

INFORMATION REQUIRED TO RECEIVE A DISTRIBUTION

DUE DATE: NOVEMBER 1, 2012

Due Date Extended:
November 15, 2012

On October 2, 2012, District Court Judge David Carter approved the Receiver's Proposed Amended Distribution Plan (the "Amended Plan"). A copy of the order and the Amended Plan may be viewed on the Receiver's website at: <http://www.medicalcapitalreceivership.com/> In that order, the Court approved the provision requiring Noteholder claims to be reduced by the net amount of money, if any, recovered by Noteholders in actions against third parties such as broker-dealers or advisors. The enclosed form must be completed so that the Receiver can implement that provision.

All Noteholders must complete and return this form prior to receiving any distribution from the Receiver. The form must be returned prior to November 1, 2012, in order to participate in the first interim distribution. The Receiver asks, however, that you return the form as soon as possible to help expedite the distribution process. ***If you do not return the form timely, your distribution will not be processed by the Receiver. The Receiver will only begin to process your distribution when a properly completed and executed form is provided to the Receiver.***

In the form, you must report whether you have brought in the past, or intend to bring in the future any claims against broker-dealers or advisors in connection with the purchase of your investment in Medical Capital. If you have not brought any claims and will not bring any claims against such individuals, you need only complete questions one and two, sign the form, and promptly return it to the Receiver. In filling out the form, ***please do not include information about claims asserted in either the mass or class action lawsuits against the banks that served as Trustees to the Medical Capital entities.***

If you have brought claims against broker-dealers or advisors, and those claims are fully resolved, you must report the amount received less any attorneys or costs paid by you in pursuing the claims. You must also attach copies of checks or documents which demonstrate the amounts you were paid and the amounts you paid for attorneys' fees and costs. See questions three and four.

If you have a claim or claims that have not yet been resolved, you must provide the information requested in questions five and six. The Receiver may subsequently contact you for additional information, and/or take other appropriate action with respect to the distribution on your claim.

The Receiver appreciates your efforts in fully and accurately providing the requested information, so that all Noteholders are treated as fairly as possible. By signing the form you are swearing, under penalty of perjury, that the information you provided is true and correct. The Receiver will be verifying the information against other sources available to him. Any intentional inaccuracies discovered in the form will be investigated and corrected, and the Receiver reserves the right to seek appropriate remedies, including disgorgement of distributions.

Forms should be sent to: Thomas A. Seaman, Receiver Medical Capital Holdings
3 Park Plaza, Suite 550
Irvine, CA 92614
email: mail@medicalcapitalreceivership.com
Fax: 949-222-0661

If you have any questions about the information requested within this document, please call 949-265-8406.

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

THIRD PARTY RECOVERIES 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

THIS SPACE RESERVED FOR ADMINISTRATIVE USE ONLY

**SWORN STATEMENT REGARDING THIRD PARTY RECOVERIES
IN CONNECTION WITH THE MEDICAL CAPITAL
FEDERAL RECEIVERSHIP**

Claimant Name(s): _____

(Print)

Claimant SSN or Tax I.D.: _____

The undersigned hereby swear(s) to the following information required under the Court-approved distribution plan for the administration of the Medical Capital Receivership (add additional sheets if necessary).

1. The name and address of each third party broker dealer and/or advisor consulted in connection with the purchase of your investment in the Medical Capital entities is as follows:

2. Have you brought in the past, or do you intend to bring in the future, any claim or claims against any party identified in No. 1 for damages sustained in connection with your investment in the Medical Capital entities? (circle your response) Yes or No.

If your answer is no, you do not need to answer any further questions. Sign and return your form promptly. If your answer is yes, please complete questions 3 through 7.

3. Have you received any financial payments as a result of your claim? (circle your response) Yes or No

3a. Have your claims been resolved? (circle your response) Yes or No.

4. If you have received a payment in connection with your claim(s) or your claim(s) have been resolved, please state the amount of money you received net of any attorneys' fees or costs you paid in connection with pursuing the claim. **Please attach a copy of checks or other evidence of payments made or received** (e.g., bank statement, electronic transfer confirmation, etc.).¹

5. If your claim or claims have *not* been resolved, have you filed an action against any of the individuals or entities identified in No. 1 (e.g., FINRA arbitration, demand, court complaint, etc.)? (circle your response) Yes or No.

If your answer is yes, please provide the case name, where it was filed, and the case number, (e.g., Smith v. Jones Securities, Los Angeles Superior Court, Case BC 123456), and the name and contact information of the attorney, if any, representing you in that action.

6. If your claim or claims have *not* been resolved, please state the amount of money you contend should be paid to you by individuals or entities identified in No. 1.

I (we) swear under penalty of perjury that the foregoing answers are true, complete, and correct based upon my (our) own personal knowledge as of this date, _____, 2012.

(Sign)

(Sign)

¹ In filling out this form, do not include any fees or costs incurred in connection with pursuing litigation against the banks that served as Trustees to the Medical Capital entities.