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Attorneys for David K. Broadbent as Court-Appointed Receiver

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF UTAH, CENTRAL DIVISION

<p>FEDERAL TRADE COMMISSION; and UTAH DIVISION OF CONSUMER PROTECTION,</p> <p>Plaintiffs,</p> <p>vs.</p> <p>ZURIXX, LLC, a Utah limited liability company; <i>et al.</i>,</p> <p>Defendants.</p>	<p>RECEIVER’S MOTION FOR ORDER APPROVING CLAIM FORMS AND ESTABLISHMENT OF CLAIMS BAR DATE</p> <p>Case No. 2:19-cv-00713-DAK-DAO</p>
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For the reasons stated below, David K. Broadbent, as receiver (the “Receiver”) for Defendants Zurixx, LLC and related entities (collectively, “Zurixx”), hereby moves the Court for an order approving the proposed Claim Process Information Form and Claim Form attached hereto as Exhibit A (“Claim Forms”), and establishing December 15, 2022 as a deadline (the “Bar Date”) by which claimants must submit claims to the Receiver for consideration.

I. MEMORANDUM

The Receiver anticipates that he will seek approval from the Court to make a distribution to the Federal Trade Commission (the “FTC”), which will in turn administer a refund program for consumers who purchased products or services from Zurixx. However, there may be other non-consumer creditors that purport to have claims against the receivership estate. Because the FTC will only seek to address consumer claims, the Receiver believes it is in the best interests of the receivership estate to ascertain the identity of potential non-consumer claimants and the possible magnitude of potential non-consumer claims. It is also in the best interest of the receivership estate for the Receiver to have certainty and finality about the universe of possible non-consumer claims. This motion seeks approval of Claim Forms and the establishment of a Bar Date to accomplish these purposes. Once the Receiver has ascertained the identity of purported non-consumer claimants and the types and amounts of their asserted claims, the Receiver will then report to the Court regarding such claim information and make recommendations as to whether and how distributions should be made to any such claims that are allowed.

A. Proposed Claim Forms and Procedures for Distributing the Claim Forms

The Receiver’s proposed Claim Forms, which includes a Claim Form to be completed and returned by purported claimants, and a Claim Process Information Form that provides information for how to submit the Claim Form, are attached as Exhibit A. The Claim Forms describe how claimants must submit their claims. All non-consumer claimants known to the Receiver will be notified and receive the Claim Forms by first-class U.S. Mail, postage prepaid, and if the Receiver has an email address, by email. In addition, information concerning

submitting claims, along with the Claim Forms, will be posted on the Receiver's website at <https://zurixx.com/claims/>. The Receiver will send the Claim Forms to known non-consumer claimants and post the information discussed above on his website within 10 days of the Court entering an order granting this motion. The Receiver has provided the FTC and the Utah Division of Consumer Protection with the proposed Claim Forms and they have approved the same.

The Receiver requests that the Court approve the Claim Forms and the method for service of the Claim Forms on non-consumer claimants described herein. The Receiver also asks that the Court order that the form and method of providing notice to file claims set forth herein are proper, sufficient, and constitute adequate notice to non-consumer claimants of the need to and manner for asserting a claim.

B. Claims Bar Date

Setting a Bar Date will provide a mechanism for providing notice and a deadline after which the Receiver can be confident that the universe and magnitude of possible claims is known and will allow him to make recommendations to the Court regarding how best to administer such claims and whether and to what extent distributions should be made to non-consumer claimants for allowed claims.

Accordingly, the Receiver requests that the Court enter an order establishing December 15, 2022 as the Bar Date by which Claim Forms must be submitted to the Receiver as a prerequisite to being considered for any distribution from the receivership estate. The Claim Forms will provide notice of the Bar Date, and to the extent the Receiver serves such Claim Forms by email, he will include notice of the Bar Date in the body of the email as well. The

Receiver will also prominently provide notice of the Bar Date on his website at

<https://zurixx.com/claims/>.

The Receiver requests that the Court approve the Bar Date, order that the procedures described herein are adequate to provide notice of the Bar Date, and order that those who do not submit completed Claim Forms by the Bar Date shall be forever barred and estopped from asserting a claim against the receivership estate.

II. CONCLUSION

The Receiver requests that the Court enter an Order approving the Claim Forms, establishing the Bar Date as provided above, and authorizing and directing the Receiver to provide notice with respect to the Claim Forms and the Bar Date as provided above.

RESPECTFULLY SUBMITTED this 20th day of September, 2022.

HOLLAND & HART LLP

/s/ Doyle S. Byers _____

Doyle S. Byers

Cory A. Talbot

Engels J. Tejada

Michelle L. Quist

Attorneys for David K. Broadbent as Court-Appointed Receiver

INDEX OF EXHIBITS

A - Claim Form.

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EXHIBIT “A”

<p align="center">UNITED STATES DISTRICT COURT FOR THE DISTRICT OF UTAH CENTRAL DIVISION CASE NO. 2:19-cv-00713-DAK-DAO</p> <p><i>FEDERAL TRADE COMMISSION; AND UTAH DIVISION OF CONSUMER PROTECTION</i></p> <p>vs. <i>ZURIXX, LLC, et al.</i></p>	<p align="center">CREDITORS CLAIM FORM</p> <p align="center">THIS SPACE RESERVED FOR ADMINISTRATIVE USE ONLY</p>
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CREDITOR PROOF OF CLAIM FORM

******TO PARTICIPATE IN ANY DISTRIBUTIONS (IF ANY) THIS FORM MUST BE RETURNED BY NO LATER THAN _____ (THE "BAR DATE"). IF THIS FORM AND SUPPORTING DOCUMENTS ARE NOT RETURNED BY THE BAR DATE, YOUR CLAIM WILL BE FOREVER BARRED******

1. NAME AND ADDRESS OF CLAIMANT:

Updated Address: _____

Telephone No. of Claimant: _____

Contact Person including Attorney _____

2. Name as it should appear on any distribution check

3.

