

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
NO. 20-CV-81205-RAR

SECURITIES AND EXCHANGE COMMISSION

vs.

COMPLETE BUSINESS SOLUTIONS  
GROUP, INC. d/b/a PAR FUNDING, *et al.*,

THIS SPACE RESERVED FOR ADMINISTRATIVE USE ONLY

**PROOF OF CLAIM FORM  
(Instructions Attached)**

Check this box if this claim amends a previously filed claim, dated \_\_\_\_\_ (including Claim # if known)

**ENTITY AGAINST WHICH YOU ARE ASSERTING A CLAIM (mark one)**

**Receivership Entities**

- ALB Management
- Beta Abigail
- Complete Business Solutions Group d/b/a Par Funding (CBSG)
- Contract Financing Solutions
- Eagle Six Consulting
- Fast Advance Funding
- Full Spectrum Processing
- Heritage Business Consulting
- Liberty Eight Avenue
- LME 2017 Family Trust
- Recruiting and Marketing Resources (RMR)
- Abetterfinancialplan.com
- ABFP Management Company
- ABFP Income Fund
- ABFP Income Fund Parallel
- ABFP Income Fund 2
- ABFP Income Fund 3
- ABFP Income Fund 3 Parallel
- ABFP Income Fund 4
- ABFP Income Fund 4 Parallel
- ABFP Income Fund 6
- ABFP Income Fund 6 Parallel
- ABFP Multi Strategy Investment Fund
- ABFP Multi Strategy Investment Fund 2
- MK Corporate Debt Investment Company
- Fidelis Financial Planning
- United Fidelis Group
- Retirement Evolution Group
- Retirement Evolution Income Fund
- Retirement Evolution Income Fund 2

**Non-Receivership Entities**

- AGM Capital Fund
- AGM capital Fund 2

- Alvin Holdings
- Blue Stream Income Fund
- Cape Cod Income Fund
- Capricorn Income Fund
- Capricorn Income Fund I Parallel LLC
- GR8 Income Fund
- Jade Fund
- Jax Fund
- LWM Equity Fund
- LWM Income Fund 2
- LWM Income Fund Parallel
- Mariner MCA Income Fund
- MCA Capital Fund
- MCA Carolina Income Fund
- MCA National Fund
- Merchant Factoring Income Fund
- Merchant Services Income Fund Parallel
- Mid Atlantic MCA Fund
- MK One Income Fund
- Pisces Income Fund
- Pisces Income Fund Parallel
- RAZR MCA Fund
- Retirement Evolution Insured Income Fund
- Sherpa Income Fund 1
- Spartan Income Fund
- Spartan Income Fund Parallel
- STFG Income Fund
- Victory Income Fund
- Wellen Fund 1
- WorkWell Fund

**OTHER (provide entity/individual name below)**

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

**1. NAME AND ADDRESS OF CLAIMANT**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code/ Country \_\_\_\_\_

If Claimant is an entity, name of contact person for Claimant and title: \_\_\_\_\_

Telephone No. of Claimant: \_\_\_\_\_

Email address of Claimant: \_\_\_\_\_

Last four digits of Tax I.D. No. or SSN: \_\_\_\_\_ Account or Reference No: \_\_\_\_\_ (if known)

**2. CLAIM**

**2a. Basis of Pre-Receivership Claim:**

- Good sold or services performed
- Money loaned or invested or owner, partner, member, equity or other investment interest
- Taxes
- Wages, salaries, benefits or compensation (fill out below and attach a detailed explanation) or unpaid compensation and benefits for services performed from \_\_\_\_\_ to \_\_\_\_\_ (dates).  
Title: \_\_\_\_\_
- Uncashed check issued prior to July 18, 2020
- Other (attach a detailed explanation)

**2b. Pre-Receivership Claim Amount: \$**

**2c. Administrative (Post-Receivership) Claim:**

- Check this box if your claim is an Administrative Claim. Briefly state the post Receivership basis of your Administrative Claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2d. Administrative Claim Amount: \$**

**2e. Identify any other party who you claim may be liable to you for repayment of your claim:**

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

**2f. Legal action or claim against Receivership Entity (provide caption, date commenced, Court, Case No.):**

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

Amount recovered from other parties: \$ \_\_\_\_\_  
If court judgment, date obtained: \_\_\_\_\_

- 2g:**  Check this box if the claim includes interest or other Charges, such as attorney's fees, lost profits or late fees in Addition to the principal amount of the claim. Attach an Itemized statement of all interest and other charges.

