

FOR RECEIVER'S USE ONLY

Creditor Number _____

Date Received _____

In Receivership
BRYCAR FINANCIAL CORPORATION
(“BRYCAR”)

PROOF OF CLAIM FORM

**** For Use By Creditors ****

A bar date for claims has not yet been set by the Court for this Receivership. The Receiver will send to each investor and creditor a Bar Date Order Notice once it has been entered by the Court. Once the bar date has been set, Proof of Claim Forms received after such date may be precluded from receiving any distributions of funds by the Receiver.

By signing and returning this Proof of Claim Form, you are certifying, under penalty of perjury, the truth and accuracy of the information set forth herein.

If the space provided below is insufficient, please feel free to attach additional pages for your responses.

Name of Creditor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____

Facsimile Number: _____

E-mail Address: _____

U.S.A. Taxpayer I.D., U.S.A. Social Security Number, or Passport I.D. Number:

Account or other number by which creditor identifies BryCar: _____

**You must complete and return this Proof of Claim Form and the
Certification attached hereto as Exhibit “A”**

1. Please specify the basis for your by checking the type of debt for which this Proof of Claim is being filed. If the type of debt is not listed, check “other” and briefly describe the type of debt. If you were an employee of BryCar, state the dates of work for which you were not paid:

- Goods sold
- Services performed
- Money loaned
- Taxes
- Other: _____
- Wages, salaries, and compensation (complete below)
Unpaid services performed from _____ to _____
Nature of services (Describe briefly)

2. Date Claim was incurred: _____

3. If Court judgement, date obtained: _____

4. Please type and amount of claim:

- Unsecured Claim
Amount of claim: \$ _____
For purposes of filing this form, a claim is unsecured if there is no collateral or to the extent the value of the collateral is less than the amount of the claim.
- Secured Claim
Amount of claim: \$ _____
Attach evidence of security interest.

5. Please attach all supporting documentation which shows that BryCar owes the obligation claimed, or if documents are not available, you must provide an explanation below or attach additional pages as to why such documents are not available. Do not send original documents.

You must complete and return this Proof of Claim Form and the Certification attached hereto as Exhibit “A”

EXHIBIT "A"

CERTIFICATION

IT IS A VIOLATION OF UNITED STATES FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OR IMPRISONMENT OR BOTH.

IT MAY ALSO BE A CONTEMPT OF COURT IN THE ACTION STYLED *SECURITIES AND EXCHANGE COMMISSION V. BRYCAR FINANCIAL CORPORATION AND BRYAN J. EGAN*; NO. CV-S-00-1125-LDG-LRL FOR ANY FALSE OR FRAUDULENT INFORMATION SUBMITTED ON THIS PROOF OF CLAIM FORM.

The undersigned certifies under penalty of perjury that the information contained in this Certified Proof of Claim Form is true and accurate to the best of the undersigned's knowledge, information and belief.

Date: _____ Signature: _____

(If creditor is an entity, please state your capacity.)

This Proof of Claim Form must be completed, signed, and returned promptly, together with supporting documentation, etc. to:

JOHN E. HAM, ESQ., RECEIVER
BRYCAR FINANCIAL CORPORATION
c/o Santoro, Driggs, Walch, Kearney, Johnson & Thompson
3773 Howard Hughes Parkway, Suite 290N
Las Vegas, Nevada 89109
1-702-791-0308 - telephone
1-702-791-0289 - facsimile

(If you would like to telecopy the completed form to the Receiver, please use the enclosed fax cover sheet. Please also send the originals by certified mail return receipt requested or by courier to the above address.)

FAX COVER SHEET

TO: JOHN E. HAM, Esq. FAX NO.: (702) 791-0289

FROM: _____

TELEPHONE NO. _____ FAX NO.: _____

RE: INVESTOR QUESTIONNAIRE

DATE: _____ NUMBER OF PAGES
(INCLUDING COVER SHEET) _____

CONFIDENTIAL INFORMATION

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AT 1-702-791-0308 AND RETURN THE ORIGINAL MESSAGE TO JOHN E. HAM, RECEIVER, 3773 HOWARD HUGHES PARKWAY, SUITE 290N, LAS VEGAS, NEVADA 89109 AT THE ABOVE ADDRESS VIA U.S. POSTAL SERVICE. WE WILL REMIT ANY REASONABLE POSTAGE CHARGES INCURRED BY YOU. THANK YOU.