

**WELLSPRING CAPITAL GROUP, INC.
INVESTOR CLAIM FORM**

Name Daytime Phone Number Home Phone Number (if different)

Mailing Address Social Security Number

City, State, Zip E-mail address (if any)

1. Please check which of the following Wellspring Capital Group, Inc. (“Wellspring”) investment program(s) you invested in.

- Car Deal Payment Coverage Plans Rent Relief Plans Other _____
 Right to Receive (RTR) Contracts MPACT Funds
 Payroll Replacement Plan Business Expense Replacement Plan

Unless you have already done so, please provide a copy of each investment contract you signed for each program you invested in.

2. For each program you invested in, please provide the amount and date of each payment you made to Wellspring (attach additional sheets as necessary).

<u>Investment Program</u>	<u>Amount of Payment</u>	<u>Date of Payment</u>
_____	_____	_____
_____	_____	_____

Unless you have already done so, please provide copies of cancelled checks or electronic confirmations to document each such payment if available.

3. For each program you invested in, please provide the amount and date of each payment, if any, you received from Wellspring (attach additional sheets as necessary).

<u>Investment Program</u>	<u>Amount Received</u>	<u>Date of Check</u>
_____	_____	_____
_____	_____	_____

IMPORTANT If the total amount of the payments you received from Wellspring was more than the total amount of the payments you made to Wellspring, you are not eligible for any reimbursement and should not submit this claim form.

4. Please state whether you have previously made a claim against Wellspring and/or Blake Prater arising from your participation in Wellspring’s investment programs. Yes No

5. If your answer to Number 4 is yes, please provide the details regarding your claim, and copies of all documents relating to the claim. Please state the amount, if any, you received in settlement of such claim.

6. Please state whether you received any money for soliciting others to participate in one or more of Wellspring’s investment programs. If your answer is yes, please state the date and amount of each payment using the format above and provide copies of all documents relating to such payments. Yes No

Print your full name as it appears on each contract

Sign your name attesting under the pains and penalties of perjury that the foregoing information is true to the best of your knowledge.

Submit this claim form and appropriate documents by **January 11, 2005** to: Rogin, Nassau, Caplan, Lassman & Hirtle, LLC
Pamela J. Spielman
185 Asylum Street, 22nd floor
Hartford, CT 06103