Case 9	SEC VS, COMPLETE BUSINESS SOLUTIONS GROUP INC.
	ET Al; CASE NO. GIZO-CX-81205- RAR FILED BY MC D.C.
	DEAR JUDGE RUIZ, OR WHO IT MAY CONCERN, ANGELAE NOBLE TO CLERKUS. DIST. CT. S. D. OF FLA MIAMI
·	
	MY NAME IS JAMES RIDDLE, IAM A
,	72 YEAR OLD RETTREE, I AM A SINGLE MALE
	TIVING ON A FIXED INCOME. IN 2018 MY
	AUNT DIED AND LEFT ME AN INHERITANCE,
	\$ 125,000 OF WHICH I INVESTED IN PAR FUNDING.
	I INLYESTED THIS MONEY THRU MY FINANCIAL
	ADVISOR, GARY BEASLEY. GARY BEASLEY HAS
	BEEN MY FAMILIES FINANCIAL ADVISOR FOR
	APPROXIMATELY 14 YEARS. BOTH OF MY PARENTS
	HANE PASSED AS OF ZOIL, GART HAS HEPED
	ME WITH MY THVESTMENTS SINCE 2016.
	I'M HAYING A DIFFICULT TIME UNDERSTANDING
	WHY MY CLAIM HAS A PROPOSED AllOWED
· 	CLAIM AMOUNT OF \$0.00. I WAS JUST
	TRYING TO INVEST IN MY FUTURE, I FEE!
	I'VE ANSWERED All THE RECEIVERS
	QUESTIONS TO THE BEST OF MY KNOWLEDGE.
	NOW I FEEL IT COULD POSSIBLY BE TAKEN
	FROM ME.
	REGARDS
	James Riddle
	The way to the
<u> </u>	
 -	

TRYNTASE 92000 1205-RAR Document 1873 Entered on FLSD Docket 05/06/2024 Page 2 of 9
SEC VS COMPLETE DUSINESS SOUTIONS GROWF INC. ET AL: CASE NO. 9:20-CV-81205-RAL UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA NO. 20-CV-81205-RAR SECURITIES AND EXCHANGE COMMISSION 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) Alvin Holdings Receivership Entities Blue Stream Income Fund ☐ ALB Management Cape Cod Income Fund D, Beta Abigail Capricorn Income Fund Complete Business Solutions Group d/b/a Par Funding (CBSG) Capricorn Income Fund I Parallel LLC Contract Financing Solutions GR8 Income Fund ☐ Jade Fund ☐ Eagle Six Consulting ☐ Fast Advance Funding ☐ Jax Fund ☐ Full Spectrum Processing LWM Equity Fund ☐ Heritage Business Consulting LWM Income Fund 2 ☐ Liberty Eight Avenue LWM Income Fund Parallel ☐ LME 2017 Family Trust ☐ Mariner MCA Income Fund Recruiting and Marketing Resources (RMR) MCA Capital Fund Abetterfinancialplan.com MCA Carolina Income Fund ABFP Management Company MCA National Fund ☐ ABFP Income Fund Merchant Factoring Income Fund ☐ ABFP Income Fund Parallel Merchant Services Income Fund Parallel ☐ ABFP Income Fund 2 Mid Atlantic MCA Fund ☐ ABFP Income Fund 3 MK One Income Fund ☐ ABFP Income Fund 3 Parallel Pisces Income Fund ☐ ABFP Income Fund 4 Pisces Income Fund Parallel ☐ ABFP Income Fund 4 Parallel □ RAZR MCA Fund ☐ ABFP Income Fund 6 Retirement Evolution Insured Income Fund □ ABFP Income Fund 6 Parallel Sherpa Income Fund 1 ☐ ABFP Multi Strategy Investment Fund Spartan Income Fund ☐ ABFP Multi Strategy Investment Fund 2 Spartan Income Fund Parallel ☐ MK Corporate Debt Investment Company STFG Income Fund ☐ Fidelis Financial Planning Victory Income Fund ☐ United Fidelis Group Wellen Fund 1 Retirement Evolution Group ■ WorkWell Fund Retirement Evolution Income Fund OTHER (provide entity/individual name below) ☐ Retirement Evolution Income Fund 2 Non-Receivership Entities AGM Capital Fund AGM capital Fund 2

