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8 THOMAS A. SEAMAN

9 UNITED STATES DISTRICT COURT
10 CENTRAL DISTRICT OF CALIFORNIA
11 SOUTHERN DIVISION

12 SECURITIES AND EXCHANGE
13 COMMISSION,

14 Plaintiff,

15 vs.

16 MEDICAL CAPITAL HOLDINGS, INC.;
17 MEDICAL CAPITAL CORPORATION;
MEDICAL PROVIDER FUNDING
CORPORATION VI; SIDNEY M. FIELD;
and JOSEPH J. LAMPARIELLO,

18 Defendants.
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Case No. SA CV09-0818 DOC (RNBx)

NOTICE OF MOTION AND MOTION
FOR ORDER: 1) SETTING CLAIMS BAR
DATE; 2) APPROVING PROOF OF
CLAIM AND CLAIM INFORMATION
FORMS; AND 3) ESTABLISHING
SUMMARY PROCEDURES FOR CLAIM
ADMINISTRATION; MEMORANDUM
OF POINTS AND AUTHORITIES IN
SUPPORT

Proposed Hearing Date

Date: January 31, 2011

Time: 8:30 a.m.

Ctrl: 9D

Judge: Honorable David O. Carter

1 **TO ALL INTERESTED PARTIES:**

2 PLEASE TAKE NOTICE that on January 31, 2011, at 8:30 a.m., in Courtroom 9D
3 of the above-entitled Court located at 411 West Fourth Street, Santa Ana, California
4 92701, a hearing will be held on the motion of Thomas A. Seaman ("Receiver"),
5 Court-appointed permanent receiver for Medical Capital Holdings, Inc., Medical Capital
6 Corporation, Medical Provider Funding Corporation VI, and their subsidiaries and
7 affiliates (collectively, the "Receivership Entities"), for an Order Setting Claims Bar Date,
8 Approving Proof of Claim and Claim Information Forms; and Establishing Summary
9 Procedures for Claim Administration ("Motion").

10 The Motion is based on the Memorandum of Points and Authorities below, and the
11 Declaration of Thomas A. Seaman filed herewith. The Motion and supporting papers are
12 available at the Receiver's website, <http://www.medicalcapitalreceivership.com>, or may be
13 reviewed at the Clerk's Office during normal business hours at 411 West Fourth Street,
14 Santa Ana, California 92701.

15 **Procedural Requirements:** If you oppose this Motion, you are required to file
16 your written opposition with the Office of the Clerk, United States District Court,
17 411 West Fourth Street, Santa Ana, California 92701, and serve the same on the
18 undersigned not later than twenty-one (21) calendar days prior to the hearing.

19 IF YOU FAIL TO FILE AND SERVE A WRITTEN OPPOSITION by the above
20 date, the Court may grant the requested relief without further notice.

21 **Requested Relief:** The relief requested is discussed in detail in the Memorandum
22 of Points and Authorities below. To summarize, the Receiver requests that the Court set a
23 claims bar date by which time all creditor proofs of claim and all noteholder claim
24 information forms with respect to claims against the Receivership Entities must be
25 submitted to the Receiver, and approve the forms attached hereto. The Receiver also
26 requests the Court approve the suggested summary procedures for resolving claim
27 disputes. This Motion is made following the conference of counsel pursuant to L.R. 7-3.
28

1 WHEREFORE, the Receiver requests that the Court grant the relief requested
2 herein and such other relief as may be appropriate under the circumstances.

3 Dated: December 21, 2010

ALLEN MATKINS LECK GAMBLE
MALLORY & NATSIS LLP

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5 By: /s/ Loraine L. Pedowitz

6 LORAIN L. PEDOWITZ
7 Attorneys for Receiver
8 Thomas A. Seaman
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MEMORANDUM OF POINTS AND AUTHORITIES

I. INTRODUCTION

From the outset of this case, the Receiver's charge has been to marshal the assets of the Receivership Entities, and liquidate those assets as efficiently and productively as possible, including investigating and pursuing recoveries from liable third parties. The Receiver has been diligently working to fulfill his duties with the goal of distributing the proceeds to creditors of the Receivership Entities. While the process of marshaling assets and pursuing recoveries is not yet complete, the Receiver has made significant progress and believes that it is appropriate at this time to also focus on determining allowed claims and preparing to make interim distributions on those claims. Accordingly, the Receiver brings this motion to facilitate that process. Specifically, the Receiver requests that the Court set a claims bar date by which time all creditor proofs of claim and all noteholder claim information forms with respect to claims against the Receivership Entities must be submitted to the Receiver, and that the Court approve the forms attached hereto. The Receiver further requests that the Court approve the suggested summary procedures for resolving claim disputes.

