PROOF OF CLAIM

SECURITIES AND EXCHANGE COMMISSION v. SUN EMPIRE, LLC, ECAM, LLC a/k/a EMPIRE CAPITAL ASSET MANAGEMENT, DELILAH A PROCTOR, SHAUNTEL A. MCCOY, SUN INVESTMENT SAVINGS AND LOAN, SUN GROUP, BICH QUYEN NGUYEN, JOHNNY E. JOHNSON, SUN COMMERCE AND INVESTMENT, INFINITY INVESTMENT CLUB, LLC, SUNLAND INVESTMENT CLUB, LLC, RECOMMENDED SERVICES, INC. and TYCOON CLUB INTERNATIONAL, LLC,

U.S. District Court for the Central District of California, Southern Division, Case No.: SACV09-399 DOC (RNBx).

LAST DAY TO FILE PROOF OF CLAIM WITH RECEIVER:

OCTOBER 31, 2011

PLEASE COMPLETE, SIGN AND RETURN THIS FORM WITH SUPPORTING DOCUMENTATION IMMEDIATELY TO:

RICHARD WEISSMAN, ESQ. RECEIVER 12121 WILSHIRE BLVD., SUITE 600 LOS ANGELES, CA 90025-1188

The undersigned hereby submits the following claim against SUN EMPIRE, LLC, ECAM, LLC a/k/a EMPIRE CAPITAL ASSET MANAGEMENT, DELILAH A PROCTOR, SUN INVESTMENT SAVINGS AND LOAN, SUN GROUP, BICH QUYEN NGUYEN, JOHNNY E. JOHNSON, SUN COMMERCE AND INVESTMENT, INFINITY INVESTMENT CLUB, LLC, RECOMMENDED SERVICES, INC. and TYCOON CLUB INTERNATIONAL, LLC, ET AL.:

1.	NAME(S) AND ADDRESS OF CLAIMANT(S):					
	Name(s) of Company or Individual:					
	Current Address:					
	Address at time of investment (if different from current address):					
	Telephone No.: E-Mail:					
2.	Are you a member of one or more Private Investment Club(s) (PICs)? Yes: No					
	If Yes , print name(s) of each PIC:					
3.	HOW MUCH DID YOU INVEST: \$(Principal Investment Only) Provide copies of canceled checks, wired funds receipts, bank statements, brokerage account statements, etc. * If you have already provided the documents to the Receiver, you do not need to provide them at this time.*					
4.	Are/Were you a team leader or club leader of any of the PICs involved in the above case? Yes No					
	If Yes , what was the total amount of money you received for expenses, commission and/or compensation? \$					
5.	Did you receive any fees, commissions or compensation from any of the defendants; from the PIC, or from other persons or entities for referring or soliciting investors to invest with anyone? Yes No If Yes , what was the total amount you received? \$					
	What/Who were the sources of the compensation? (Name all sources and why)					

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PRINT (FULL NAME)		CLAIMANT SIGN	IATURE	SSN / FEIN/TIN
Delivery of an envelope with an origin EMPIRE, et al., postmarked on or before PROOF OF CLAIM SHOULD NOT BE	ally <i>signed</i> and fully co ore OCTOBER 31, 2011 FILED DIRECTLY WITH	mpleted Proof , will constitut I THE COURT	of Claim to Richard \ e Claimant's "timely	Weissman, Receiver of SUN filing" of the Proof of Claim. ***A
Executed on :				
	CORRECT. by the Court is punisha	able by incarce	eration and/or fine.)	
certifications required to avoid back			—	
withholding because you have failed The Internal Revenue Servi	d to report all interest a	and dividends	on your tax return.	
C. I am a U.S. citizen or o	ve if you have been no			rently subject to backup
been notified by the Internal Revenuall interest or dividends, or (c) the IF	ue Service (IRS) that I RS has notified me tha	am subject to	backup withholding	
issued to me), and	·		,	· ·
13. TAX BACKUP WITHH			ntification number (or I am waiting for a number to I
any portion thereof. I further agree not manner before the date of distribution operation of law, I agree that any suct party as between the undersigned, or 11. I further understand and agree claimants named herein below, if any collection and later division between checks; and (d) my correct Social Seldentification Number (TIN) is written 12. I represent that I have not recany distribution of money or compens	ine (a) my right to any is scheduling and allocate of my claim shall be sure for hearing, sitting with asferred, or in any way out to sell, convey, assign. In the event my intersh assignment or transfer the one hand, and the exthat: (a) a disbursement; (b) it will be our individus, if any; (c) that the Accurity Number (SSN) or next to my signature be eived from or on behalf sation, in any form, exceptions.	money from the control of the assemble in the	e above-named defe- ets to be distributed, d be the subject of re- interest in or my clair my interest in my clair red before the date(s and void and unenfor d the Court, on the ot be made payable join ective responsibility for rorate the amount du loyer Identification N defendants, any PIC	endants, if any is available, (b) the and (d) that all objections and view by the Court for a final ruling magainst Nguyen/Proctor, et al., magainst Nguyen/Proctor, in any of distribution, except by creable by any successor third her hand. Itly to me and to each of my coor said check's deposit and ue me or to us under separate umber (FEIN) or other Tax, or from any other person or enti
B. NET CLAIM OF LOSS (Ded9. I acknowledge and submit to the standard of the s	the jurisdiction of the U	nited States D	istrict Court ("the Co	urt") that is administering this
(ADD AMOUNTS SET FOR			,	\$
8. A. TOTAL AMOUNT OF COMP				
7. IF YOU ANSWERED "YES" TO S WHICH LISTS ALL AMOUNTS F THE PAYMENT(S) TO YOU.				
If Yes , what was the total rec		165	No	\$
6 . Did you receive any return of inveror affiliates for any reason <i>not</i> sta	stment (ROI), interest o	or other money	from PICs or any of	the defendants, their companies

To receive an acknowledgment from the Receiver of his receipt of your Proof of Claim, you must provide him with a duplicate of the original Proof of Claim and a self-addressed, postage prepaid envelope. To best assure delivery of Proof of Claim, use certified mail, with return receipt.

CLAIMANT SIGNATURE

SSN / FEIN/TIN

PRINT (FULL NAME)