Ame Lase 9:20-cv-81205-RAR Document 1873 Entered on FLSD Docket Onto FLSD 4:20-cv-8/2019 Sec V COMPLETE PUSINESS SOLUTIONS GROW LACE ET AL. I. NAME AND ADDRESS OF CLAIMANT Name DATE SEC W COMPLETE PUSINESS SOLUTIONS GROW LACE ET AL. Name The DATE SEC SEC STANDARD COLORS SOLUTIONS GROW LACE ET AL. Name The Code Country MONE TO THE PUSINESS SOLUTIONS GROW LACE ET AL. Name The Code Country MONE TO THE PUSINESS SOLUTIONS GROW LACE ET AL. Name The Code Country MONE TO THE PUBLIC SOLUTION COLORS SOLUTIONS GROW LACE ET AL. I. Claimant is an entity, name of contact person for Claimant and title: N/A Telephone No. of Claimant: P194 450 2063 Remail address of Claimant may other party who you claim may be liable to you for repayment of your claim: P194 550 2063 Remail address of Claimant: P194 560 2063 Remail address of Claimant: P194 560 2063 Remail address of Receivership Claim: P194 560 2063 Remail address of Claimant: P194 560 2063 Remail address of Claimant: P194 560 2063 Remail address of Claimant: P194 560 2063 Remail address of	ME Case 9:20-cv-81205-RAR [Document 1873 Er	ntered on FLSD Docket	05/06/2024 Page 3 of 9
Street Address P. D. Box 373 City / State / Zip Code/ County SHEDK TX 17878 USA If Claimant is an entity, name of contact person for Claimant and title: Telephone No. of Claimant: 979 450 2083	JEC V COMPLET	= DUSINESS -	DINTIONS GREAT AND	[- El #1]
City/State / Zip Code/ Country SHEOK_TX 77878 U.5 A It Claimant is an entity, name of contact person for Claimant and title:	•			'
Street Address P. D. BOX 373 City/State/Zip Code/ Country SHEOK, TX. 77898 L15A If Claimant is an entity, name of contact person for Claimant and title: MA	Name JAMES EDWI	M KIDDIE		
If Claimant is an entity, name of contact person for Claimant and title: Telephone No. of Claimant: RIDDLE SALOOK @ MAIL, Com Last four digits of Tax I.D. No. or SSN: 3043 Account or Reference No: Globasemi) 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 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: \$ 125,000.00 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: Administrative Claim: 3. Supporting Documents: Please Review the Notice of Claims Bar Date and Procedures for Submitting a Proof of 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 voluminious, attach a 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.	· Street Address P.O. Box 373			
If Claimant is an entity, name of contact person for Claimant and title: Telephone No. of Claimant: 979 450 2083	City / State / Zip Code/ Country SHOOK	Tx 77878 us A		
Last four digits of Tax LD. No. or SSN: 3043 Account or Reference No: (if known)	If Claimant is an entity, name of contact pe	erson for Claimant and title:	N/A	
Last four digits of Tax I.D. No. or SSN: 3043 Account or Reference No: (if known)	Telephone No. of Claimant:	SUDDY @ MAIL	Rows	
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: \$ 125,000.00 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: Administrative Claim: 2di: Administrative Claim Amount: \$ 25000.00 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.				
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 and benefits for services performed from	Last four digits of Tax I.D. No. or SSN:	3043	Account or Reference No:	(if known)
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## 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: \$ /25 / 000 00			you for repayment of your	UESS SOLUTIONS
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Wages, salaries, benefits or compensation (fill out below and attach a detailed explanation) or unpaid compensation and benefits for services performed from				
and attach a detailed explanation) or unpaid compensation and benefits for services performed from	—			
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Title: Uncashed check issued prior to July 18, 2020 Other (attach a detailed explanation) 2b. Pre-Receivership Claim Amount: \$\frac{1}{2}\sum_{0000} \times 0000 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: Administrative Claim: Administrative Claim: 2d: Administrative Claim: Administrative Claim Amount: \$\frac{1}{2}\sum_{00000} \times 00000 2d: Administrative Claim Amount: \$\frac{1}{2}\sum_{000000000000000000000000000000000000		70 HOM 10	U.S DISTRICT CO	ART SOUTHERN
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2b. Pre-Receivership Claim Amount: § 12.5,000.00 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: Administrative Claim:		ıly 18, 2020		
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: N	☐ Other (attach a detailed explanation	on)	NO. 4:20-CV-81	205- RAR
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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.	<u> </u>			
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.				carrie orașii (atmon a copy or
attached documentation is true and correct under penalty of perjury under the laws of the United States of America.	1 **	_	,	Proof of Claim Form and any
Signature: James E. Riddle Name: JAMES E. RIDDLE Title (if any) INVESTOR	attached documentation is true a			
Signature: YOWW C. I-WOLL Name: STATIES E, KINDLE Title (if any) IN YESTER	1 Och & R. I. D.	· Tam -	E Dinale	LUVESTAD
- V	Signature: Yeavyor C, 1-10/14	Name: ORINES	Title (if	any) IN YESTER
5. Dated: 5-3-24 YOU MUST DATE AND SIGN THIS FORM FOR THIS CLAIM TO BE VALID	5. Dated: 5 - 3 - 7 4	YOU MUST DA	ATE AND SIGN THIS FORM FO	OR THIS CLAIM TO BE VALID
	7 2			