II. FACTUAL BACKGROUND

As is well known to the Court and interested parties,¹ the Receivership Entities were purportedly in the business of purchasing healthcare accounts receivable at a discount from healthcare providers, making other loans and investments, and managing the collection of such receivables/loans/investments. The Receivership Entities' activities were managed through its chief operating company, Medical Capital Corporation ("MCC"), a wholly owned subsidiary of Medical Capital Holdings, Inc. ("MCH"). The funds used to make investments were raised through the sale of promissory notes to investors from Special Purpose Corporations ("SPC's"), referred to as Medical Provider Funding/Financial

¹ Further detail on the history and operations of the Receivership Entities is contained in the prior pleadings and monthly reports filed with the Court and available on the Receiver's website listed above notice.

1 Corporations ("MP's"). The pool of potential claimants include 8,323 noteholders who
2 were issued approximately 11,500 notes in the various MP's, and approximately 300
3 operational creditors and entities that assert claims against the Receivership Entities arising
4 out of transactions or related to various assets held by the Receivership Entities.

5 **III. CLAIMS BAR DATE**

6 In order to make interim distributions the Receiver must have certainty about the
7 possible magnitude of allowed claims. While the Receiver believes that the records of the
8 Receivership Entities contain the identity of most noteholders, there may be some
9 differences between the investors' records and those maintained by the Receivership
10 entities. With respect to non-investor claimants, there may be individuals or entities that
11 believe they have a claim against the Receivership Entities of which the Receiver is
12 unaware. Setting a bar date will provide a mechanism for providing notice and a deadline
13 after which the Receiver can be confident that the universe and magnitude of possible
14 claims is known and can be reserved for while the allowed amount of disputed claims is
15 determined by the Court.

16 Accordingly, the Receiver requests that the Court enter an order establishing a date
17 that is the first business day 90 days after entry of an order on this motion as the date by
18 which proofs of claims against the Receivership Entities and noteholder claim information
19 forms must be submitted to the Receiver as a prerequisite to receiving a distribution from
20 the estate's assets. The Receiver proposes providing notice of the bar date by mail, on his
21 website, and by publishing notice of the bar date. The Receiver will publish the bar date
22 60 days before the bar date, in USA Today and the Wall Street Journal. In addition, 60
23 days before the bar date the Receiver will mail to each noteholder and each known non-
24 investor asserting a claim the appropriate form identified below which will provide
25 individual notice of the bar date. Finally, the Receiver will also email all parties that have
26 not opted out of email notice, a notice of the bar date and post a notice prominently on the
27 Receiver's website.

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1 **IV. CLAIM FORMS**

2 Attached as Exhibits A and B, respectively, are the Receiver's proposed claim forms
3 for noteholders and creditor claimants. With respect to noteholders, the Receiver proposes
4 that rather than soliciting proofs of claims from over 8000 noteholders, the Receiver will
5 provide each noteholder in each MP with the amounts reflected in the records of the
6 Receivership Entities of each investment made, the identity of the MP issuing the note and
7 the amounts of principal and interest returned to that noteholder. That information, when
8 confirmed by the noteholder or demonstrated to be inaccurate and corrected by the
9 noteholder, will provide the basis for calculating the allowed claim amount of each
10 noteholder. Attached as Exhibit A is the proposed Noteholder Claim Information Form
11 and Instructions which will provide noteholders the opportunity to dispute the Receiver's
12 calculation. In the event that the noteholder agrees with the amounts indicated by the
13 Receiver, they need only sign the form and return it to the Receiver.

14 With respect to non-investor creditors, the Receiver requests approval of the form
15 attached as Exhibit B. The Receiver proposes that creditors be required to complete the
16 form, providing specific information about the amount of the claim and the which
17 receivership entity the creditor contends owes the debt. Creditors are required to submit
18 adequate back-up documentation at the time the claim is submitted to evidence the validity
19 of the claim. The Receiver respectfully requests that the Court approve the proposed proof
20 of claim forms. Both noteholders and non-investor creditors will receive the information
21 sheet attached as Exhibit C.

