

**H. Thomas Moran, II**  
**Receiver for the assets of Edward T. Stein and the Relief Defendants**  
**521 W. Wilshire Blvd., Suite 200**  
**Oklahoma City, OK 73116**

**Final Non-Investment Claim Form**

\*Submit form to the address above or email to [receiver@esteinreceivership.com](mailto:receiver@esteinreceivership.com)

\*This form is to be completed by parties that participated in investment activities, rendered services to, or engaged in monetary transactions with Edward T. Stein, Defendant; and DISP, LLC, Edward T. Stein Associates, Ltd., G&C Partnership Joint Venture, Gemini Fund I, L.P., Prima Capital Management, LLC, Vibrant Capital Corp., and Vibrant Capital Funding I LLC, Relief Defendants.

Claimant Information	
Name (Individual or Entity):	
Company/Entity Name (if applicable): (Trust or Creditor)	
Address (House Number, Street Name, Unit):	
Address (City, State, Zip Code):	
Telephone Number:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Office
Facsimile Number (if applicable):	
Email Address (for primary contact):	
Please indicate your preferred means of contact (check one): <input type="checkbox"/> US Postal Service <input type="checkbox"/> Email <input type="checkbox"/> Facsimile	

Additional information you feel necessary that would assist the Receiver with your claim:

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## Claims

### Claim One

Amount of Services Rendered, Goods Provided or Credit Extended:	Date of Services Rendered, Goods Provided or Credit Extended:	Description: <input type="checkbox"/> Gemini <input type="checkbox"/> Vibrant <input type="checkbox"/> Northold <input type="checkbox"/> DISP <input type="checkbox"/> Amerifund <input type="checkbox"/> Prima <input type="checkbox"/> OTHER _____
Is supporting documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Monetary Transfer: <input type="checkbox"/> Personal Check <input type="checkbox"/> Wire <input type="checkbox"/> Rollover <input type="checkbox"/> Other _____	

Notes:

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### Claim Two (if applicable)

Amount of Services Rendered, Goods Provided or Credit Extended:	Date of Services Rendered, Goods Provided or Credit Extended:	Description: <input type="checkbox"/> Gemini <input type="checkbox"/> Vibrant <input type="checkbox"/> Northold <input type="checkbox"/> DISP <input type="checkbox"/> Amerifund <input type="checkbox"/> Prima <input type="checkbox"/> OTHER _____
Is supporting documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Monetary Transfer: <input type="checkbox"/> Personal Check <input type="checkbox"/> Wire <input type="checkbox"/> Rollover <input type="checkbox"/> Other _____	

Notes:

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### Claim Three (if applicable)

Amount of Services Rendered, Goods Provided or Credit Extended:	Date of Services Rendered, Goods Provided or Credit Extended:	Description: <input type="checkbox"/> Gemini <input type="checkbox"/> Vibrant <input type="checkbox"/> Northold <input type="checkbox"/> DISP <input type="checkbox"/> Amerifund <input type="checkbox"/> Prima <input type="checkbox"/> OTHER _____
Is supporting documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Monetary Transfer: <input type="checkbox"/> Personal Check <input type="checkbox"/> Wire <input type="checkbox"/> Rollover <input type="checkbox"/> Other _____	

Notes:

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## Payments Received

Funds Received One	
Amount Received:	Method of Receipt: <input type="checkbox"/> Check <input type="checkbox"/> Wire <input type="checkbox"/> Other
Date Received:	
Is supporting documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Notes:**

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Funds Received Two	
Amount Received:	Method of Receipt: <input type="checkbox"/> Check <input type="checkbox"/> Wire <input type="checkbox"/> Other
Date Received:	
Is supporting documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Notes:**

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Funds Received Three	
Amount Received:	Method of Receipt: <input type="checkbox"/> Check <input type="checkbox"/> Wire <input type="checkbox"/> Other
Date Received:	
Is supporting documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Notes:**

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Please include copies of the following documentation:

- Supporting documentation of services rendered, goods provided or credit extended including statements and proof of funds sent to or received by Edward T. Stein and/or the Relief Defendants, et al.
- Supporting documentation of services rendered including notes payable, statements, etc. sent to or received by Edward T. Stein and/or the Relief Defendants, et al.
- Any invoice, loan or credit documents.

If there is further information you wish to relay that cannot be completed on this form, please include a cover letter with details and supporting documentation of any claims made or complete the "Additional Comments" section on the first page of this form.

<b><i>Signature and date:</i></b>		
Signature		Date
<b><i>Witness signature and date (two signatures required):</i></b>		
Witness 1 - Signature	Print Name	Date
Witness 2 - Signature	Print Name	Date

<b><i>Signature and date of Joint Owner/Co-TTEE (if applicable):</i></b>		
Signature		Date
<b><i>Witness signature and date (two signatures required):</i></b>		
Witness 1 - Signature	Print Name	Date
Witness 2 - Signature	Print Name	Date

***Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct and that any and all attached or enclosed documents are true and correct copies of the original documents.***