

QUESTIONNAIRE

NAME: _____

ADDRESS:

(Street) _____

(City) _____

(State/Province) _____

(Country) _____

(Zip Code) _____

SOCIAL SECURITY / TAXPAYER ID NUMBER: _____

TELEPHONE (include country code and city code, if applicable:

(Home) (____) _____

(Day Time) (____) _____

E-MAIL ADDRESS: _____

1. Did you invest money or something of value with any of the following entities or related entities (please specify)?

IFR TRUST Yes___ No___

JRAM INTERNATIONAL ENTERPRISES Yes___ No___

_____ Yes___

_____ Yes___

2. Method or forms of payment:

Amount: \$ _____ Date: _____ Method: _____

Amount: \$ _____ Date: _____ Method: _____

Amount: \$ _____ Date: _____ Method: _____

Amount: \$ _____ Date: _____ Method: _____

Amount: \$ _____ Date: _____ Method: _____

3. Please provide a copy/copies of your payment(s) with this form (front and back of the cancelled checks, copies of wire transfer confirmations from banks, copies of bank statements with wire transfer details, etc.).

4. What were you told as to how your investment funds would be used (purpose of investment)?

Who made this representation to you?

5. What were you to receive in exchange for your investment?

Who told you this?

6. What representations were made regarding any risks involved in this investment?

Who told you?

7. Was your investment to be guaranteed by any entity or financial institution?

If so who said this?

8. What documentation did you receive (certificate, participation/bond agreement) reflecting your investment? Please provide a copy.

9. Prior to or when you invested with any of the above entities, were you told how and/or where your funds would be deposited? By whom?

How and where:

By whom:

10. Since investing have you received from any of the above entities any monthly, quarterly, annual statements and/or reports?:

No _____

Yes _____ If yes then please complete the following indicating the reporting entity:

Report _____ Date: _____

Report _____ Date: _____
Report _____ Date: _____
Report _____ Date: _____
Report _____ Date: _____

11. Since investing have you received from any of the above entities any return on your investment with the defendants in the form of interest or principle payments or any other payments? Please furnish full details of such receipts with dates.

Payments / earnings:

Amount: _____ Date: _____
Amount: _____ Date: _____
Amount: _____ Date: _____

12.

Refund of Principal:

Amount: _____ Date: _____
Amount: _____ Date: _____
Amount: _____ Date: _____

13.

14. Have you received any information from any of the above entities regarding the status of the business and/or your investment?

Yes _____ (Please provide a copy) No _____

15. In making your investment what was your experience in investments?

16. What did you understand to be your role in this investment program other than providing investment funds?

17. Have you made any request/attempt to have your investment funds returned?

From Whom? _____
Results: _____

18. Did any of the defendants ever discuss with you his/her expertise/background in the investment business or any prior criminal record? What was said?

19. Please describe how you became aware of this investment opportunity?

20. Please provide any additional information you feel is of importance concerning the above entities or person(s). Both positive as well as negative are welcomed.

This Questionnaire is an integral part of the Petition to the Attorney General attached hereto. Information furnished will be treated as confidential. Use extra sheets of paper indicating paragraph numbers where you want to expand on explanations.

DECLARATION

State/Province of: _____

County of: _____

Country of: _____

I hereby declare under penalty of perjury that the foregoing questionnaire, including any attachments thereto, is true and correct in every respect.

Executed:

[Enter date signed] [Signature of Petitioner]

[IF REPRESENTED BY AN ATTORNEY]
DECLARATION OF REPRESENTED PETITIONER

State/Province of: _____

County of: _____

Country of: _____

I hereby declare under penalty of perjury that I have authorized:

Name of attorney _____

Address of attorney _____

to represent me in this proceeding, that I have fully reviewed the questionnaire, including any attachments thereto, and that the questionnaire and any such attachments are true and correct in every respect.

Executed:

[Enter date signed] [Signature of Petitioner]

ATTORNEY REPRESENTING PETITIONER

State/Province of: _____

County of: _____

Country of: _____

I hereby declare under penalty of perjury that upon information and belief the foregoing questionnaire, including any attachments thereto, is true and correct in every respect.

Executed:

[Enter date signed] [Signature of Attorney]

PLEASE RETURN THIS QUESTIONNAIRE TO:

ROBB EVANS, TRUSTEE
In the Matter of Wilcoxson et al.
PO Box 880
Sun Valley, CA 91353-0880

In the Matter of United States of America v. Larry Wilcoxson, Roxanne Albaugh, David Baxter et al
U.S. District Court for the Eastern District of California
Case No. CR-S 99-0359 DFL