22 **V. DISPUTES WITH RESPECT TO CLAIM AMOUNTS SHOULD BE**
23 **DETERMINED BY THIS COURT USING SUMMARY PROCEEDINGS**

24 The goal of an equitable receivership is to fairly and efficiently administer the
25 receivership estate assets for the benefit of claimants and creditors. *SEC v. Hardy*, 803
26 F.2d 1034, 1038 (9th Cir. 1986). With that goal in mind, the Receiver proposes that all
27 claim disputes be determined by this Court using summary proceedings. As described
28 above, the Receiver will solicit claim information from all noteholders and proofs of claim

1 from all known non-investor creditors. If the records of the Receivership Entities support
2 the amount claimed, that amount will form the basis of the allowed claim for purposes of
3 receiving distributions from the receivership estate. If the Receiver does not agree with the
4 noteholder information or creditor claimed amount, the Receiver proposes that within 120
5 days² of the bar date the Receiver will file and serve on the claimant an objection that
6 conforms to federal pleading practice style. During that time period, the Receiver will also
7 confer with the claimant in an effort to resolve the claim dispute.

8 As to those claims that cannot be consensually resolved, the Receiver will identify
9 the portion of the claim that he believes is unobjectionable, the proposed allowed amount,
10 and the factual and legal basis for the Receiver's objection to the remaining claim amount.
11 The burden of proof will then shift to the claimant to overcome the objection. Legal issues
12 will be briefed and evidence submitted by way of declaration. If necessary, the Receiver
13 or the claimant can request from the Court the opportunity to take discovery. As the extent
14 of the Receivership Entities losses become better known, the actual dollar amount at stake
15 will enable the Court and parties to appropriately tailor the nature of the proceedings.

16 To the extent that the Receiver's objections to claims have similar bases and can be
17 grouped according to the nature of the claim objections, the Receiver proposes that groups
18 of claims may determined in consolidated summary proceedings. In all events, each
19 claimant will receive detailed notice about the nature of the objection and ample
20 opportunity to respond.

21 Receivership courts have the general power to use summary procedure in allowing,
22 disallowing, and subordinating the claims of creditors. *United States v. Arizona Fuels*, 739
23 F.2d 455, 458 (9th Cir. 1984); *SEC v. Hardy*, 803 F.2d at 1040 (summary proceeding to
24 approve categorization scheme for investors' claims was reasonable; fair notice and a
25 reasonable opportunity to respond was given); *SEC v. Elliot*, 953 F.2d 1560, 1571 (11th
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27 ² In the event the Receiver receives significantly more non-investor claims than
28 anticipated or significant disputes arise as to amounts invested or received by
noteholders, the Receiver may request additional time to respond to claims.

1 Cir. 1992) (summary claim determinations upheld where claimants cannot demonstrate
2 their rights would have been better protected by a fuller proceeding).

3 Moreover, the proposed claims determination procedure is similar to the process
4 mandated by the Bankruptcy Code for determining claims.³ Under 11 U.S.C. § 502, a
5 claim is deemed allowed as filed if no objection is made. Filing an objection initiates a
6 contested matter under Federal Rule of Bankruptcy Procedure 9014. Rule 9014 explicitly
7 adopts certain of the Federal Rules of Civil Procedure and gives the court discretion to
8 direct that additional rules will apply as necessary. In essence, the Bankruptcy Code and
9 federal receivership law give the Court significant discretion to use summary proceedings
10 and to expand or streamline those proceedings as warranted by the nature of the claim
11 dispute.

12 **VI. CONCLUSION**

13 The Receiver proposes, consistent with Ninth Circuit law, that all claim disputes be
14 resolved by way of summary proceedings. As explained in the cases cited above, the goal
15 is to give the Court sufficient flexibility to efficiently administer the receivership while
16 protecting the rights of litigants. The proposed procedures will meet that goal by
17 eliminating the need to take any further action with respect to claims on which the
18 Receiver and claimants agree and by providing a flexible and efficient process for
19 determining disputed claims.

20
21 Dated: December 21, 2010

ALLEN MATKINS LECK GAMBLE
MALLORY & NATSIS LLP

22
23 By: /s/ Loraine L. Pedowitz

24 LORAIN L. PEDOWITZ
25 Attorneys for Receiver
26 Thomas A. Seaman

27
28 ³ The proposed approach is also consistent with Local Rule 66-8 which provides that
receivership administration should generally comport with the administration of a
bankruptcy estate unless otherwise ordered by the Court.

EXHIBIT A

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
SOUTHERN DIVISION
CASE NO. SA CV09-0818 DOC (RNBx)

NOTEHOLDER CLAIM INFORMATION FORM

SECURITIES AND EXCHANGE COMMISSION

vs.

