

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

Case No. 21-cv-60462-BLOOM/Valle

CCUR AVIATION FINANCE, LLC and
CCUR HOLDINGS, INC.,

Plaintiffs,

v.

SOUTH AVIATION, INC. and
FEDERICO A. MACHADO,

Defendants.

_____ /

PROOF OF CLAIM FORM

IF YOU TRANSFERRED FUNDS TO OR ON BEHALF OF SOUTH AVIATION, INC. (“SOUTH AVIATION”) AND/OR ITS RESPECTIVE AFFILIATES, SUBSIDIARIES, SUCCESSORS AND ASSIGNS (COLLECTIVELY, THE “RECEIVERSHIP ESTATES”)¹ OR ARE OTHERWISE A CURRENT CREDITOR OF THE RECEIVERSHIP ESTATES (A “CREDITOR”), YOU MAY BE ENTITLED TO PARTICIPATE IN MONETARY RECOVERY FROM THE ASSETS RECOVERED IN THIS ACTION.

SUBMISSION OF ALL CREDITOR CLAIMS TO THE TEMPORARY RECEIVER, AS DEFINED HEREIN, REQUESTED BY: **JANUARY 27, 2022.**

¹ For the avoidance of doubt, the term “Receivership Estates” excludes Defendant Federico A. Machado individually.

GENERAL INSTRUCTIONS

1. In order to recover funds to which you may be entitled as an Eligible Claimant (as defined in the Legal Notice of Claims Administration Process (the “Legal Notice”) (ECF __) in the above-captioned proceeding with respect to South Aviation, Inc. (“South Aviation”), you must complete this Proof of Claim Form and sign it under penalty of perjury where indicated on page 11 of this document. Completed Proof of Claim Forms, together with all necessary supporting documentation (as discussed herein) must be returned to the Temporary Receiver by **January 27, 2022** (the “Claims Submission Date”). Any completed Proof of Claim Form postmarked after the Claims Submission Date will be allowed only for good cause shown.

2. Submission of this Proof of Claim Form, however, does not assure that you will share in the proceeds of the settlement fund, or that if you do receive a distribution, that you will be fully compensated for any claim you may have against South Aviation. The Temporary Receiver is providing the Proof of Claim Form in connection with this Claims Process and encourages all Creditors, who are Eligible Claimants (as defined in the Legal Notice), to submit a claim against the Receivership Estates.

3. You must send by email your completed and signed Proof of Claim Form with all supporting documentation to the Temporary Receiver on or before **January 27, 2022** to the following address: SouthAviationReceivership@hkllaw.com. **Please include subject line: [Name of Claimant] Proof of Claim Submission.**

4. The Temporary Receiver shall conduct one Claims Process for all creditors of the Receivership Estates. Upon completing her determinations as to the Allowed status of each filed claim, the Temporary Receiver shall then complete the asset recovery and liquidation phases of the Receivership to raise funds to make a distribution to all creditors holding Allowed Claims. Such distribution will be the subject of separate approval by the Court.

5. If you are NOT an Eligible Claimant, as that term is defined in the Legal Notice, DO NOT submit a Proof of Claim.

INSTRUCTIONS FOR CLAIM FORM

1. If you are a Creditor, please provide in Section I entitled “Claimant Information” all information regarding the Creditor and appropriate contact information to be used in connection with this Claims Process.

2. If you are a Creditor, please provide in Section II entitled “Description of Debt” all information related to any debt owed to you by the Receivership Estates, including (i) the nature of the claim; (ii) a copy of the agreement(s) or other document evidencing or giving rise to the claim; (iii) evidence of your performance under such agreement (i.e. provision of funds, goods, services, etc.); (iv) the amount of your asserted claim against the Receivership Estates; and (v) the amount of any transfer of funds that you or any of your representatives received from the Receivership Estates, Defendant Federico A. Machado (“Machado”), or any of their affiliates, or any other person or entity on behalf of the foregoing, in connection with this claim.

