

**Commissioner of Business Oversight of the State of California**  
as Liquidator of the California Property and Business of  
**State Assistance Fund for Enterprise,**  
**Business and Industrial Development Corporation**  
c/o Robb Evans, Special Deputy Commissioner

In the Matter of the Liquidation of

STATE ASSISTANCE FUND FOR	)	
ENTERPRISE, BUSINESS AND	)	PROOF OF CLAIM
INDUSTRIAL DEVELOPMENT	)	
CORPORATION	)	
_____	)	

Pursuant to California Financial Code section 680, the undersigned does hereby present a claim against State Assistance Fund for Enterprise, Business and Industrial Development Corporation (“SAFE-BIDCO”) or against property owned or held by SAFE-BIDCO, as follows:

[NOTE: Each separate claim should be listed on a separate claim form.]

1. Claimant. (Show name exactly as shown on the account statement or any other documentation of the claim.)
  
2. Description of the claim. (Include a copy of the account statement, if applicable, or if the claim is of another type that is evidenced by a writing, attach a copy thereof.)
  
3. Total amount of the claim. (Any amounts claimed for interest or other fees or charges must be separately identified and explained.)

4. Is a security interest claimed? \_\_\_\_\_. If yes, state the amount of the secured claim, describe the basis of the security interest and the nature of the security, and, if the security interest is evidenced by a writing, attach a copy thereof.
  
5. If a security interest is claimed, is it perfected? \_\_\_\_\_. If yes, attach or describe evidence of perfection.
  
6. Is the claim entitled to any priority (other than the priority granted by California Financial Code section 1810 to creditors of SAFE-BIDCO's California business with respect to the assets of that business)? \_\_\_\_\_. If yes, state the amount and describe the basis of priority in detail.
  
7. Has any judgment been rendered on the claim? \_\_\_\_\_. If yes, attach a copy.
  
8. Is the claim subject to any setoff or counterclaim? \_\_\_\_\_. If yes, describe in detail.
  
9. Have any payments been made on this claim since the date of the statement or invoice attached hereto? \_\_\_\_\_. If yes, have all such payments been credited and deducted for the purpose of filing this claim?

Proof of authority must be submitted to support claims filed by receivers, administrators, assignees, attorneys-in-fact, agents, trustees, and guardians.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(Telephone)

MAIL THIS FORM TO:

JAN LYNN OWEN  
Commissioner of Business Oversight  
of the State of California, as Liquidator  
of the California Property and Business of  
State Assistance Fund for Enterprise, Business  
and Industrial Development Corporation  
c/o Robb Evans, Special Deputy Commissioner  
11450 Sheldon Street  
Sun Valley, CA 91352-1121