

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION**

DAMIAN ORLOWSKI, et al.,

**Plaintiffs on behalf of themselves
and all other similarly situated,**

v.

**No. 2:11-cv-01396
JURY DEMANDED**

LARRY BATES, et al.

Defendants.

PROOF OF CLAIM FORM

DATE:

CLAIMANT NAME AND ADDRESS:

ESTIMATED CLAIM AMOUNT: \$

**TO ALL PERSONS AND ENTITIES WITH CLAIMS AGAINST FIRST AMERICAN
MONETARY CONSULTANTS, INC.:**

On October 21, 2013, the United States District Court entered the order appointing John L. Ryder as Receiver over FAMC “with all rights and powers necessary to safeguard, collect, and manage the assets of the Receivership Entities.” On March 10, 2014, the Court entered its Order Establishing Claims Process and Setting Bar Date. Pursuant to that order, the last date for each person or creditor to file a Proof of Claim against the FAMC and the Receivership is 90 days after the date printed on this form. Except as otherwise provided, all Proofs of Claim must be delivered by mail or other verifiable delivery method as to be postmarked, submitted, or otherwise date and time stamped on or before the Bar Date at the following address:

John L. Ryder, Receiver
Attn: Laura Martin
HARRIS SHELTON HANOVER WALSH, PLLC
40 South Main, Suite 2700
One Commerce Square
Memphis, TN 38103

Anyone that submits a Proof of Claim submits to the exclusive jurisdiction of the United States District Court for the Western District of Tennessee for all purposes, including without limitation, as to any claims, objections, defenses, or counterclaims, including those arising out of any dealing or business transacted by or with FAMC or other Receivership Entity, or dealing or business transacted that related in any way to any property in the possession of the Receiver. Claimants waive any right to a jury trial with respect to such claims, objections, defenses, and counterclaims.

Any holder of a claim or potential claim that fails to file a Proof of Claim that complies with the requirements set forth in this Notice by the Claim Bar Date will be forever barred.

INSTRUCTIONS:

YOU MUST ANSWER EACH AND EVERY QUESTION AS FULLY AS POSSIBLE. IF YOU NEED ADDITIONAL SPACE, PLEASE USE A SEPARATE PIECE OF PAPER AND INDICATE THE NUMBER OF THE QUESTION TO WHICH YOU ARE RESPONDING. IF THE QUESTION DOES NOT APPLY TO YOU, "WRITE DOES NOT APPLY" OR "NOT APPLICABLE." DO NOT WRITE "N/A" OR THE LIKE. IF THE QUESTION CAN BE ANSWERED "YES" OR "NO," PLEASE ANSWER AS SUCH.

1. Full name of person completing this form_____

2. If the person identified in question 1 is not the named Claimant, please provide the name of the person with an interest in the Receivership's assets and you relationship to the named Claimant_____

3. Current address and telephone number of person completing this form_____

4. Current address and telephone number of Named Claimant, if different from No. 3.

5. Provide one mailing address where future communications related to this claim, including any possible distribution payment, should be received. **YOU MUST NOTIFY THE RECEIVER OF ANY CHANGE OF THIS ADDRESS.**

6. At the beginning of this form, you will find an “Estimated Claim Amount.” The Receiver has provided this information based on documents available to him. This figure is believed to be accurate and reasonable conclusion. If the Estimated Claim Amount is not consistent with your records, it is your obligation to provide true and correct information to support your claim to the Receiver.

If and Estimated Claim Amount is not provided then the Receiver did not have sufficient information to liquidate your claim and you must complete rest of this form.

Do you agree with the Estimated Claim Amount?

_____ YES

_____ NO

If you answered “YES,” STOP here. Please sign and this form and return it to the Receiver.

If you answered “NO,” please complete this form.

7. Attach copies of all checks, wire transfer information, bank or other financial account statements, invoices, shipping records, correspondence and other documents relating to your claim. Please list the documents that you are providing:

8. When did you place your order with FAMC? _____

9. What did you order? _____

10. Did you receive any of the items you ordered? _____ YES _____ NO

If yes, what did you receive? _____

11. How much was your order? \$ _____

12. How did you pay for your order?

_____ Cash _____ Check _____ Money Order _____ Wire Transfer

Name of Financial Institution: _____

Account Number: _____

13. Did you “trade” precious metals or coins owned by you for another order of precious metals or coins? _____YES _____NO

14. What was the estimated value of the metals you sent or released to FAMC? \$ _____

15. Have you ever received a check, cash, money order, wire transfer or other refund or reimbursement from FAMC? _____YES _____NO

If “YES,” identify the date, amount, check number or other identifying information

16. Total amount you are claiming \$ _____

17. Do you have any other information that is relevant to your claim? If so, please use the space below to explain your claim.

By signing below, I certify under penalty of perjury pursuant to 28 U.S.C. § 1746 that the information provided in this form is true and correct.

Signature: _____

Print Name: _____

Date: _____

Title or representative capacity: _____