

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
SOUTHERN DIVISION
CASE NO. 8:16-cv-02257-CJC-DFM

CLAIM FORM

(FOR ALL CLAIMANTS EXCEPT EB-5 INVESTORS)

SECURITIES AND EXCHANGE COMMISSION
vs.

EMILIO FRANCISCO; PDC CAPITAL GROUP, LLC; CAFFE PRIMO INTERNATIONAL, INC.; SAL ASSISTED LIVING, LP; SAL CARMICHAEL, LP; SAL CITRUS HEIGHTS, LP; SAL KERN CANYON, LP; SAL PHOENIX, LP; SAL WESTGATE, LP; SUMMERPLACE AT SARASOTA, LP; SUMMERPLACE AT CLEARWATER, LP; SUMMERPLACE AT CORRELL PALMS, LP; TRC TUCSON, LP; CLEAR CURRENTS WEST, LP; CAFFE PRIMO MANAGEMENT, LP; CAFFE PRIMO MANAGEMENT 102, LP; et al.

THIS SPACE RESERVED FOR ADMINISTRATIVE USE ONLY

If you are an EB-5 investor, you should receive a "Notice Letter Regarding Investor Claim." Please use that notice, not this form, regarding your EB-5 investment.

Check this box if this claim amends a previously filed claim, dated _____

This form must be returned to the Receiver, on or before July 10, 2018, 5:00 p.m. Pacific Time.

1. NAME AND ADDRESS OF CLAIMANT

Name _____
Address _____
City / State / Zip Code/ Country _____

If Claimant is an entity, name of contact person for Claimant: _____

Telephone No. of Claimant: _____

Email address of Claimant: _____

Last four digits of Tax I.D. No. or SSN: _____ Account or Reference No: _____

2. CLAIM

2a. Basis of Claim:

- Goods Sold
- Services Performed
- Money Loaned
- Taxes
- Wages, salaries or compensation (fill out below)
Unpaid compensation for services performed
from _____ to _____ (dates);
Title: _____
- Benefits (provide a detailed explanation)
- Investment (other than EB-5 Investor)
- Other (provide a detailed explanation on attached sheet)

2e. Identify any other party who you claim may be liable to you for repayment of your claim:

f. If Legal Action Pending, Date Commenced, Court and Case No.: _____

If Court Judgment, Date Obtained: _____

2g. Check this box if you contend your claim is subject to a security interest. Attach copies of all security agreements and other documents that evidence the claim of secured status.

2h. Check this box if claim includes interest or other charges, such as attorney's fees, lost profits, or late fees in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

2b. Entity/Person with whom claim was incurred: _____

2c. Date Claim was Incurred: _____

2d. Total Claim as of January 5, 2017: \$ _____

3. If you checked "Investment" above, please provide the following additional information:

3a. Entity In or With Which You Claim To Have Invested: (If more than one, provide a separate Claim Form for each entity)

3b. Nature of investment:

3c. Please attach a statement of date and amount of funds paid or value provided and any distributions or withdrawals (including interest, dividends, returns of principal or rent payments)

3d. Total Amount of Claim as of January 5, 2017:
\$ _____

Check this box if claim includes increases over principal invested, interest or other charges, such as attorneys' fees, damages, claims or late fees in addition to the principal amount of the claim. Attach itemized statement of all additional amounts, interest or charges.

Check this box if you contend your claim is an interest in specific property. Attach statement identifying such property and describing your interest.

4. Supporting Documents: Attach copies of supporting documents, such as canceled checks (front and back), account ledgers, bank statements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of lien perfection. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

5. Check this box if you have asserted any claims for damages related to your claim against third parties. If so please attach a brief description and state the amount of money recovered, if any.

6. Date-Stamped Copy: To receive an acknowledgement of the filing of your Claim Form, enclose a stamped, self-addressed envelope and an additional copy of this Claim Form.

7. Signature: Sign and print the name and title, if any, of the claimant or other person authorized to submit this claim (attach a copy of power of attorney, death certificate or other authorizing documents as needed).

By signing your name below, you are certifying that the information contained in this Claim Form and any back-up documentation provided is true and correct under penalty of perjury under the laws of the United States of America.

Signature: _____ Name: _____ Title (if any) _____

8. Dated:	YOU MUST DATE AND SIGN THIS FORM FOR THIS CLAIM TO BE VALID
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You must file your claim with the Receiver on or before, **July 10, 2018, by 5:00 p.m. Pacific Time.**

You may use **ONE** the following methods for returning the claim form:

Mail: 3 Park Plaza, Ste. 550, Irvine CA 92614 *or*
 Facsimile: 949-222-0661 *or*
 Email: claims@pdcreceiver.com

ADDITIONAL INFORMATION REGARDING YOUR CLAIM
 (ATTACH ADDITIONAL SHEETS IF NECESSARY)