MEDICAL CAPITAL HOLDINGS, INC;
MEDICAL CAPITAL CORPORATION;
MEDICAL CAPITAL PROVIDER FUNDING CORPORATION VI;
SIDNEY M. FIELD; and JOSEPH LAMPARIELLO

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PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM, IT MUST BE RETURNED BY ____ [Bar Date ____].

If the amounts listed in section 4 below are consistent with your records, you do not need to provide any documents or further information. Please sign the form, update your address if necessary and return it.

NAME AND ADDRESS OF CLAIMANT:

«AddressBlock»

Check this box if your current address has changed and print updated address here:

Updated Address: _____

Telephone No. of Claimant: _____

Tax I.D. or SSN: «Tax ID or SSN» _____

Contact Person including Attorney (attach Power of Attorney) _____

1. Name as it should appear on distribution check

2. Is this an IRA account? YES / NO

If YES, IRA Custodian name and address:

If claimant is both a Noteholder and a Creditor, please file a separate Creditor Claim Form for each creditor claim.

3. Check here if this claim amends a previously filed claim, dated _____.

4. INVESTMENTS:

According to the records of the Medical Capital entities, you have made the following investments and received the following payments:

Note I.D: (i.e. MP IV, Series II 543535) Principal Invested: Date Invested:

Total Interest Paid

Total Principal Paid:

Note I.D: Principal Invested: Date Invested:

Total Interest Paid

Total Principal Paid:

If this information is not consistent with your records, please provide corrected information in the same format (attach additional sheets if necessary) and supporting documentation.

5. **Supporting Documents:** *DO NOT SEND* copies of supporting documents if you agree with the information listed in 4. above. However, if you dispute the amounts listed in 4. above *DO SEND COPIES ONLY* of documents which support your corrected investment information. If the Receiver has questions or needs further information, his office will contact you.
6. **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.
7. **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 Medical Capital; 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)

INSTRUCTIONS FOR COMPLETING NOTEHOLDER FORMS

DUE DATE: (BAR DATE)

IMPORTANT NOTICE: The information provided in section 4 of the Noteholder Claim Information Form will be used to calculate your allowed claim amount for distribution purposes. It is not the allowed amount of your claim. The Receiver will request Court approval with respect to the method of calculating allowed claims. In addition the Receiver will request approval of a proposed distribution plan. More information on both of these matters will be available soon on the Receiver's website, by email, or by regular mail if you have opted out of receiving electronic mail.

- 1. Information about Claimant.** Complete this section if your address has changed from that listed. Checking this box indicates that the Receiver is to update his database to reflect that all documents related to this case should be sent to the updated address you have provided. In addition, please provide a current telephone number, social security number or tax i.d. number of the person or entity to whom the Receivership Estates owe money or property, and information about a contact person and/or power of attorney, if appropriate.
- 3. Prior Claim.** If this Claim Form replaces an previously filed Claim Form, please check this box.
- 4. Carefully review the information provided in 4. If this information is consistent with your records you do not need submit any documents or provide any additional information in this section. BEFORE _____ (BAR DATE) _____, simply sign the form as directed and return to the Receiver's office at:**

Thomas A. Seaman, Receiver Medical Capital Holdings, et. al.
3 Park Plaza, Suite 550
Irvine, CA 92614

If the information is not consistent with your records, for each investment made with the Medical Capital entities, please provide: the note identification information, the principal amount invested, the date on which the investment was made. For each investment listed in response to 4, please provide the dates and amounts of any payments (principal or interest) you received on account of your investment. Please attach a separate sheet to provide this information. Also provide supporting documents if you dispute the information provided by the Receiver in this form. Finally, please sign and return the form and additional information to the address and before the bar date indicated above.

- 5. Supporting Documentation.** Note that at this time the Receiver *IS NOT* requesting supporting documentation from Noteholders evidencing your claim *UNLESS YOU DISPUTE THE RECEIVER'S INFORMATION*. In which case you should submit *copies* of all supporting documentation. The Receiver will contact you if additional information or documentation is needed. In all events retain your original supporting documents and provide copies only if requested.
- 6. Acknowledgement of Filing.** To receive an acknowledgment of the filing of your Claim Information Form, enclose an additional copy of the Claim Information Form, along with a self-addressed, stamped envelope when filing the original form.
- 7. Date.** Insert the date on which you completed and signed the Claim Information Form.
- 8. Signature.** Sign the Claim Information Form and indicate your title, if applicable.

