

**PROOF OF CLAIM IS TO BE FILED WITH RECEIVER – DO NOT FILE WITH  
COURT**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 0:18-cv-61991-BB

SECURITIES AND EXCHANGE COMMISSION,

Plaintiff,

v.

1 GLOBAL CAPITAL LLC, and  
CARL RUDERMAN,

Defendants, and

1 WEST CAPITAL LLC,  
BRIGHT SMILE FINANCING, LLC,  
BRR BLOCK INC.,  
DIGI SOUTH LLC,  
GANADOR ENTERPRISES, LLC,  
MEDIA PAY LLC  
PAY NOW DIRECT LLC, and  
RUDERMAN FAMILY TRUST,

Relief Defendants.

\_\_\_\_\_ /

**PROOF OF CLAIM FORM**

|   |   |
|---|---|
| <p><b>CLAIMANT CONTACT INFORMATION:</b></p> <p>Name of Claimant: _____</p> <p>Name of Person Submitting Form and Relationship to Claimant<br/>(if different from Claimant): _____</p> <p>Name and Address Where Notices Should be Sent:<br/>_____<br/>_____<br/>_____</p> <p>Telephone No.: _____</p> <p>Email Address: _____</p> <p>Fax No.: _____</p> | <p><b>CLAIM STATUS:</b></p> <p><input type="checkbox"/> Check box if you are aware that anyone else has filed a Proof of Claim Form relating to your Claim. <i>(Attach statement giving particulars.)</i></p> <p><input type="checkbox"/> Check box if you have never received any notices from the Receiver.</p> <p><input type="checkbox"/> Check box if the address entered on this form differs from the address on the envelope sent to you by the Receiver.</p> <p><input type="checkbox"/> Check here if this Proof of Claim Form:<br/> <input type="checkbox"/> amends<br/> <input type="checkbox"/> replaces<br/> <input type="checkbox"/> supplements a previously filed Proof of Claim Form, dated: _____.</p> |
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|   |   |
|---|---|
| <p><b>SEND PROOF OF CLAIM FORM TO:</b></p> <p>Jon A. Sale, Receiver<br/>Nelson Mullins Broad and Cassel<br/>Attention: Trish Anzalone</p> <p><b>MAILING ADDRESS:</b></p> <p>2 S. Biscayne Blvd., Suite 2100<br/>Miami, FL 33131</p> | <p><b>THIS SPACE IS FOR RECEIVER'S USE ONLY:</b></p> <p><b>Claim No.:</b><br/>_____</p> |
|---|---|

**INSTRUCTIONS**

**PLEASE READ CAREFULLY – FAILURE TO FOLLOW ALL INSTRUCTIONS MAY  
JEOPARDIZE YOUR ENTIRE CLAIM**

**1. Where to File Proof of Claim.**

This form must be completed in accordance with the instructions below and timely delivered to Jon A. Sale, Receiver, Attention Trish Anzalone, Nelson Mullins Broad and Cassel, 2 S. Biscayne Blvd., Suite 2100, Miami, FL 33131, the Court-appointed Receiver over Bright Smile Financing, LLC (“Bright Smile”); BRR Block Inc. (“BRR Block”); Digi South LLC (“Digi South”); Ganador Enterprises, LLC (“Ganador”); Media Pay LLC (“Media Pay”); Pay Now Direct LLC (“Pay Now”); the Ruderman Family Trust; and the Bright Smile Trust (collectively, the “Receivership Entities”).

**2. Deadline for Filing Proof of Claim.**

The deadline for delivering this Proof of Claim is [\_\_\_\_\_], 2020. Any Proof of Claim not delivered or postmarked to the Receiver on or before [\_\_\_\_\_], 2020 will be considered untimely and may result in disallowance of the Claim.

**3. Who Should File a Claim.**

Anyone who believes they are owed any money by any of the Receivership Entities, which claim arose prior to August 23, 2018.

