  
JOHN ERIC FRANCOM,  
INR-CA INVESTMENT HOLDINGS,  
LLC,  
MICHAEL DELGADO, TOTAL  
SOLUTION CONSTRUCTION  
LLC,  
BAGPIPE HOLDINGS LLC,  
BAGPIPE MULTIMEDIA LLC,  
TYLER CAMPBELL.

Case No. 8:23-cv-00855-JWH-KESx

**ORDER APPROVING  
PROCEDURES FOR THE  
ADMINISTRATION OF CLAIMS  
AGAINST THE RECEIVERSHIP  
ESTATE; SETTING CLAIMS BAR  
DATE, AND APPROVING CLAIMS  
BAR DATE NOTICE AND PROOF  
OF CLAIM FORMS [ECF No. 307]**

1 INR CONSULTING LLC  
2 (CALIFORNIA ENTITY),  
3 HIDDEN SPRINGS HOLDINGS  
4 GROUP LLC, and  
5 ALEXANDRIA PORTER BOVEE aka  
6 "AIA MONTGOMERY,"  
7  
8 Relief Defendants.  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1 Before the Court is the unopposed Motion of Receiver Krista L Freitag  
2 (the “Receiver”) for an Order (1) approving procedures for the administration  
3 of claims against the receivership estate; (2) setting claims bar date; and  
4 (3) approving claims bar date notice and proof of claim forms.<sup>1</sup> The Court  
5 concludes that this matter is appropriate for resolution without a hearing. *See*  
6 Fed. R. Civ. P. 78; L.R. 7-15. After considering the Motion, and in the absence  
7 of any opposition, the Court **ORDERS** as follows:

- 8 1. The Receiver’s Motion [ECF No. 307] is **GRANTED**.
- 9 2. The rules and procedures for the administration of claims against  
10 the receivership estate, as described in the Motion, are **APPROVED**.
- 11 3. The following dates and deadlines related thereto are **SET**:

EVENT	DATE/DEADLINE
Deadline for Receiver to send Claims Bar Date Notice, Proof of Claim Form, and W9 Form	Monday, April 21, 2025
Deadline for filing Claims	Friday, June 20, 2025
Deadline for Receiver to send notifications of deficiencies	Thursday, September 18, 2025
Deadline for Receiver to file a motion to allow or deny Claims and for approval of a distribution plan	Monday, November 17, 2025

12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

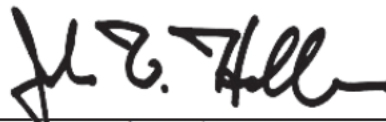
<sup>1</sup> Receiver’s Mot. for Order (the “Motion”) [ECF No. 307].

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

4. The proposed Claims Bar Date Notices and Proof of Claim Forms provided with the Motion and attached to this Order are **APPROVED**.

**IT IS SO ORDERED.**

Dated: March 13, 2025



John W. Holcomb  
UNITED STATES DISTRICT JUDGE

# **EXHIBIT A**

\_\_\_\_\_, 2025

Re: **Claims Bar Date Notice and Instructions for Proof of Claim Form**  
in the matter of SECURITIES AND EXCHANGE COMMISSION v. INTEGRATED NATIONAL RESOURCES, INC. dba WEEDGENICS, ROLF MAX HIRSCHMANN aka "MAX BERGMANN," PATRICK EARL WILLIAMS, Defendants, and WEST COAST DEVELOPMENT LLC, INR CONSULTING LLC (WYOMING ENTITY), OCEANS 19 INC., AUTOBAHN PERFORMANCE LLC, ONE CLICK GENERAL MEDIA INC., OPUS COLLECTIVE, JOHN ERIC FRANCOM, INR-CA INVESTMENT HOLDINGS, LLC, MICHAEL DELGADO, TOTAL SOLUTION CONSTRUCTION LLC, BAGPIPE HOLDINGS LLC, BAGPIPE MULTIMEDIA LLC, TYLER CAMPBELL, INR CONSULTING LLC (CALIFORNIA ENTITY), HIDDEN SPRINGS HOLDINGS GROUP LLC, and ALEXANDRIA PORTER BOVEE aka "AIA MONTGOMERY", Relief Defendants, United States District Court, Central District of California (the "Court") Case No. 8:23-cv-00855-JWH (KES)