2	The set 9:20-cv-81205-RAR Document 1873 Entered on FLSD Docket 05/06/2024 Page 4 of 9	
5	EC NS COMPLETE BUSINESS SOLUTIONS GROWF THE ETAL; CASENO, 9:20-CV-812DS-FR Exhibit A - Investor Supplement to Proof of Claim Form	} A 1
	If you are an investor, please provide a detailed accounting of all funds you invested with the entity against which you are asserting a claim, and all amounts you received from that entity.	
	Investor Name: JAMES RIDDLE	
	Entity Against Which You Are Asserting a Claim: COMP/ETE BUSINESS SOUTIONS GROUP	,
	Amounts Invested:	
	Date Amount Payor/Payee of Check/Wire	
	4-24-19 \$125,000,00 MGRO-PAYMENT CO. /Janes How	
	JAMES RIDDLE / MERO PAINON	<i>C</i> ,
	Total Amount Invested: \$125,000.	
And the same of th	Amounts Received:	
	Return of Principal/ <u>Date Amount Interest/Other (Describe) Payor/Payee of Check/Wire</u>	
	1/15/20 \$1,041.67 MONTHY INTEREST MGROPAYMENT CO. JAMES RIDDI	18
	2/12/20 \$1,041.67 MONTHLY INTEREST MGRO PAYMENT CO/ JAMES RIDE	10
	3/12/20 \$1,041.67 MONTHLY INTEREST MGRO PAYMENT CO. / JAMES RIDE	
	6/3/20 \$ 416.67 MONTHLY INTEREST MGRO PAYMENT CO. / JAMES RID	
- Contractor Contractor	7/2/20 \$ 416.67 MONTHY INTEREST MGRO PAYMENT CO. / JAMES RIDI	•
Commence of the same	*	
The state of the s		
of the second	Total Amounts Received: #3,958,35 Net Investment: # 121,041,65	
A CONTRACTOR OF THE PARTY OF TH	Net Investment: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	(Calculate by Adding Total Amounts Pagained and then Syltemating Total Amounts Pagained)	

ADDITIONAL INFORMATION
(ATTACH ADDITIONAL SHEETS AS NECESSARY)

JAMES RIDDLE Case 9:20-cv-81205-RAR Document 1873 Entered on FLSD Docket 05/06/2024 Page 5 of 9

SUMMARY OF THE RECEIVER'S DETERMINATION OF YOUR CLAIM(S)

	Informa	ion you submitted in your	proof(s) of claim:		Receiver's Propo	sed Treatment of your Claim:
NAME	GLAIM NO.	CEAIMIDATE **	CLAIM AMOUNT	ENTITY AGAINST WHICH YOU ASSERTED A CLAIM	第四十四十分2分から2分の2分の数を組みなります。または2分の2分の2分の2分の2分の2分の2分の2分の2分の2分の2分の2分の2分の2	DETERMINATION REASON
JAMES EDWIN RIDDLE	280	3/1/2023	\$125,000.00	Complete Businesss Solutions Group d/b/a/ Par Funding (CBSG)	\$0.00	Feeder Fund Claim
Determination Comment: Claim of file this claim.	is duplicative	of claim(s) asserted by the	Feeder Fund on beha	If of beneficial interest holders,	including Claimant. C	laimant does not have standing

SEC VS COMPLETE BUSINESS SOLUTIONS GROUP INC. ET Al; CASE NO. 9:20-CV-81205-RAR

Group ID:716

⁽³⁾ The Proposed Allowed Claim Amount is the net investment balance owed to you as calculated per the Receiver's books and records. The net investment balance is equal to money invested less any money you received. You are not entitled to unpaid accrued interest, profits, earnings or other damages.