3a. Basis of claim:

- Goods sold
- Services performed
- Taxes
- Wages, salaries, or compensation (fill out below)

Unpaid compensation for services performed from _____ to

_____ (dates)

Benefits (provide a detailed explanation on attached sheet)

Other (provide a detailed explanation on attached sheet)

3b. Specify which Receivership Entity you contend owes the debt: _____

3c. **Date claim was incurred:** _____

3d. **Total amount of claim \$** _____ **as of** _____

[_____] Check this box if you contend your claim is subject to a security interest. Attach copies of all security agreements and other documents that evidence the claim of secured status.

4. Supporting Documents: Attach copies of all supporting documents such as canceled checks (front and back), account ledgers, bank statements, promissory note, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien, establishing the amount and basis of your claim. DO NOT SEND ORIGINAL SUPPORTING DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary and samples. If claims combine amounts of different types (principal, interest, penalties, late fees, attorney’s fees, wages, other charges, etc.) summaries and documentation must clearly delineate such amounts.

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

6. 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, or other documents as needed). YOU MUST PROVIDE AN ORIGINAL SIGNATURE.

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

Date: _____

Signature: _____ **Name:** _____
Title (if any) _____

Signature: _____ **Name:** _____
Title (if any) _____

Signature: _____ **Name:** _____
Title (if any) _____

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**FEDERAL TRADE COMMISSION; AND
UTAH DIVISION OF CONSUMER
PROTECTION vs.
ZURIXX, LLC, et al.**

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF UTAH
CENTRAL DIVISION
CASE NO. 2:19-cv-00713-DAK-DAO**

CLAIM PROCESS INFORMATION

David K. Broadbent, the Receiver in the above-captioned case, seeks information from non-consumer creditors who purport to have claims against Zurixx, LLC, and/or related entities. No determination has been made as to whether and to what extent funds may be available for distribution. However, in the event a distribution to non-consumer creditors becomes possible, it will be necessary for the Receiver to establish a database of all claims entitled to a distribution. Therefore, all creditors (excluding consumers) are required to file claim forms and submit claim information in accordance with the procedures below, which were approved by order of the Court entered _____ [Docket No. ____] (together, “Claim Forms”). The Claim Form is included herewith. Submitting a Claim Form does not guaranty participation in potential distributions from the Receiver. The Court will determine a process for allowing or denying claims, as well as a possible priority of claims, in the event the Court approves a distribution.

1. WHO MUST FILE A CLAIM FORM? If you are a consumer that purchased products or services from Zurixx, LLC and/or its affiliates, you should not file Claim Forms. The FTC will handle distributions, if any, to such consumers. Consumer claimants are encouraged to visit <https://www.ftc.gov/enforcement/refunds> for information regarding potential refunds related to Zurixx, LLC and related entities.

You must file a Claim Form if you believe that you are owed any money by Zurixx, LLC, and/or related entities (collectively referred to as the “Receivership Estate”) for any reason other than as a consumer who purchased products or services from Zurixx, LLC and/or related entities. **Note that a failure to timely submit an original signed Claim Form and supporting documentation will result in the denial of your claim.**

2. CONSENT TO JURISDICTION OF THE COURT AND THE CONSEQUENCES THEREOF. If you submit a Claim Form in this case, you are consenting to the jurisdiction of the United States District Court for the District of Utah, Central Division (the “District Court”) for all purposes and agree to be bound by its decisions, including, among other things, a determination as to the validity and amount of your claim against the Receivership Estate.

3. WHERE MUST THE COMPLETED CLAIM FORM BE SENT? The original completed Claim Form, along with all supporting documentation, must be mailed to: **David K. Broadbent, Receiver, Holland & Hart LLP, 222 S. Main Street, Suite 2200, Salt Lake City, Utah, 84101. Claim Forms MAY NOT be submitted via electronic mail or facsimile.**

4. WHEN IS THE DEADLINE TO FILE? The Claim Form must be received by the Receiver on or before _____, at **5:00 P.M. Mountain Time. If your Claim Form is not received on or before the deadline, you will lose your right to receive any distribution from the Receiver or the Receivership Estate, and your claim will be forever barred.**

5. SUPPORTING DOCUMENTS. Claimants must attach to the Claim Forms copies of all documents that establish that the Receivership Entities owe the debts or amounts claimed. If supporting documents are not available, you must attach an explanation of why they are not available. **A Claimant's failure to provide such documents may result in the denial of the claim.**

6. ADDITIONAL INFORMATION. Note that additional information regarding filing the Claim Forms, along with additional forms, can be obtained at www.zurixx.com , or you may write to the Receiver at the following address: Holland & Hart LLP, 222 S. Main Street, Suite 2200, Salt Lake City, Utah, 84101. However, you are encouraged to use the attached Claim Forms. The Receiver and his staff **CANNOT advise you on how to fill out the Claim Forms.**

7. CHANGE OF CONTACT INFORMATION. Should the contact information provided on your Claim Forms change, you must direct the Receiver to update your contact information by sending an email through the "email" link on the Receiver's website (<https://zurixx.com/contact-2/>) or by sending a letter to the Receiver at: Holland & Hart LLP, 222 S. Main Street, Suite 2200, Salt Lake City, Utah, 84101. Failure to update your contact information may prevent you from obtaining any distribution from the Receivership Estate.

8. TAXES. The Receiver cannot provide tax advice. You are encouraged to seek independent advice regarding filing your Claim, as well as regarding any tax consequences in the event you ultimately receive a distribution.