Dear Claimant:

As you are aware, I have been appointed as permanent receiver for Defendant INTEGRATED NATIONAL RESOURCES, INC., DBA WEEDGENICS, And Relief Defendants, WEST COAST DEVELOPMENT LLC, INR CONSULTING LLC (WYOMING ENTITY), OCEANS 19 INC., AUTOBAHN PERFORMANCE LLC, ONE CLICK GENERAL MEDIA INC., OPUS COLLECTIVE, INR-CA INVESTMENT HOLDINGS, LLC, TOTAL SOLUTION CONSTRUCTION LLC, BAGPIPE HOLDINGS LLC, BAGPIPE MULTIMEDIA LLC, INR CONSULTING LLC (CALIFORNIA ENTITY), AND HIDDEN SPRINGS HOLDINGS GROUP LLC, and their subsidiaries and affiliates (collectively, "Receivership Entities" or individually, a "Receivership Entity") in connection with the above-referenced Securities and Exchange Commission (the "SEC" or "Commission") enforcement action.

Among my duties as the Receiver is to oversee the administration of the claims process whereby each prospective claimant can submit a claim for payment of her/his/its net loss or other claim, which claim, if allowed by the Court, will be paid in accordance with a (yet to be filed) distribution plan. As presented in the Motion for Order, (1) Approving Procedures for the Administration of Claims Against the Receivership Estate; (2) Setting Claims Bar Date; and (3)

Approving Claims Bar Date Notice and Proof of Claim Forms (the "Claims Motion"), in order to determine the appropriate claim amount for each unique claimant and formulate a proposed plan for distributing receivership estate funds, an orderly process for the submission and review of claim information and the determination of any disputed claims must be established. As such, the Receiver first sought Court approval of the Claims Motion and will later seek Court approval of a distribution plan in order to proceed with the actual distributions.

On \_\_\_\_\_, the United States District Court approved the Claims Motion via the Order Granting Motion for, (1) Approving Procedures for the Administration of Claims Against the Receivership Estate; (2) Setting Claims Bar Date; and (3) Approving Claims Bar Date Notice and Proof of Claim Forms ("Claims Process Order"). A copy of the Claims Motion and Claims Process Order can be found at [www.INReceivership.com](http://www.INReceivership.com) or you can request a copy by phone at (619) 326-4334 or email at [inr@ethreadvisors.com](mailto:inr@ethreadvisors.com).

This Claims Bar Date Notice and Instructions for Proof of Claim Form serves as formal notice of the Claims Process Order, which among other things, requires that each claimant sign (under penalty of perjury) and submit the enclosed Proof of Claim Form and Substitute W9 form to the Receiver on or before \_\_\_\_\_, **2025** (the "Bar Date"). Should you fail to return the completed and signed Proof of Claim Form and W9 form pursuant to the directions herein on or before the Bar Date, your claim may be disallowed as untimely.

You have been identified as a prospective claimant. With regard to investor claimants, I have worked to calculate the Net Loss Amount, which reflects the net amount of actual payments you made to and received from the Receivership Entities or others in connection with the scheme. The Proof of Claim Form provides each of you with a detailed summary of my calculations of your claim, resulting from the money-in/money-out ("MIMO") calculation

(which includes any settlement payment you received) as approved by the Court. Please note that, pursuant to the Claims Process Order, this calculation does not include any interest or principal amounts "reinvested", "compounded", "rolled over" or otherwise never actually paid out to you; it also does not include any accrued interest or legal fees you may have incurred.

For most investor claimants, this calculation may aggregate or identify multiple investments which appear affiliated or investors in the same household (e.g., husband and wife) as a single unit/unique investor. For example, if you invested \$10,000 via 'Account A' and \$10,000 via 'Account B' and received total payments from the Receivership Entities' or others in connection with the scheme for 'Account A' of \$12,000; your total claim amount will be \$8,000 (\$10,000 plus \$10,000 less \$12,000 actually received).