**3. Supporting Documents: Please Review the Notice of Claims Bar Date and Procedures for Submitting a Proof of Claim**, which was included with this Proof of Claim Form, for instructions of supporting documents to attach to your Proof of Claim Form (including for example, documents evidencing the amount and basis of your Claim). **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, explain why. If the documents are voluminous, attach a summary.

**4. Signature:** Sign and print the name and title, if any, of the individual or person authorized to submit this claim (attach a copy of any power of attorney, death certificate or other authorizing documents as needed).

**By signing your name below, you are certifying that the information contained in this Proof of Claim Form and any attached documentation is true and correct under penalty of perjury under the laws of the United States of America.**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Title (if any) \_\_\_\_\_

**5. Dated:**

**YOU MUST DATE AND SIGN THIS FORM FOR THIS CLAIM TO BE VALID**



## INFORMATION ON COMPLETING THE PROOF OF CLAIM FORM

- 1. Information about Claimant.** Complete this section giving the name, address, telephone number and email address of the individual or entity who is asserting a claim against a Par Funding Receivership Entity and the Receivership Estate, and any account or reference number associated with such debt or obligation. If the Claimant is an entity, please provide contact information and the title of the authorized representative. If a valid email address is included on this form, the Claims Agent will send email notification confirming receipt of the Proof of Claim.
- 2. Claim information.**
  - 2a.** Please indicate the basis of your claim in this section. If you believe you have one claim, you only need to submit one Proof of Claim Form. If you believe you have multiple claims, you should file a separate Proof of Claim Form for each such claim. Check only one box per claim. Attach additional explanations as necessary. Please refer to The Notice of Claims Bar Date and Procedures For Submitting a Proof of Claim for the definitions of a Claimant, Pre- Receivership Creditor Claim, Par Funding-Related Claim, Par Funding Receivership Entities, and any other capitalized terms not defined therein can be found in the documents available at: the Receiver's website ([www.ParFundingReceivership.com](http://www.ParFundingReceivership.com)). If you are a Claimant that pooled funds from individual investors for investment in CBSG (*i.e.*, an "Agent Fund"), you must fill out and attach an "Agent Fund Supplement to Proof of Claim Form (see Exhibit B), along with the other information described in Exhibit B.
  - 2b. Pre- Receivership Claim Amount.** For all Claims other than Administrative Claims, please state the amount of your claim as of July 28, 2020. Investors, if you claim to have made a loan to, obtained a promissory note from, or hold an interest in a Receivership Entity, please fill out and attach an "Investor Supplement to Proof of Claim Form" (see Exhibit A) to account for each time you made an investment with or provided funds to the applicable Receivership Entity and the date and amount of each transaction thereafter. You must also provide a chronological accounting indicating the date and amount of any withdrawals made by or payments received by you from any Receivership Entity, whether such payments were denominated as the return of principal, interest, commissions, finder's fee, or otherwise.  
  