**4. Information and Documentation to Be Provided by Claimant.**

Each item of information and documentation requested in this Proof of Claim Form will be used by the Receiver in determining each Claimant’s eligibility in any distribution of Receivership Property, and in calculating the appropriate amount of each allowed claim, subject to the Court’s approval. Please be as detailed and complete as possible with regard to submissions and documents attached to this form, as it may affect both your eligibility to participate and the amount of your allowed claim. **Do not send original documents. *Providing false, misleading or incomplete information or incomplete documentation will delay any disbursement made from this Receivership Estate and could jeopardize your distribution altogether.***

**5. Claimant Contact Information.**

Complete the Claimant Contact Information section on the first page of this Proof of Claim Form, giving the name, address, telephone number, e-mail address and fax number of the Claimant to whom the Receivership Entity allegedly owes money or property.

**6. Claim Status.**

If you have never received any notices from the Receiver about this case, and/or if the address differs from the address on the envelope sent to you by the Receiver, check the appropriate boxes on the form on the first page. If this Proof of Claim Form changes, replaces or supplements a Proof of Claim previously filed by you, check the appropriate box on the form and provide the date the previous Proof of Claim Form was filed. Furthermore, check the appropriate box if anyone else has filed a Proof of Claim Form relating to your Claim, and in an attached statement provide particulars such as who filed the related Proof of Claim Form, its date and amount.

**7. Supporting Documents Relating to Claim**

Please attach to this Proof of Claim Form all documents that show that a Receivership Entity owes the obligation claimed. If documents are not available, attach an explanation as to why they are not available. Failure to attach supporting documents could delay the processing of your claim and may result in the partial or full denial of your claim.

*Please make sure that you sequentially label all the documents that you produce to the Receiver in connection with your Claim, to ensure that both you and the Receiver have the same record of documents received, and in order to maintain integrity and order among the documents the Receiver receives among numerous documents. The Receiver recommends that you label on the bottom right hand corner of each document using your initials and beginning with the number 001 (e.g. for John Q. Smith, the first page of the production of documents would be labeled "JQS001," the second page "JQS002" and so on). Labeling by hand is acceptable.*

***DO NOT SEND ORIGINAL DOCUMENTS AT THIS TIME – ONLY SEND COPIES OF DOCUMENTS.***

**8. Questions Seeking Additional Information.**

Please answer the questions to the best of your ability. This will assist the Receiver with his investigation efforts and may lead to the recovery of additional assets.

**9. No Blank Answers.**

If a particular item does not apply to you specifically, write "not applicable." If you do not know the answer to a particular item, write "not known." ***Do not leave a question blank. Use additional pages as necessary to provide complete responses.***

**10. Signature – Legal Authority to Submit Claim.**

The Proof of Claim Form must be signed and dated by the Claimant, or a duly authorized officer or legal representative in the space provided on the final page. To the extent that the signatory is authorized pursuant to a power of attorney or court appointment, documentation of such authority must be provided.

**11. Independent Verification of Claims – Requests for Supplemental Information.**

All Claims are subject to verification by the Receiver and any professionals and experts he retains. It is important to provide complete and accurate information to facilitate this effort. Claimants may be asked to supply additional information to complete this process. Claims will not be considered for payment until they have been verified.

**12. Communications with Receiver.**

Any questions about this form or process (including supporting documentation) should be made by e-mail to [trish.anzalone@nelsonmullins.com](mailto:trish.anzalone@nelsonmullins.com) and [chris.cavallo@nelsonmullins.com](mailto:chris.cavallo@nelsonmullins.com), or in writing to the Receiver's office, Jon A. Sale, Receiver, Nelson Mullins Broad and Cassel, 2 S. Biscayne Blvd., Suite 2100, Miami, FL 33131. If you have information that you believe may be helpful to the Receiver, the SEC or any other law enforcement agencies, we encourage you to contact the Receiver's counsel at the above e-mail addresses.

**13. Certification of Truthfulness.**

Each Person completing a Proof of Claim Form is required to certify, under penalty of perjury, that all the information contained in this Proof of Claim Form is correct, to the best of such Person's knowledge, and that such Person is authorized by the Claimant to submit the Proof of Claim Form on the Claimant's behalf.