However, it may be necessary in some instances to separate affiliated investments or household units. As such, you and your spouse, significant other, or relative must provide to my office all documentation which is relevant to showing who (along with the appropriate tax identification number) is the ultimate beneficiary of your investment(s). For example, if a family trust's beneficiaries are different from your individual investment, it is imperative you provide all current trust documents which reflect the legal beneficiaries of the trust's assets. Or, for example, if an investor has married or divorced, is deceased, is a corporation or an LLC, documentation reflecting such occurrence (e.g., marriage certificate, divorce decree or death certificate, will and/or estate documents which reflect beneficiaries) or proper ownership (in the event of a corporate or LLC investments) must be provided to my office. If separation of investments is determined appropriate or necessary, we will need each separate investor to complete his/hers/its own Proof of Claim Form. **Each of you will be required to timely complete and return a Proof of Claim Form and W9 to my office. The Proof of Claim**



**Form and W9 Form will be available for download on the [www.INReceivership.com](http://www.INReceivership.com) website or you can request an additional copy by emailing the Receiver at [inr@ethreadvisors.com](mailto:inr@ethreadvisors.com).**

Please note that if you receive any payments for any reason (between now and the distribution plan implementation) relating to your investment(s), you must disclose those payments to us and the amount(s) of those payments will reduce your net MIMO balance for the purpose of the forthcoming distribution plan to be submitted for Court approval upon completion of this claims process.

Trade creditors and taxing authorities must also timely submit Proof of Claim Forms and W9 Forms to my office. Per the Claims Process Order and the attached Trade Creditor and Tax Proof of Claim Forms, each Trade Creditor who asserts a claim against the Receivership Entities for amounts due prior to the Receivership Appointment Date (May 19, 2023), must complete, sign and submit the Proof of Claim Form with supporting documentation to my office on or before the Claims Bar Date. If approved, trade claims will only be allowed in the amount of the actual value of the goods or services provided prior to the Receivership Date.

With regard to both investor claimants and trade creditor claimants, please note that pursuant to the Claims Process Order, an allowed claim shall not include claims for interest, late fees, contract or other damages, legal fees, consequential, contingent or unliquidated damages, claims submitted by a Defendant or their present or former officer or director.

**AT THIS TIME, PLEASE READ, REVIEW, AND COMPLETE THE ATTACHED INVESTOR PROOF OF CLAIM FORM OR TRADE CREDITOR AND TAX PROOF OF CLAIM FORM AND RETURN A COPY, ALONG WITH THE ENCLOSED W9 FORM AND ANY SUPPORTING DOCUMENTATION YOU DEEM**

**NECESSARY, TO E3 ADVISORS, ATTN: INR CLAIMS PROCESS ADMINISTRATOR**  
**AT 501 WEST BROADWAY, SUITE 290, SAN DIEGO, CA 92101.** YOU MAY ALSO  
SUBMIT YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM, ALONG  
WITH YOUR W9 FORM AND ANY SUPPORTING DOCUMENTATION YOU DEEM  
NECESSARY ELECTRONICALLY VIA THE SECURE SITE FOR WHICH SPECIFIC  
INSTRUCTIONS ARE ATTACHED HERETO [SUCH INSTRUCTIONS WILL ONLY  
BE PROVIDED WHEN THE ACTUAL CLAIMS FORMS ARE SENT]. THESE FORMS  
MUST BE SIGNED AND RETURNED SUCH THAT THEY ARE RECEIVED ON OR  
BEFORE THE BAR DATE \_\_\_\_\_, 2025. *DO NOT SEND* your completed and  
signed Proof of Claim, W9 or any supporting documentation back to the Receiver via  
email.

As always, I encourage you to follow this matter on the website at  
[www.INRreceivership.com](http://www.INRreceivership.com). Thank you for your assistance during the pendency of this process.

Very truly yours,

Krista L. Freitag  
Court-Appointed Receiver

Enclosure

# **EXHIBIT B**

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
CASE NO. 8:23-cv-00855-JWH (KES)

INVESTOR PROOF OF CLAIM FORM

SECURITIES AND EXCHANGE COMMISSION

vs.

