

<b>OFFICIAL COURT-APPROVED CLAIM FORM</b> <b>SEC v. Brian Bjork, J. David Group of Companies Inc., Select Asset Mangement LLC et al.</b> <b>Civil Action No. 4:11-CV-02830 (S.D. Tex.)</b>		<b>SUBMIT FORM TO:</b> Steven A. Harr, Receiver c/o Stephen M. Tomasky Quilling, Selander, et al. 2001 Bryan Street, Ste 1800 Dallas, TX 75201	<b>Internal Use Only:</b> Claim No: <b>SAB-</b> Date Received:
NAME OF CREDITOR/COMPANY			
NAME OF REPRESENTATIVE/CONTACT PERSON (if different)			
MAILING ADDRESS:			
CITY:		STATE/COUNTRY:	ZIP/COUNTRY CODE:
TAX ID OR SSN:	BUSINESS PHONE:	FAX NUMBER:	
E-MAIL ADDRESS:		OTHER NUMBER:	
<b>DETAIL OF DEBT (If you claim more than one debt you need to submit this form for each debt):</b>			
BASIS OF CLAIM: Goods sold <input type="checkbox"/> Equipment sold/leased <input type="checkbox"/> Taxes <input type="checkbox"/> Services performed <input type="checkbox"/> Wages, salary or other compensation <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
What is the name of the entity which owes the claim: _____			
Date debt was incurred/period of time for which you are owed: _____			
Amount you claim is owed: \$ _____			
<small>(Attach supporting documents and provide a detailed explanation of how you calculate your claim. BE SURE TO STATE ALL CREDITS.)</small>			
Was anything assigned or pledged to you as collateral for the debt you claim? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES, what was it: _____			
Did you file a lawsuit to collect the debt claimed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES, where and which court: _____			
Attorney's name, address and phone number: _____			
Did you obtain a court judgment? Yes <input type="checkbox"/> No <input type="checkbox"/> . If YES, what date: _____			
SUPPORTING DOCUMENTS: Attach copies of supporting documents, invoices, contracts, leases or other agreements which support your claim. DO NOT SEND ORIGINAL DOCUMENTS. If documents are not available, explain on separate sheet of paper. SEE REVERSE for further instructions.			
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. Claims will not be submitted to the Court for approval until they have been verified.			
Pursuant to 28 U.S.C. § 1745, I declare under penalty of perjury that the foregoing is true and correct. Sign and print the name and title, if any, of the person authorized to file this claim (attach copy of power of attorney, if any):			
(Sign name)		Executed on (date)	
(Print or type name)			
PENALTY FOR PRESENTING FRAUDULENT CLAIM: FINE OF UP TO \$500,000 OR IMPRISONMENT FOR UP TO 5 YEARS OR BOTH. 18 U.S.C. §§ 152 AND 3571			