EXHIBIT B

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
SOUTHERN DIVISION
CASE NO. SA CV09-0818 DOC (RNBx)

CREDITORS CLAIM FORM

SECURITIES AND EXCHANGE COMMISSION

vs.

MEDICAL CAPITAL HOLDINGS, INC;
MEDICAL CAPITAL CORPORATION;
MEDICAL CAPITAL PROVIDER FUNDING CORPORATION VI;
SIDNEY M. FIELD; and JOSEPH LAMPARIELLO

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CREDITOR PROOF OF CLAIM FORM

TO PARTICIPATE IN DISTRIBUTIONS THIS FORM MUST BE RETURNED BY

_____ [bar date] _____.

1. NAME AND ADDRESS OF CLAIMANT:

«AddressBlock»

Updated Address: _____

Telephone No. of Claimant: _____

Tax I.D. or SSN: «Tax ID or SSN» _____

Contact Person including Attorney (attach Power of Attorney) _____

2. Name as it should appear on 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: «Entity»

3c. Date claim was incurred: «Claim Date»

3d. Total amount of claim as of \$ «Claim Amount»

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.

Check this box if claim includes interest or other charges, such as attorney's fees or late fees, in addition to the principal amount of claim. Attach itemized statement of interest or additional charges.

4. Supporting Documents: Attach copies of 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 liens, 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.

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 Medical Capital; 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)

EXHIBIT C

SECURITIES AND EXCHANGE COMMISSION vs.

*MEDICAL CAPITAL HOLDINGS, INC;
MEDICAL CAPITAL CORPORATION;
MEDICAL CAPITAL PROVIDER FUNDING
CORPORATION VI;
SIDNEY M. FIELD; and JOSEPH LAMPARIELLO*

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
SOUTHERN DIVISION
CASE NO. SA CV09-0818 DOC (RNBx)

CLAIM PROCESS INFORMATION

Thomas Seaman, the Receiver in the above-captioned case, has determined that there may be assets to distribute to creditors and noteholders. The amount of funds available for distribution has not yet been finally determined; however, in order to make a distribution to creditors and noteholders, it will be necessary for the Receiver to establish a database of all claims entitled to a distribution. Therefore, all creditors are required to claim forms and all noteholders are required to submit claim information forms in accordance with the procedures below, which were approved by order of the Court entered _____ [docket no. ____] (together, "Claim Forms").

1. WHO MUST FILE A CLAIM FORM? You must file a Claim Form if you believe that you are owed any money by the following Medical Capital Holdings, Inc., Medical Capital Corporation, Medical Provider Funding Corporation V and VI, Medical Provider Financial Corporation I through V, Medical Tracking Services, Inc., and their subsidiaries and affiliates, (collectively referred to as the "Receivership Estate") or if you assert a claim against any other person or entity arising out of or based upon (a) any investment with, through, or in any of the Receivership Estate; (b) any interest in any of the Receivership Estate or any of their assets (c) any claim against any of the Receivership Estate or any entity under their control based on primary, secondary, direct, indirect, secured, unsecured or contingent liabilities; whether such claim is based upon contract, tort, contribution, indemnity, reimbursement, subrogation or other legal or equitable theory. **Note that a failure to timely submit an original signed Claim Form and supporting documentation, if required, 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 Central District of California (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: **Thomas Seaman, Receiver, Medical Capital 3 Park Plaza, Suite 550, Irvine, California 92614. 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 PM Pacific Standard 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. Creditor claimants must attach to the Claim Form copies of all documents that establish that the Receivership Entities owe the debts or amounts claimed (**Noteholders do not need to send documentation at this time unless they dispute the claim information provided by the Receiver in the form sent to them**). If supporting documents are not available, you must attach an explanation of why they are not available. **A Creditor Claimant's failure to provide such documents may result in the denial of their claim.**

6. ADDITIONAL INFORMATION. Note that additional information regarding filing the Claim Form, along with additional forms, can be obtained <http://www.medicalcapitalreceivership.com/contactus.html> or you may write to the Receiver at the following address: 3 Park Plaza, Suite 550, Irvine, California 92614
However, you are encouraged to use the attached Claim Form. The Receiver and his staff **CANNOT advise you on how to fill out the Claim Form.**

7. CHANGE OF CONTACT INFORMATION: Should the contact information provided on your Claim Form change, you must direct the Receiver to update your contact information by sending an email through the "email us" link on the Receiver's website (<http://www.medicalcapitalreceivership.com/contactus.html>) or by sending a letter to the Receiver at: 3 Park Plaza, Suite 550, Irvine, California 92614. 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 in regard to filing your Claim.