INTEGRATED NATIONAL RESOURCES, INC. dba  
WEEDGENICS, ROLF MAX HIRSCHMANN aka "MAX  
BERGMANN," PATRICK EARL WILLIAMS;  
DEFENDANTS

and

WEST COAST DEVELOPMENT LLC, INR CONSULTING  
LLC (WYOMING ENTITY), OCEANS 19 INC.,  
AUTOBAHN PERFORMANCE LLC, ONE CLICK  
GENERAL MEDIA INC., OPUS COLLECTIVE, JOHN  
ERIC FRANCOM, INR-CA INVESTMENT HOLDINGS,  
LLC, MICHAEL DELGADO, TOTAL SOLUTION  
CONSTRUCTION LLC, BAGPIPE HOLDINGS LLC,  
BAGPIPE MULTIMEDIA LLC, TYLER CAMPBELL, INR  
CONSULTING LLC (CALIFORNIA ENTITY), HIDDEN  
SPRINGS HOLDINGS GROUP LLC, and ALEXANDRIA  
PORTER BOVEE aka "AIA MONTGOMERY";  
RELIEF DEFENDANTS

THIS SPACE RESERVED FOR ADMINISTRATIVE  
USE ONLY

PLEASE READ THE ACCOMPANYING LETTER INSTRUCTIONS BEFORE COMPLETING  
THIS FORM, IT MUST BE RETURNED ON OR BEFORE \_\_\_\_\_, 2025

As reflected in Section 2 below, the Receiver has calculated the Net Loss Amount, the net amount of actual payments you made to and received from the Receivership Entities or others in connection with the scheme.

If the investor name and amounts listed in Section 3 below are consistent with your records, you do not need to provide any documents or further information; you need to simply complete and sign this Proof of Claim Form, complete and sign the enclosed W9 Form, and return both forms electronically via the secure site for which instructions have been provided herewith or to: **E3 Advisors, Attn: INR Claims Process Administrator, 501 West Broadway, Suite 290, San Diego, CA 92101.**

If your records are not consistent with the investor name or amounts listed in Section 2 below, you will need to provide further documentation, as described on the last page of this document. Please keep in mind that pursuant to the Court's order, an allowed claim shall not include claims for interest, late fees, contract or other damages, contingent or liquidated damages, or legal fees incurred.

The Receiver will review each Proof of Claim Form, attempt to resolve any questions or disputes directly with the claimant, and will ultimately make a recommendation to the Court to allow or disallow part or all of the claim. Claimants will receive notice and an opportunity to respond if the Receiver disagrees with the amount stated on their claim. For claims that are allowed, distributions will be made pursuant to a Court-approved distribution plan. The amount distributed will depend on the total amount of allowed claims, the total assets available for distribution, and the terms of the distribution plan.

Submission of a claim does not guarantee the claims will be allowed or any payment will be made. The claim must be allowed by the United States District Court for the Central District of California ("Court").

**ADDRESS OF CLAIMANT [INFORMATION REQUIRED]:**

Print your current address, telephone number and email address here:

Current Address of Claimant: \_\_\_\_\_

\_\_\_\_\_

Telephone No. of Claimant: \_\_\_\_\_

Email Address of Claimant: \_\_\_\_\_

( ) Check this box **ONLY** if you have an alternative contact for your investment(s). If so, please include all contact details here (you must also attach a Power of Attorney, Death Certificate, Trust Beneficiary, or other legal documentation, as applicable, which legally authorizes contact with such individual or entity):

Alternative Contact Name:.....

Alternative Contact Address: .....

Telephone No. of Alternative Contact: \_\_\_\_\_

Email Address of Alternative Contact: \_\_\_\_\_

**Please complete the following:**

1. **Was your investment/loan made from a tax-deferred account?**

**YES / NO**

If YES, please print the tax-deferred account Custodian name, address and phone number as well as your account number here:

Custodian Name and Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No. of Custodian: \_\_\_\_\_

Email Address of Custodian: \_\_\_\_\_

Account Number: \_\_\_\_\_

**2. Name as it should appear on distribution check (if YES on Item 1. above, be certain to clarify if such payment is to be made payable to and sent directly to the tax-deferred account Custodian or to you individually). It is imperative to note that if your investment(s) was/were made through an entity or Trust and you are asking that distributions from the receivership be made to you as an individual, you must submit all of the entity's or Trust's documentation such that the Receiver is able to confirm the individual payee is the proper and sole payee:**

Payee: \_\_\_\_\_

Payment Address (only IF different than address of claimant provided above):

Payment Address: \_\_\_\_\_

\_\_\_\_\_

**NET LOSS CALCULATION(S):**

According to the records of the Receivership Entities, it appears, you have made the following investments in and received the following payments from the Receivership Entities or others in connection with the scheme (which includes any settlement payments you received):

**DETAILED CHART ON FOLLOWING PAGE(S)**

If the information above is not consistent with your records (investor name or amounts), you will need to provide corrected information in the same format as Section 2 above (attach additional sheets if necessary) and supporting documentation, further discussed below.