**14. Requests for Additional Information or Documentation.**

The Receiver may require additional information or documentation. By submitting a Proof of Claim Form, each Claimant agrees to cooperate with the Receiver in these requests and provide all requested documentation or information. *Failure to provide all such requested information or documentation may result in delays in the claims process or in the partial or complete disqualification of your claim.*

**15. Exclusive Jurisdiction**

By submitting the Proof of Claim, Claimants acknowledge they shall submit themselves to the exclusive jurisdiction of the U.S. District Court for the Southern District of Florida for all issues pertaining to Proof of Claim and the resolution of same.

**PROOF OF CLAIM**

**I. Identify the Claim**

**1. Who is the current creditor?**

\_\_\_\_\_  
Name of the current creditor (the person or entity to be paid for this claim)

\_\_\_\_\_  
Other names the creditor used with the debtor

**2. Has this claim been acquired from someone else?**

\_\_\_\_\_  
No                      Yes                      \_\_\_\_\_  
If yes, from whom?

**3. Does this claim amend one already filed?**

\_\_\_\_\_  
No                      Yes                      \_\_\_\_\_  
If yes, when was the original filed?

**4. Do you know if anyone else has filed a Proof of Claim for this claim?**

\_\_\_\_\_  
No                      Yes                      \_\_\_\_\_  
If yes, who made the earlier filing?

**II. Give Information About the Claim as of the Date the Case Was Filed**

**5. How much is the claim?**

\$ \_\_\_\_\_

**Does this amount include interest or other charges?**

\_\_\_\_\_  
No                      Yes

**If yes, attach statement itemizing interest, fees, expenses, or other charges.**

**6. Which Receivership Entity is the debtor for your claim?**

\_\_\_\_\_

**7. What is the basis for the claim?**

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(Examples: goods sold, money loaned, lease, services performed, etc.)

**Attach copies of all documents supporting the claim.**

**8. Is all or part of the claim secured?**

No

Yes

**If the claim is secured by a lien on property:**

Real Estate

Motor Vehicle

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Other (describe)

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Basis for perfection

\$ \_\_\_\_\_  
Value of property

\$ \_\_\_\_\_  
Amount of claim that is secured

\$ \_\_\_\_\_  
Amount of claim that is unsecured

\$ \_\_\_\_\_  
Amount necessary to cure any default as of the date of the Receivership (August 23, 2019)

% \_\_\_\_\_  
Annual interest rate (fixed \_\_\_ or variable \_\_\_)

**9. Is this claim based on a lease or other contract?**

                                    
No                      Yes

\_\_\_\_\_  
If yes, attach the executed contract and describe what, if any, amount is necessary to cure any default as of the date of the Receivership (August 23, 2019)

**10. Is this claim subject to a right of setoff?**

  \_\_\_\_\_  
No                      Yes                  If yes, please identify the property



**Certification of Truthfulness**

Pursuant to 28 U.S.C. § 1746, I, the undersigned, hereby certify, under penalty of perjury, and pursuant, that all of the information provided in this Proof of Claim Form is true and correct and that the undersigned is authorized to make this Claim. By initialing each item below, I specifically certify that:

|    |  | <b><u>Initial</u></b> |
|----|--|-----------------------|
| 1. | I have read the Instructions to the Proof of Claim Form <b>prior</b> to completing the Proof of Claim Form.  | _____                 |
| 2. | When calculating the amount of the claim, I gave the Receivership Entities credit for any payments made to me.   | _____                 |
| 3. | I have examined the information provided in this Proof of Claim Form and have a reasonable belief that the information is true and correct.  | _____                 |
| 4. | I acknowledge a duty on my part to supplement or amend this Proof of Claim Form to disclose a material change with respect to any answer or information provided in connection herewith. | _____                 |

Signed, under penalty of perjury, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

Relationship to Claimant (Title): \_\_\_\_\_

*[Sign and print name, the name of the Claimant on whose behalf you are submitting this Claim and your relationship to the Claimant. If you are signing on behalf of the Claimant, state the basis for your authorization to sign on behalf of claimant, and attach any power of attorney or other relevant authorization.]*