You can also obtain the Investor Supplement to Proof of Claim Form and instructions from a link on the Receiver's website ([www.ParFundingReceivership.com](http://www.ParFundingReceivership.com)).
  - 2c. Administrative Claim.** Mark the applicable box if your claim is an Administrative Claim. Please refer to The Notice of Claims Bar Date and Procedures for Submitting a Proof of Claim for the definition of an Administrative Claim, Administrative Claimant, must also designate the post- Receivership basis for the claim. Attach additional explanations as necessary.
  - 2d. Administrative Claim Amount.** Administrative Claimants must state the unpaid amount of the post- Receivership Claim.
  - 2e. Other liable parties.** Please identify all other parties you believe may be liable to you on the claim. Also, please provide any information regarding money recovered from such party(ies).
  - 2f. Pending legal action.** If you have commenced a legal action against any party you believe may be liable to you on the claim, please provide the details of said legal action here, including the Court and Case number. Please attach supporting documentation. Also, please provide any information regarding court judgments and money recovered.
  - 2g. Claim above principal amount.** Mark the applicable box if your claim amount includes interest or other charges, such as attorneys' fees, lost profits, or late fees in addition to the principal amount of your claim and attach an itemized statement of all such additional charges.
- 3. Supporting Documentation.** In addition to filling out the Proof of Claim Form, you must provide supporting documentation evidencing your claim. **Please Review the Notice of Claims Bar Date and Procedures for Submitting a Proof of Claim** for instructions of the supporting documents which must be attached to your Proof of Claim Form, as applicable.  
**DO NOT SEND ORIGINAL DOCUMENTS.**  
If the documents are not available, explain why. If the documents are voluminous, attach a summary.
- 4. Signature is required. Sign the Proof of Claim Form and indicate your name and title, as applicable.**
- 5. Date.** Insert the date on which you completed and signed the Proof of Claim Form.
- 6. Submit Claim Form.** Submit a completed Proof of Claim Form, along with all supporting documentation:  
**By electronic submission on the claims portal, which is available on the Receiver's website ([www.parfundingreceivership.com](http://www.parfundingreceivership.com));**  
**By mail to Par Funding Receivership Claims Processing Center, c/o Epiq Corporate Restructuring, LLC, P.O. Box 4421, Beaverton, OR 97076-4421; or**  
**By courier service addressed to Par Funding Receivership Claims Processing Center, c/o Epiq Corporate Restructuring, LLC, 10300 SW Allen Blvd., Beaverton, OR 97005.**  
  
If you submit a Proof of Claim by courier service, you should retain evidence the Proof of Claim was delivered to the Claims Agent no later than the Claims Bar Date. If you submit a Proof of Claim by mail, it is recommended that you submit your Proof of Claim by certified or registered mail and retain evidence that the Proof of Claim was postmarked no later than the Claims Bar Date.
- 7. Acknowledgment of Receipt of Proof of Claim Form.** Proof of Claim Forms submitted with a valid email address will receive email notification confirming receipt by the Claims Agent of the Proof of Claim.

**Exhibit A – Investor Supplement to Proof of Claim Form**

If you are an investor, please provide a detailed accounting of all funds you invested with the Creditor Entity against which you are making a claim, and all amounts you received from that Creditor Entity.

Investor Name: \_\_\_\_\_

Creditor Entity: \_\_\_\_\_

**Amounts Invested:**

<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of Check/Wire</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Invested: \_\_\_\_\_

**Amounts Received:**

<u>Date</u>	<u>Amount</u>	<u>Return of Principal/ Interest/Other (Describe)</u>	<u>Payor/Payee of Check/Wire</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amounts Received: \_\_\_\_\_

**Net Investment:** \_\_\_\_\_

(Calculate by Adding Total Amounts Invested, and then Subtracting Total Amounts Received)

**ADDITIONAL INFORMATION**  
**(ATTACH ADDITIONAL SHEETS AS NECESSARY)**

**Exhibit B – Agent Fund Supplement to Proof of Claim Form**

If you are an Agent Fund, please provide a detailed list of all investors who invested through your Agent Fund (name, mailing address, email address), the amounts invested in your Agent Fund by each individual investor, and all amounts the Agent Fund paid back to each individual investor (regardless of whether the payment was characterized as the return of principal, interest, or otherwise).

Agent Fund Name: \_\_\_\_\_

<u>Investor Name</u>	<u>Mailing Address</u>	<u>Email Address</u>	<u>Amount Invested</u>	<u>Amount Paid Back</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____

In addition, please certify whether you will be able, and agree, to distribute to your individual investors any funds you receive from a distribution from the Receivership Estate, and, if so, provide additional information on a separate sheet describing in detail the process you would follow in making distributions to your individual investors, including how you would allocate to your individual investors any amounts the Agent Fund receives in a distribution. By indicating “Yes” in the space provided below, you are certifying that you agree to make such distributions to your individual investors in accordance with the process you have described in the additional information you are submitting with this Proof of Claim.

YES: \_\_\_\_\_ NO: \_\_\_\_\_