

PROOF OF CLAIM IS TO BE FILED WITH RECEIVER -- DO NOT FILE WITH COURT

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

SECURITIES AND EXCHANGE COMMISSION,)
Plaintiff,)
v.)
BURTON DOUGLAS MORRISS, et al.,)
Defendants.)

Case No. 4:12-cv-00080-CEJ

PROOF OF CLAIM FORM

Please Type or Print in the Boxes Below
Do NOT use Red Ink, Pencil, or Staples

FOR RECEIVER'S USE ONLY

Claim No.: _____

Date of Claim: ____ / ____ / ____¹

PART I: CLAIMANT IDENTIFICATION

Name of Individual (Last, First) or Entity

If Entity, Name (Last, First) of Individual Completing Form on behalf of Entity

Title

Street Address

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

Telephone Number (Primary)

____ - ____ - _____

Telephone Number (Alternate)

____ - ____ - _____

Email Address

¹ For Claims sent by regular mail, "Date of Claim" means: (i) for Claims sent by regular mail, the date shown on the official postmark on the Proof of Claim Form envelope; (ii) for Claims sent by hand delivery or courier, the date the Receiver actually received the Proof of Claim Form; and (iii) for Claims sent by electronic mail, the date that the email was transmitted as determined by the time stamp given to the email by the Claimant's email provider (adjusted to prevailing Central Time as necessary).

PART II: CLAIM

AMOUNT OF CLAIM: _____
(if your claim is based on equity or other interest(s) and is not subject to specific valuation, please include such information in the "Specific Grounds for Claim" box below)

DATE CLAIM INCURRED: _____

Please identify, by checking the appropriate box, the Receivership Entity against whom this claim is asserted:

- Acartha Group, LLC
- Acartha Technology Partners, L.P.
- MIC VII, LLC
- Gryphon Investments III, LLC

Specific Grounds for Claim (attach additional sheet(s), if necessary). _____

Secured Claim. Check this box if you contend that your claim is subject to a security interest. Attach copies of all documents that evidence the claim of secured status, including, but not limited to, promissory notes, mortgages, security agreements, and evidence of perfection of lien.

Asserted Value of Collateral:
\$ _____ . 00

Description of Collateral:

If Court Judgment, Date Obtained:
____ / ____ / _____

If Legal Action Pending, Date Commenced, Court Name, and Case No.:
____ / ____ / _____

Claim Status.

- Check box if you are aware that anyone else has filed a Proof of Claim Form relating to your Claim. (Attach statement giving particulars.)
- Check box if the address entered on this form differs from the address on the envelope sent to you by the Receiver (if you received this form via mail).

Check here if this Proof of Claim:

- Amends
- Replaces
- Supplements a previously filed Proof of Claim Form, dated: _____

YOU MUST READ AND SIGN THE RELEASE AND THE CERTIFICATE OF TRUTHFULNESS OF PAGE 3. FAILURE TO SIGN THE RELEASE AND THE CERTIFICATE OF TRUTHFULNESS MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

SUPPORTING DOCUMENTATION: Please attach to your Proof of Claim Form only documents (including copies of emails and other electronic data) that support your Proof of Claim Form. Such documentation may include, but is not limited to: copies of personal checks, cashier's checks, wire transfer advices; account statements and other documents evidencing the investment or payment of funds; any written contract or agreement made in connection with any investment in or with any Receivership Entity; a chronological accounting of all money received by the Claimant from any Receivership Entity or the Receiver, whether such payments are denominated as the return of principal, interest, commissions, finder's fees, sponsor payments, or otherwise; copies of all documentation and records reflecting or regarding any withdrawals ever made by or payments received by the Claimant from any Receivership Entity or the Receiver; copies of all agreements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, or evidence of perfection of lien; and other documents evidencing the amount and basis of the Claim. **DO NOT SEND ORIGINAL DOCUMENTS.** If such documentation is not available, please attach an explanation of why the documents are not available.

Please do not submit the following types of materials with a Proof of Claim Form unless requested by the Receiver: (1) marketing brochures and other marketing materials received from the Receivership Entities; (2) routine or form correspondence received from the Receivership Entities; (3) copies of pleadings on file in any case involving the Receiver or the Receivership Entities; and (4) other documents received from Receivership Entities that do not reflect Claimant specific information concerning the existence or value of a Claim.

VERIFICATION OF CLAIMS: All Proof of Claim Forms submitted are subject to verification by the Receiver and approval by the Court. It is important to provide complete and accurate information to facilitate this effort. Claimants must be willing to submit to an interview and may be asked to supply additional information to complete the claims process.

CONSENT TO JURISDICTION: By submitting your Proof of Claim Form, you consent to the jurisdiction of the United States District Court for the Eastern District of Missouri for all purposes and agree to be bound by its decisions, including, without limitation, a determination as to the validity and amount of any Claims asserted against the Receivership Entities. In submitting your Proof of Claim Form, you agree to be bound by the actions of the United States District Court for the Eastern District of Missouri even if that means your Claim is limited or denied.

CERTIFICATE OF TRUTHFULNESS: Pursuant to 28 U.S.C. § 1746, I, the undersigned, hereby certify, **under penalty of perjury under the laws of the United States of America**, that all of the information provided in this Proof of Claim Form, including all Schedules and attachments to the Proof of Claim, is true and correct and that the undersigned is authorized to make this Claim.

(Sign your name here)

(Date)

(Type or print your name here)

(Capacity of person(s) signing)

Submit your Proof of Claim Form and supporting documentation to the Receiver: (1) by mail to Acartha Group Receivership, 505 North 7th Street, Saint Louis, Missouri 63101; (2) by courier service, overnight service or hand delivery to Acartha Group Receivership, 505 North 7th Street, Saint Louis, Missouri 63101; or (3) by electronic mail, as an attachment in portable document format (.pdf), to acartha.receivership@thompsoncoburn.com.

Reminder Checklist:

1. Please sign the above declaration.
2. Remember to attach supporting documentation, if available.
3. Keep a copy of your claim form and all supporting documentation for your records.
4. If your contact information changes, please send the Receiver updated information.