DISTRICT COLORAD Denver Dist 1437 Banno Denver, CO	trict Court ock St.	
State of Col	Gerald Rome, Securities Commissioner for the lorado	
Defendants LLC, and G	s: Gary Dragul, GDA Real Estate Services, GDA Real Estate Management, LLC	▲ COURT USE ONLY ▲  Case Number: 2018CV33011  Division/Courtroom: 424
	CLAIM FORM  undersigned Claimant hereby asserts a claim a  Dragul"); GDA Real Estate Services, LLC; GD	
	es (collectively, "Dragul and the GDA Entities	
1. Amount of Claim as it existed on August 30, 2018.		
	Claim is asserted against: Actual damages: Consequential and other damages, if any: Interest, if any: Attorneys' fees and costs, if any: Other:	\$ \$ \$ \$ \$
	TOTAL:	\$

DOCUMENTS SUPPORTING	THE CLAIM MUST BE ATTACHED TO THIS CLAIM FORM.
3. This claim is (select of	one):
[ ] unsec	cured; OR,
[ ] secur	red by the following collateral or security:
4. If the claim is sec	cured, please identify the location of all collateral:
5. If the claim incluand the rate thereof (e.g. contrac	ides interest, please specify each of the reasons for such interest t, statute, etc.):
	alue of any offset or counterclaim (i.e., money or property that you or the Estate, or any claims that Dragul, the GDA Entities, or the
7. If you are current	ly represented by an attorney, please complete the following:
Na —	ame of Attorney (Please print)
	ddress (street address, not post-office box)

	Telephone Number	
	Facsimile Number	
	E-mail Address	
PROCEEDINGS IT HAS RECEIVERSHIP ESTATE	ERTIFIES THAT IT HAS DISMISSED ANY COMMENCED AGAINST DRAGUL, THE AND THAT IT WILL NOT FILE (OR RE-FILE) OUT THE RECEIVER'S PERMISSION OR LEA	DRAGUL ENTITIES, OR THE ANY SUIT OR PROCEEDING IN
8. I hereby	certify and attest, under the penalty of ng Claim Form is true and correct:	
Claimant	Signature	
Name of	Claimant (Please print)	
Address (	street address, not post-office box)	
Telephon	e	
Facsimile	· · · · · · · · · · · · · · · · · · ·	
E-mail A	ddress	

Dated: \_\_\_\_\_\_. 20\_\_\_\_.

IMPORTANT: A FULLY COMPLETED AND SIGNED CLAIM FORM WITH ALL SUPPORTING DOCUMENTATION MUST BE SUBMITTED AND RECEIVED THROUGH THE RECEIVERSHIP WEBSITE – <a href="https://dragulreceivership.com">https://dragulreceivership.com</a> – OR RECEIVED AT THE OFFICES OF ALLEN VELLONE WOLF HELFRICH & FACTOR P.C. NO LATER THAN 5:00 P.M. ON FEBRUARY 1, 2019 (THE "FILING DEADLINE").

An editable pdf of this claim form can be found on the Receivership website, <a href="https://dragulreceivership.com">https://dragulreceivership.com</a>, and should be submitted with supporting documents through the website. Alternatively, claim forms may be submitted by email or U.S. mail addressed to:

Harvey Sender, Receiver DragulReceivership@allen-vellone.com

If by mail:

Harvey Sender, Receiver Allen Vellone Wolf Helfrich & Factor P.C. 1600 Stout Street, Suite 1100 Denver, CO 80202 Attn: Rachel A. Sternlieb, Esq.

Marilyn Davies Fax No.: (303) 893-8332

If a Claim Form is received after the Filing Deadline, or if it is incomplete or unsigned, it will not be considered a valid claim.