**3. Supporting Documents: DO NOT SEND** copies of supporting documents if you agree with the information listed in Section 2 above. However, if you dispute the investor name or amounts listed in Section 2 above, **DO SEND COPIES ONLY** of all documents that support your corrected investment information along with your completed and signed Proof of Claim and W9 Forms electronically via the secure site for which instructions have been provided herewith or to: E3 Advisors, Attn: INR Claims Process Administrator, 501 West Broadway, Suite 290, San Diego, CA 92101. Examples of supporting documentation include bank statements, canceled checks, wire transfer documents, contracts, email messages, or other written correspondence. If the Receiver has questions or needs further information, her office will contact you. Please keep a copy of everything that you send. **DO NOT SEND** your completed and signed Proof of Claim, W9 or any supporting documentation back to the Receiver via email.

**4. Date Stamped Copy:** To receive an acknowledgement of the submission of your Proof of Claim Form, please enclose a stamped, self-addressed envelope and an additional copy of this Proof of Claim Form.

**5. Signature:** Sign and print the name and title, if any, of the claimant or other person authorized to file this claim (attach copy of power of attorney, death certificate, trust beneficiary, or other documents as needed). **YOU MUST PROVIDE AN ORIGINAL SIGNATURE.**

PLEASE NOTE that we cannot provide you with tax or legal advice relating to your claim. If you have concerns about the tax or legal implications of your claim, please contact an attorney or your tax advisor.

**By Signing My/Our Name Below, I/We Acknowledge and Affirm that: I/we will supplement this Proof of Claim Form if any information given later becomes inaccurate or incomplete; I/we am/are a creditor of the Receivership Entities; I/we hereby affirm that the answers provided herein are truthful; and that I/we understand that this Proof of Form is submitted under penalty of perjury.**

Date: \_\_\_\_\_, 2025

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Title (if any) \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_



Title (if any) \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Title (if any) \_\_\_\_\_

# **EXHIBIT C**

<p align="center"><b>UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA CASE NO. 8:23-cv-00855-JWH (KES)</b></p> <p><i>SECURITIES AND EXCHANGE COMMISSION</i> vs. <i>INTEGRATED NATIONAL RESOURCES, INC. dba WEEDGENICS, ROLF MAX HIRSCHMANN aka "MAX BERGMANN," PATRICK EARL WILLIAMS; DEFENDANTS</i> and <i>WEST COAST DEVELOPMENT LLC, INR CONSULTING LLC (WYOMING ENTITY), OCEANS 19 INC., AUTOBAHN PERFORMANCE LLC, ONE CLICK GENERAL MEDIA INC., OPUS COLLECTIVE, JOHN ERIC FRANCOM, INR-CA INVESTMENT HOLDINGS, LLC, MICHAEL DELGADO, TOTAL SOLUTION CONSTRUCTION LLC, BAGPIPE HOLDINGS LLC, BAGPIPE MULTIMEDIA LLC, TYLER CAMPBELL, INR CONSULTING LLC (CALIFORNIA ENTITY), HIDDEN SPRINGS HOLDINGS GROUP LLC, and ALEXANDRIA PORTER BOVEE aka "AIA MONTGOMERY"; RELIEF DEFENDANTS</i></p>	<p align="center"><b>TRADE CREDITOR PROOF OF CLAIM FORM</b></p> <p align="center">THIS SPACE RESERVED FOR ADMINISTRATIVE USE ONLY</p>
---	---

**PLEASE READ THE ACCOMPANYING LETTER - INSTRUCTIONS BEFORE  
COMPLETING THIS FORM, THIS FORM MUST BE COMPLETED AND  
RETURNED ON OR BEFORE \_\_\_\_\_, 2025**

