

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

*FEDERAL TRADE COMMISSION; AND
UTAH DIVISION OF CONSUMER
PROTECTION*

vs.

ZURIXX, LLC, et al.

CREDITORS CLAIM FORM

THIS SPACE RESERVED FOR ADMINISTRATIVE USE ONLY

CREDITOR PROOF OF CLAIM FORM

******TO PARTICIPATE IN ANY DISTRIBUTIONS (IF ANY) THIS FORM MUST BE RETURNED BY NO LATER THAN JANUARY 15, 2023 (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) _____