

Company in Liquidation Under Liquidating Trust	PROOF OF CLAIM	THIS SPACE IS FOR OFFICE USE ONLY
<b>Name of Trust:</b> GASP Liquidating Trust	<b>Additional Information:</b> (check box)  <input type="checkbox"/> Address differs from the address on the envelope sent to you on behalf of the Liquidating Trust.  <input type="checkbox"/> Claim amends a previously filed claim. If so, for such claim, indicate: - Claim number: _____ - Date claim mailed: _____  <input type="checkbox"/> Payment should be sent to different address. Indicate name and address: _____ _____	DATE RECEIVED:           CLAIM NO.:
<b>Name of Company in Liquidation:</b> General Anesthesia Specialists Partnership Medical Group ("GASP")  <b>Date of Creation of Liquidating Trust:</b> April 30, 2021		
<b>Name of Creditor</b> (the person or entity to whom Assignor owes money or property):  <b>Social Security (last 4 digits) or Tax I.D.#:</b> _____		
<b>Name and address where notices should be sent or emailed:</b>  GASP Liquidating Trust - Claims P.O. Box 9 Grandville, MI 49468  <b>Contact email:</b> gasp@rockcreekfa.com		
<b>1. Amount of Claim (as of date of Trust creation):</b> \$ _____ <input type="checkbox"/> Check box if all or part of claim is secured and complete item 4. <input type="checkbox"/> Check box if all or part of claim is entitled to priority and complete item 5. <input type="checkbox"/> Check box if all or part of amount is for equity interest and complete item 6. <input type="checkbox"/> Check box if claim includes interest or other charges in addition to the Principle amount of the claim and state amount: \$ _____ In addition, attach statement that itemizes interest or charges.  <b>Date debt was incurred:</b> _____	<b>2. Basis for Claim:</b> (check one) <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Equipment leased <input type="checkbox"/> Taxes <input type="checkbox"/> Equity Interest <input type="checkbox"/> Other (Describe briefly): _____  <b>If Court Judgment, date Judgment obtained:</b> _____	
<b>3. Last four digits of any number by which creditor identifies Company:</b> _____		
<b>3a. Company may have scheduled account as:</b> _____		
<b>4. Secured Claim:</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach all documents that support the contention that the claim is secured.  <b>Nature of property or right to setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <b>Describe:</b> _____  <b>Value of Property:</b> \$ _____ <b>Annual Interest Rate:</b> _____% <input type="checkbox"/> Fixed <input type="checkbox"/> Variable (when assignment started)		
<b>Amount of arrearage and other charges as of the time the of assignment, included in secured claim, if any:</b> \$ _____  <b>Basis for perfection:</b> _____ _____  <b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____		
<b>5. Priority Claim:</b> Amount of Claim entitled to priority and the basis on which such priority is claimed.  <b>Amount entitled to priority:</b> \$ _____ <b>Basis for priority (describe):</b> _____		
<b>6. Equity Interest:</b> <b>Number of Shares Held:</b> _____ <b>Basis/Value Per Share:</b> \$ _____ <b>Type:</b> <input type="checkbox"/> Common <input type="checkbox"/> Preferred; attach documentation		
<b>7. Documents:</b> Attach copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, and box 4 has been completed, attach copies of documents providing evidence of perfection of a security interest. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
<b>8. DATE-STAMPED COPY:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
<b>9. Signature:</b> Check the appropriate box: <input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am a guarantor, surety, endorser, or other co-debtor.  BY MY SIGNATURE BELOW, I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE INFORMATION PROVIDED HEREIN AND ATTACHED HERETO IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.  <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Company:</b> _____  <b>Signature:</b> _____ <b>Dated:</b> _____  <b>Telephone Number:</b> (       ) _____ <b>Email Address:</b> _____		