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| Assignment for the Benefit of Creditors of: Name of Assignor: M.L. Gray Partnership, LLC Name of Assignee: WSquare (assignment for the benefit of creditors), LLC Date of Assignment: December 8, 2023 | PROOF OF CLAIM | THIS SPACE IS FOR OFFICE USE ONLY |
| Name of Creditor <i>(the person or entity to whom Assignor owes money or property):</i> Social Security or Tax I.D. #: _____ | Additional Information: (check box) <input type="checkbox"/> Address differs from the address on the envelope sent to you on behalf of the Assignee. <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.: _____ |
| Name and address where notices should be sent: Telephone Number: () _____ - _____ Contact name: _____ Email Address: _____ | | |
| 1. Amount of Claim (as of assignment date): \$ _____ <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. Date debt was incurred: _____ | 2. Basis for Claim: (check one) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Goods sold <input type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly): _____ </div> <div> <input type="checkbox"/> Services performed <input type="checkbox"/> Equipment leased <input type="checkbox"/> Equity Interest </div> </div> If Court Judgment, date Judgment obtained: _____ | |
| 3. Last four digits of any number by which creditor identifies assignor: _ _ _ _ | 3a. Assignor may have scheduled account as: _____ | |
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| 4. Documents: 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. <i>(See instruction #7)</i> DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____ | | |
| 5. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | |
| 6. Signature: 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. Print Name: _____ Title: _____ Company: _____ Signature: _____ Dated: _____ Telephone Number: () _____ - _____ Email Address: _____ | | |