^{*} The term "unspecified" refers to claims for dollar amounts listed as "unknown", "unascertainable", "undetermined", or where no dollar amounts were entered in the spaces provided on the proof of claim form.

Case 9:20-cv-81205-RAR Document 1873 Entered on FLSD Docket 05/06/2024 Page POFAME SEC VS. COMPLETE DUSINESS SOLUTIONS GROUD INC.

MERCHANT GROWTH & INCOME FUNDING, ILC

SUBSCRIPTION AGREEMENT

This is the offer and agreement (this "Subscription Agreement") of the undersigned ("Investor") to purchase \$ \(\frac{125,000}{25,000} \) (the "Subscription Price") of the following promissory notes (the "Notes") to be issued by MERCHANT GROWTH & INCOME FUNDING, LLC, a Delaware limited liability company (the "Company"):

\$	for a Class A:
\$ 125,000	for a Class B:
\$	for a Class C:
\$	for a Class D: and
\$	for a Class E

In consideration of the Subscription Price, the Company will issue to Investor the Notes in the amounts and of the type set forth above. The minimum purchase is \$75,000, subject to the discretion of the Company to permit smaller investments. The sale of the Notes to Investor is subject to all terms, conditions, acknowledgments, representations and warranties stated in this Subscription Agreement and the terms and conditions contained in the Company's Confidential Private Placement Memorandum dated May 15, 2018, together with any exhibits, amendments and supplements thereto (collectively, the "Memorandum"). Simultaneously with the execution and delivery hereof, Investor shall transmit payment in full for the amount of the Subscription Price. All capitalized terms utilized in this Subscription Agreement and the attachments hereto and not otherwise defined herein or therein shall have the meanings set for h in the Memorandum.

It is understood and agreed that the Company shall have the sole right, in its complete discretion, to accept or reject Investor's subscription for the Note(s), in whole or in part, for any reason, for a period of thirty (30) days after receipt of this Subscription Agreement, and that the same shall be deemed to be accepted by the Company only when it is signed by a duly authorized officer of the Company and delivered to Investor. Any subscription not accepted within thirty (30) days after receipt of the Subscription Agreement will be deemed rejected. Subscriptions for Note(s) need not be accepted in the order received. In the event a subscription is rejected, all subscription funds shall be returned without interest or deduction. Notwithstanding anything in this Subscription Agreement to the contrary, the Company shall have no obligation to issue any of the Notes to any person who is a resident of a jurisdiction in which the issuance of Note(s) to such person would constitute a violation of the securities, "blue sky" or other similar laws of such jurisdiction.

To induce the Company to accept this Subscription Agreement and as further consideration for such acceptance. Investor hereby provides the following information and makes the following acknowledgments, representations, warranties and covenants with the full knowledge that the Company will expressly rely on them in making its decision to accept or reject this Subscription Agreement:

(AFF766852.3)

TAI CASE NO. 9:20-CY-812		
IN WITNESS WHEREOF. Investor has execute APAL . 2019 (the "Subscription Date	ed this Subscription Agreement this <u>29</u> day c	i'
If Investor(s) is/are (a) natural		
person(s):		
JAMES E. Riddle		
TAMES E. Riddle (print name) Lames E. Riddle Stenature	(print name)	****
James E. Riddle		
Vilmature	Signature	
If Investor is other than a natural person:	A. S. W. S. W.	
, and the second of the second		
(print name)		
By:		
Name: Title:		
THE.		
3.41 CCT TAY OF CALCARIAN		
MUST BE SIGNED BY CUSTODIAN OR TRU IF PLAN IS ADMINISTERED BY A THIRD F	JSTEE ARTY.	
Custodian/Trustee Name:		
By:	1	
Name:		
Title:		
Accepted by:		
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MERCHANT GROWTH & INCOME FUNDING a Delaware limited liability company	.LLC.	
a rectaware minied naturnly company		

SEC VS. COMPLETE BUSINESS SOLUTIONS GROUP INC.

ET Al; CASE NO. 9:20-CV-81205-RAR

JAMES RIDDLE
PO BOX 373
SNOOK, TX 77878

4-24-19
BERCHANT GAT FUNDING LLC. 18/25,000 %

DIVE HUNDRED TWENTY FINE THOUSAND

STORES
STORES
VIRTUES RIDDLE

SALE BURGER

STORES

CLIVENS

STORES

Case 9:20-cv-81205-RAR Document 1873 Entered on FLSD Docket 05/06/2