

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION
UNITED STATES SECURITIES
AND EXCHANGE COMMISSION,
Plaintiff,
v.
NORTHRIDGE HOLDINGS, LTD., ET AL.,
Defendants.

Civil Action No. 19-cv-05957

Hon. John Z. Lee

Magistrate Judge Susan E. Cox

PROOF OF CLAIM FORM

Please refer to the Notice of Claims Bar Date and Procedures for Submitting Proof of Claim for
Instructions on how to submit a claim

CLAIMANT INFORMATION

Claimant ID No. *(Populated for mailed claims)*

Name

Street Address

City/State/Zip Code/Country

Telephone Number

Email Address

Last four digits of TAX. ID No or SSN

☐ Check this box if you are updating your address

☐ Check this box if you are representing the Claimant - Provide YOUR information below

Name

Name of Firm

Street Address

City/State/Zip Code/Country

Telephone Number

Email Address

CLAIM INFORMATION

☐ Check this box if this claim is an Investor Claim

An Investor Claim is a Claim against any Northridge Entity based on an investment transaction in, with, or through a Northridge Entity, including but not limited to transactions based on or related to: (a) promissory notes or other money loaned to a Northridge Entity, or (b) investments (by subscription or otherwise) in a Northridge Entity.

If you AGREE with the information and amounts in the attachments to the Notice of Receiver's Initial Determination, then you do not need to submit this form. Please check the "agree" box on the response form attached to the Notice of Receiver's Initial Determination and return to the Claims Agent as instructed in the Notice of Receiver's Initial Determination.

Name of entity your claim is against: _____

Investor Claim Amount \$ _____

☐ Check this box if this claim is a General Creditor Claim

A General Creditor Claim is a Claim against a Northridge Entity that is not an Investor Claim.

Name of entity your claim is against: _____

General Creditor Claim Amount \$ _____

☐ Check this box if this claim is an Administrative Claim

An Administrative Claim is a Claim based on: (a) the provision of goods or services for the benefit of the Receivership Estate or at the request of the Receiver beginning on or after September 12, 2019, which remain unpaid, (b) any taxes arising from or attributable to tax periods beginning on or after September 12, 2019, including those that may be asserted by federal, state, local or other governmental entities or authorities, which remain unpaid, (c) an uncashed check issued on or after September 12, 2019 for a refund on account of a healthcare account receivable overpayment or student loan account receivable overpayment or any other overpayment, or (d) any current, future or contingent contractual obligations (including indemnification obligations) arising from any contract entered into by or on behalf of the Receivership Estate.

Name of entity your claim is against: _____

Administrative Creditor Claim Amount \$ _____

SUPPORTING DOCUMENTS:

Investor Claimants: Please Review the NOTICE OF RECEIVER'S INITIAL DETERMINATION for instructions of supporting documents to attach to your Proof of Claim Form. DO NOT SEND ORIGINAL DOCUMENTS.

General Creditor Claimants and Administrative Claimants: Please review the NOTICE OF CLAIMS BAR DATE AND PROCEDURES FOR SUBMITTING A PROOF OF CLAIM for instructions of supporting documents to attach to your Proof of Claim. DO NOT SEND ORIGINAL DOCUMENTS.

SIGNATURE

Please read carefully: To the extent the Claimant submitting this Proof of Claim is an Investor, submission of a Proof of Claim is a representation that: (a) none of the funds Investor invested in the Receivership Entities and that Investor claims a right to recover originated from the Receivership Entities, Glenn Mueller or any of Mr. Mueller's family or any entity owned or controlled by Mr. Mueller or any of Mr. Mueller's family; (b) the distribution on account of Investor's claim (if any) will not be shared in any way with Mr. Mueller, a member of Mr. Mueller's family, an entity owned or controlled by Mr. Mueller or a member of his family or in any way for the benefit of Mr. Mueller or his family; and (c) the Proof of Claim represents the full extent of the Receivership Estate's liability to the Claimant.

I hereby certify under penalty of perjury that the information contained in this Proof of Claim is true and correct.

Signature: _____

Print Name: _____

Title (if any): _____

Dated: _____

THIS PROOF OF CLAIM FORM MUST BE TIMELY AND PROPERLY SUBMITTED TO THE RECEIVER'S CLAIMS AGENT WITH A POSTMARK DATED NO LATER THAN FEBRUARY 5, 2021 AT 11:59PM (CST) (CLAIMS BAR DATE):

**Northridge Holdings
2807 Allen Street, Box 377 or
Dallas, Texas 75204**

**Via Electronic Mail Addressed to:
NorthridgeInvestors@alixpartners.com**

ANY CLAIMANT (INCLUDING AN ADMINISTRATIVE CLAIMANT OR AN INVESTOR) WHO IS REQUIRED TO SUBMIT A PROOF OF CLAIM, BUT THAT FAILS TO DO SO IN A TIMELY MANNER OR IN THE PROPER FORM, SHALL (a) BE FOREVER BARRED, ESTOPPED, AND ENJOINED TO THE FULLEST EXTENT ALLOWED BY APPLICABLE LAW FROM ASSERTING, IN ANY MANNER, SUCH CLAIM AGAINST (i) ANY NORTHRIDGE ENTITY, (ii) THE RECEIVERSHIP ESTATE OR ITS ASSETS, AND (b) SHALL NOT RECEIVE ANY DISTRIBUTION FROM THE RECEIVERSHIP ESTATE OR HAVE STANDING TO OBJECT TO ANY DISTRIBUTION PLAN PROPOSED BY THE RECEIVER. FURTHER, THE RECEIVER SHALL HAVE NO FURTHER OBLIGATION TO PROVIDE ANY NOTICES TO YOU ON ACCOUNT OF SUCH CLAIM AND THE RECEIVERSHIP ESTATE SHALL BE DISCHARGED FROM ANY AND ALL INDEBTEDNESS OR LIABILITY WITH RESPECT TO SUCH CLAIM.

**For more information visit our website at <https://northridgereceiver.alixpartners.com>
To talk to our team please call our hotline at 888-369-8932.**