

PROOF OF CLAIM FORM

SECURITIES AND EXCHANGE COMMISSION,
Plaintiff,

v.
HKW TRADING, LLC, HOWARD
WAXENBERG TRADING, L.L.C., and
DOWNING & ASSOCIATES TECHNICAL
ANALYSIS, n/k/a THE ESTATE OF
HOWARD WAXENBERG,
Defendants,
HKW TRADING FUND I LLC and THE
ESTATE OF HOWARD WAXENBERG,
Relief Defendants.

Name and address of Claimant
(Please print or type):

Case Number: 8:05-CV-1076-T-24MSS
U.S. District Court Middle District of
Florida (Tampa Division)

ATTENTION:

The Honorable Susan C. Bucklew of the United States District Court, Middle District of Florida, entered Orders appointing and reappointing Burton W. Wiand as Receiver of HKW TRADING, LLC; HOWARD WAXENBERG TRADING, L.L.C.; DOWNING & ASSOCIATES TECHNICAL ANALYSIS n/k/a THE ESTATE OF HOWARD WAXENBERG; HKW TRADING FUND I LLC; and THE ESTATE OF HOWARD WAXENBERG (individually, "Receivership Entity," and collectively, "Receivership Entities"). On January 30, 2007, the Court issued an Order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. In order to be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **May 30, 2007**, to **Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esq., Fowler White Boggs Banker P.A., 501 East Kennedy Blvd., Suite 1700, Tampa, Florida 33602**. *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership.*

The information provided in this Proof of Claim Form will be used to calculate your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided in order to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount and/or Loss Percentage. **By identifying and providing a Net Investment Amount and Loss Percentage for an account the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2), if warranted, amend the provided Net Investment Amount and/or Loss Percentage.**

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF FLORIDA FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. FURTHER, CLAIMANTS WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

IF THIS COMPLETED, SIGNED, AND NOTARIZED PROOF OF CLAIM FORM IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY **MAY 30, 2007**, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

GENERAL INFORMATION REQUIRED OF ALL CLAIMANTS

1. Full name of person completing this form. _____

2. If this form is being completed on behalf of a person or entity other than the person listed in question 1, please provide the name of the person or entity with an interest in the Receivership Entities' assets.

3. If this form is being completed on behalf of an entity, please provide the full name of the entity and all of its trustees, officers, directors, managing agents, shareholders, partners, and beneficiaries.

4. Current address and telephone number of person completing this form.

5. Current address and telephone number of person or entity with an interest in the Receivership Entities' assets (if different from answer to question 4).

6. Please refer to Exhibit A attached to this document. This Exhibit provides the following information for the identified "account:" (1) the total amount invested; (2) the total amount received; (3) the Net Investment Amount; and (4) the Loss Percentage. If you received funds unrelated to your investment in an "account" (e.g., consulting fees), those amounts will also appear in the attached Exhibit. Do the amounts listed in the Exhibit accurately represent the amount of your investment into and all amounts received from that account and any other funds you received from the Receivership Entities? _____ Yes _____ No.

If you answered yes, you do not have to respond to questions 7 and 8.

7. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer:

1st investment in or with the Receivership Entities:

totaled \$ _____

was made on _____ (date);

through a check (or wire transfer) made payable to _____ and drawn on account

number _____ with _____ (identify financial institution); for

_____ (identify the purported fund or other entity through which your investment in or

with the Receivership Entities was made).

If applicable, 2nd investment in or with the Receivership Entities:

totaled \$ _____

was made on _____ (date);

through a check (or wire transfer) made payable to _____ and drawn on account

number _____ with _____ (identify financial institution); for

_____ (identify the purported fund or other entity through which your investment in or with the Receivership Entities was made).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee (or recipient) of the check (or wire transfer), (4) the account number and financial institution holding the account, and (5) the purported fund or other entity through which your investment in or with the Receivership Entities was made.

Total amount you are claiming you invested in the Receivership Entities: \$ _____

8. Have you ever received any amount from a Receivership Entity, either as a distribution on your investment or for any other reason? _____ Yes _____ No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

9. Were you ever notified that either (1) the purported fund or other entity in or with which you invested changed name or (2) your investment was rolled into or otherwise transferred to another purported fund or entity? _____ Yes _____ No. If yes, please respond to whichever of the following applies: (1) the subsequent name of the purported fund or other entity or (2) the name of the purported fund or other entity to which your investment was rolled or otherwise transferred.

10. Please identify with specificity the nature and status of any lawsuits, arbitrations, actions, or other proceedings that you have filed, or otherwise commenced; or demands that you have made against any person or entity, relating in any way to your investment in or with any Receivership Entity, including against (i) financial institutions; (ii) employees, officers, directors, representatives, other investors, or shareholders of any Receivership Entity; (iii) brokers or agents; or (iv) any other person or entity. Please include the name of the attorney and/or firm who commenced any such proceeding or made any such demand on your behalf.

11. If you were not an investor in a Receivership Entity, indicate how you claim an interest in any distribution by the Receivership Entities (for example, if you are the beneficiary of a deceased investor, the investment was assigned or sold to you, or you provided services or goods to the Receivership Entities for which you have not been paid).

12. If you received anything of value other than money from any Receivership Entity at any point in time (for example, fax machines, shares of stock), please identify what you received, from whom, and the date on which you received it.

13. Identify your primary contact person(s) at the Receivership Entities.

14. List any other employees or other representatives of any Receivership Entity with whom you communicated or dealt.

15. Please identify with specificity the way in which you came to learn about the Receivership Entities and thereafter invest in or with any of them, including the person who introduced you to the Receivership Entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of the Receivership Entities, information that you relied on, and any other information.

If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. Please submit this completed, signed, and notarized Proof of Claim Form and legible copies of any documentation requested in this form to **Burton W. Wiand, Receiver, c/o Maya M. Lockwood., Esq., Fowler White Boggs Banker P.A., 501 East Kennedy Blvd., Suite 1700, Tampa, Florida 33602 SO THAT IT IS RECEIVED NO LATER THAN MAY 30, 2007.**

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR YOU DID NOT RECEIVE AN EXHIBIT A, YOU MUST PROVIDE ALL DOCUMENTS OR OTHER MATERIAL THAT IS RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING THE TRANSFER OF FUNDS INVESTED AND RECEIVED, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM(S).

Sign, date, print your name and title, if any, and have this document notarized.

By signing below, I swear, subject to the penalty for criminal perjury, that the information provided in this form is true and correct.

Sign: _____

Date: _____

Print Name: _____

Mailing Address: _____

Title: _____

STATE OF _____

COUNTY OF _____

BEFORE ME, personally appeared _____, the person described in and who executed the foregoing instrument, and who is personally known to me or has produced identification and who did take an oath, and swears that the foregoing is true and correct.

WITNESS my hand and official seal this ____ day of _____, 200__.

Notary Public

Print Name: _____

Commission No.: _____

My Commission Expires: _____

THIS SPACE IS FOR
RECEIVER'S USE ONLY