

**CLAIM FOR PAYMENT**

1. Claimant Name: \_\_\_\_\_

2. Social Security #: \_\_\_\_\_ Tax I.D. # (if applicable): \_\_\_\_\_

3. Address, City, State & Zip: \_\_\_\_\_

4. Telephone: Home No. \_\_\_\_\_ Work No. \_\_\_\_\_

5. The undersigned hereby makes claim for payment from the funds presently held by Roger . Walter, Receiver *Pendente Lite*, in the case of *Securities and Exchange Commission v. Net World Marketing, Inc., et al.*, U.S. District Court for the District of Kansas, Civil Action No. 00-1459-WEB. The undersigned makes this claim based on his/her investment in the following named investment program(s). (If you invested in more than one program, a separate Claim For Payment must be completed for each program.):

a. The complete name and address (if any) of the company or program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

b. Amount invested: \_\_\_\_\_.

c. Date invested: \_\_\_\_\_.

d. The complete name, address, telephone number and account number, if known, to whom/which payment was made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6. This claim is made by the undersigned:

\_\_\_\_\_ (a) As original owner/investor.

\_\_\_\_\_ (b) Under assignment or transfer (copies attached).

\_\_\_\_\_ (c) Other (please specify and explain) \_\_\_\_\_

7. I have knowledge of this investment as follows: (Described fully and in complete detail how you came to invest in this Company, i.e., how and by whom you were first solicited to make this investment; what literature, contracts, prospectus, and other documents you were provided before making your investment. Attach copies of all documents that you believe would assist in determining the validity of your claim, including but not limited to, copies of all the documents you received, at any time, in connection with this investment and all documents reflecting your investment, i.e., cancelled checks, wire transfers, cash receipts, etc. Use additional sheets as needed to fully answer this question.)

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8. Identify by name, address and telephone number and role in the program (i.e., organizer, promoter, sponsor, sales representative, investor) all persons you know of who could verify your involvement in this investment program and who could confirm the information provided in this Claim for Payment form:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Role</u>

9. State the amount of money you have been paid, to date, arising out of or related to your investment in this investment program and the nature of the payment (i.e., return on investment, interest, profit, commission, repayment of principal). State, if known, the name and address of the bank or other financial institution from which payment was made.

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10. Please provide any additional information you may be aware of, whether asked for or not in this Claim For Payment, which you believe might assist the Receiver in recovery of assets.

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11. Will you agree to provide additional information, as requested by the Receiver or his attorney, to assist in the recovery of additional assets?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

12. **Complete only if claiming as an heir:**

If you are claiming as an heir, list the name(s) of all heirs, including yourself, relationship to the deceased investor, i.e., son, widow, adopted son, nephew, etc., address, including zip code and telephone number.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Telephone #</u>
	<u>To Decedent</u>	<u>City, State, Zip</u>	

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**THE INFORMATION PROVIDED IN THIS CLAIM FOR PAYMENT WILL BE SHARED WITH THE SECURITIES EXCHANGE COMMISSION**

**Note: Claim form must be signed and notarized to be processed.**

**MAIL TO: Morris, Laing, Evans, Brock & Kennedy, Chtd.**

**Attn: Tamy St. John**

**Old Town Square**

**300 North Mead**

**Wichita, Kansas 67202-2722**

