

# PROOF OF CLAIM

Leon Jordan II  
Jordan Enterprises, LLC  
Jordan Holdings, LLC  
Raymond Brown  
Ray Brown & Associates  
Sheila Jordan

[United States District Court, Central District, Western Division, Case No. CV 02-9889 PA]

LAST DAY TO FILE PROOF OF CLAIM WITH DISTRIBUTION AGENT:

AUGUST 1, 2005

PLEASE COMPLETE, SIGN AND RETURN THIS FORM IMMEDIATELY TO:

**RICHARD WEISSMAN, ESQ.**  
**DISTRIBUTION AGENT**  
**5959 TOPANGA CANYON BOULEVARD, SUITE 255**  
**WOODLAND HILLS, CA 91367**

The undersigned hereby submits the following claim against Leon Jordan II, Jordan Enterprises, LLC, Jordan Holdings, LLC, Raymond Brown, Ray Brown & Associates, Sheila Jordan (collectively, "Jordan"):

1. **NAME(S) AND ADDRESS OF CLAIMANT(S):**

Current Address:

\_\_\_\_\_

Address at time of Investment (if different from current address): \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. **THIS CLAIM IS BASED ON MY STATUS AS A PAYER OF A FEE FOR EVALUATION OR TO PARTICIPATE IN PROCEEDS OF A GUARANTEED INSURANCE CERTIFICATE (GIC)**

3. **AMOUNT OF CLAIM:** \$ \_\_\_\_\_ (Principal Only)

4. **AMOUNT RECEIVED FROM JORDAN, IF ANY:** \$ \_\_\_\_\_

5. **BASIS FOR CLAIM:**

**(Describe briefly basis for claim(s) if not a claimant under paragraph 2, above; and attach documents and canceled checks in support of claim(s)):**

\_\_\_\_\_  
\_\_\_\_\_

6. I acknowledge, agree and remit to the jurisdiction of this Court, and agree that my claim shall be adjudicated, determined and paid as ordered by the United States District Court that is administering this action and distribution. I further consent to, and understand that the Court will determine (a) my right to any money from the above-named defendants, if any is available, (b) the priority of said claim(s), if any, (c) the scheduling and allocation of the assets to be distributed, and (d) that all objections and disputes to the allowance of my claim by the Distribution Agent, shall be submitted to and the subject of review by the Court for a final ruling thereon, upon motion practice for hearing, without a jury.

7. I have not sold, assigned, transferred, hypothecated or in any way conveyed my interest in or my claim against JORDAN, or any portion thereof. I further agree not to sell, convey, assign, transfer or hypothecate hereafter, prior to the date(s) of distribution, my interest in JORDAN, or my claim thereto, in any manner. In the event my interest is transferred hereafter prior to the

date(s) of distribution, except by operation of law, I agree that any such assignment or transfer shall be deemed null and void and unenforceable by any successor third party as between the undersigned, on the one hand, and JORDAN, the Agent and the Court, on the other hand.

8. I further understand and agree that: (a) disbursement check to me will be made payable jointly to me and to each of my co-claimants named herein below; (b) it will be our individual and collective responsibility for said check's deposit and collection en gross and later division between us, if any; (c) that the Agent will not prorate the amount due me or to us under separate checks; and (d) my correct Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is set forth adjacent to my signature below.

9. I represent that I am not and have never been affiliated with Leon Jordan II, Jordan Enterprises, LLC, Jordan Holdings, LLC, Raymond Brown, Ray Brown & Associates, Sheila Jordan, as a principal, employee, sales agent, independent contractor, or in any other manner.

10. I represent that I have not received from or on behalf of Jordan, or any of the above-named persons against whom this claim is filed, any

I declare under penalty of perjury under the laws of the State of California and the United States of America that the foregoing is true and correct.

Executed on : \_\_\_\_\_, 2005, at \_\_\_\_\_, \_\_\_\_\_  
(City or Town)

**NO PROOF OF CLAIM SHOULD BE FILED WITH THE COURT.**

**Receipt of an originally executed Proof of Claim by Richard Weissman, Distribution Agent of JORDAN on or before AUGUST 1, 2005, shall constitute Claimant's "filing" of the Proof of Claim.**

_____	_____	_____
		PRINT (FULL NAME)
_____	_____	_____
PRINT (FULL NAME)	CLAIMANT SIGNATURE	SSN / FEIN
_____	_____	_____
PRINT (FULL NAME)	CLAIMANT SIGNATURE	SSN / FEIN
_____	_____	_____
PRINT (FULL NAME)	CLAIMANT SIGNATURE	SSN / FEIN

\_\_\_\_\_  
NAME, ADDRESS AND ACCOUNT NUMBER FOR CURRENT IRA/PENSION ACCOUNT(S)

**To receive an acknowledgment from the Distribution Agent of his receipt of your Proof of Claim, you must provide him with a duplicate of the original Proof of Claim and a self-addressed, postage prepaid envelope. The Distribution Agent will mark the duplicate Proof of Claim "Received" with a date stamp and return it to you for your records.**