**NAME AND ADDRESS OF CLAIMANT:**

**[insert name and address here]**

**The submission of a Trade Creditor and Tax Claim Form does not guarantee that you will receive a distribution of any amount. Each claim will be reviewed by the Receiver, and the Receiver will then make a recommendation to the United States District Court for the Central District of California ("Court") to allow or disallow part or all of the claim. Claimants will receive notice and an opportunity to respond if the Receiver disagrees with the amount stated on their claim. For claims that are allowed, distributions will be made pursuant to a Court-approved distribution plan. The amount distributed will depend on the total amount of allowed claims, the total assets available for distribution, and the terms of the distribution plan.**

**In submitting your claim, please keep in mind that an allowed claim shall not include claims for interest, late fees, contract or other damages, legal fees incurred, contingent or unliquidated damages. Furthermore, only claims for actual services provided or materials delivered to the Receivership Entities prior to the receivership will be considered.**

**I am submitting a claim as an/a (must check only one box):**

- Trade Creditor or Vendor
- Employee (if selected, must complete Section II **and** Section VII below)
- Tax Agency (State, Federal or local taxing authority)
- Other. If Other, provide explanation: \_\_\_\_\_

**Print your current address, telephone number and email address here [information required]:**

Current Address of Claimant: \_\_\_\_\_

\_\_\_\_\_

Telephone No. of Claimant: \_\_\_\_\_

Email Address of Claimant: \_\_\_\_\_

Tax I.D.: \_\_\_\_\_

**Name as it should appear on distribution check:**

Payee: \_\_\_\_\_

Payment Address (only IF different than address of claimant provided above):

Payment Address: \_\_\_\_\_

\_\_\_\_\_

**DETAILED CHART ON FOLLOWING PAGE(s)**

**Please list and explain the amount of your claim and how the claim arose (use extra sheet if necessary) – YOU MUST ALSO PROVIDE COPIES OF ALL INVOICES, CONTRACTS, AND OTHER DOCUMENTATION SUPPORTING THIS CLAIM.**

<b>Date of claim/service/delivery of goods/contract/tax</b>	<b>Amount of Claim (e.g., Invoice/Bill)</b>	<b>Description of claim/contract and/or service, goods or basis for tax claim</b>

**Supporting Documents:** If you are a trade creditor, vendor, employee, taxing authority or other claimant, you are required to provide sufficient documentation supporting your claim; claims submitted without sufficient supporting documentation may be disallowed. Please send copies only and retain your original records; original materials provided to the Receiver will not be returned to you. Upon completion, be sure to keep a copy of your completed claim form and proof of mailing. Please send all documentation to: E3 Advisors, Attn: INR Claims Process Administrator, 501 West Broadway, Suite 290, San Diego, CA 92101. If the Receiver has questions or needs further information, her office will contact you.

**Date Stamped Copy:** To receive an acknowledgement of the submission of your Claim Certification Form, please enclose a stamped, self-addressed envelope and an additional copy of this Claim Certification Form.

**Signature:** Sign and print the name and title, if any, of the claimant or other person authorized to file this claim (attach copy of power of attorney, death certificate, trust beneficiary, or other documents as needed). **YOU MUST PROVIDE AN ORIGINAL SIGNATURE.**

**PLEASE NOTE that we cannot provide you with tax or legal advice relating to your claim. If you have concerns about the tax or legal implications of your claim, please contact an attorney or your tax advisor.**

**By Signing My/Our Name Below, I/We Acknowledge and Affirm that: I/we will supplement this Proof of Claim Form if any information given later becomes inaccurate or incomplete; I/we am/are a creditor of the Receivership Entities; I/we hereby affirm that the answers provided herein are truthful; and that I/we understand that this Proof of Claim is submitted under penalty of perjury.**

Date: \_\_\_\_\_, 2025

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Title (if any) \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Title (if any) \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Title (if any) \_\_\_\_\_

# **EXHIBIT D**

**Substitute FORM W-9  
Taxpayer Identification Number Certification**

Social Security Number / Taxpayer Identification Number: \_\_\_\_\_

Exempt Payee Code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

Check appropriate box for federal tax classification:

Individual  C Corporation  S Corporation  Partnership  Trust/estate  Other

\_\_\_\_\_

Limited Liability Company - choose tax classification  C Corporation  S Corporation  Partnership

Print your name as it appears on your federal income tax return:

\_\_\_\_\_  
First Name and Last Name, for Individuals. Entity Name for businesses and trusts.

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Note:** If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

Signature  
of U.S. Person: \_\_\_\_\_ Date: \_\_\_\_\_