3. Read carefully and execute the Certification in Section III.
4. Failure to report accurately any detail related to your claim may result in the rejection of your claim.
5. In addition to filling out and signing the Proof of Claim Form, you should attach any and all documentation you have supporting the information you are providing, including without limitation all correspondence, emails, statements, confirmations, and other documents relating to your transactions, dealings and communications with South Aviation, Machado and their affiliates, whether those documents are in hard copy or electronic form. Failure to provide such documentation could delay verification of your claim and/or result in rejection of your claim.

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CHECKLIST FOR PROOF OF CLAIM FORM

1. Complete the Claimant Information (Section I below).
2. Complete the Description of Debt (Section II below).
3. Complete and sign the Certification (Section III below).
4. Detach and send the completed and signed Proof of Claim Form (pages 5-11 of this

document), together with a copy of all supporting documentation, by email to the Temporary Receiver at SouthAviationReceivership@hkllaw.com with the subject line [*Name of Claimant*] **Proof of Claim Submission, no later than January 27, 2022.** Please keep a copy of your completed and signed Proof of Claim Form and supporting documentation for your records. If you have any questions regarding the Proof of Claim Form, please contact the Temporary Receiver at:

Barbara Martinez, Esq., Temporary Receiver
South Aviation, Inc. Receivership Estate
c/o Holland & Knight LLP
Attn: Warren E. Gluck, Esq.
31 West 52nd Street
New York, New York 10019
Telephone: (212) 513-3200
Facsimile: (212) 385-9010
SouthAviationReceivership@hkllaw.com

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PROOF OF CLAIM FORM

I. CLAIMANT INFORMATION (please print or type)

Check here if this is a corrected or amended Proof of Claim: _____

Date(s) of prior Proof of Claim filings: _____

1. _____
Name of Claimant (If an individual, enter Last, First and Middle)

2. _____
If Claimant is an entity, Claimant's Taxpayer Identification Number

3. _____
Name of Joint Claimant, if applicable. (If an individual, enter Last, First and Middle)

4. _____
If Joint Claimant is an entity, that entity's Taxpayer Identification Number

5. _____

Claimant's Street Address, including City, State and Zip Code

Claimant's Foreign Province or Foreign Country (if applicable)

6. _____
Email address for Claimant

7. _____
Telephone Number for Claimant

8. _____

Street Address, including City, State, and Zip Code for Claimant's counsel, if any

9. _____
Email address for Claimant's Counsel, if any

10. _____

Address where Notices related to this claim should be sent

11.

Address where payments to the claimant should be sent

II. DESCRIPTION OF CLAIM

1. **What is the amount of the claim?** \$ _____

a. Does this amount include interest or other charges?

No.

Yes. Attach statement itemizing interest, fees, expenses, or other amounts other than principal included in the amount of the claim.

2. **What is the basis of the claim?** (Examples: money loaned, services performed, goods sold). Attach copies of supporting documentation of the claim.

3. **Is all or part of the claim secured?** No.

Yes.

Nature of property securing the claim: _____

Basis for perfection: _____

Attach copies of documents, if any, that show evidence of perfection of a security interest (i.e. a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded).

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____

4. **Have you received any funds from the Receivership Estates or from any other person or entity on behalf of the Receivership Estates (including from Machado) in connection with your asserted claim?**

No.

Yes.

If yes, provide the amount of funds received: \$ _____

Entity or person providing the funds: _____

5. **Does this claim amend one already filed?**

No.

Yes. Provide date previous claim was filed
and _____ claimant:

6. **Has this claim been acquired from someone else?**

No.

Yes. Person/entity from whom claim was
acquired:

III. CERTIFICATION

Each of the undersigned separately represents and certifies that each such person or entity:

1. Did not receive from the Receivership Estates, Machado OR their affiliates, an amount equal to or in excess of: (a) the amount such Creditor transferred to or on behalf of the Receivership Estates, or (b) the value of the goods and/or services that such person or entity provided to the Receivership Estates underlying the debt that arose during such time period.

2. Certifies that Section II of this Proof of Claim Form accurately reflects, to the best of the undersigned's knowledge and understanding, (a) all transfers to and receipts from or on behalf of Receivership Estates and/or their affiliates, or (b) all debts that the Receivership Estates incurred to such Creditor.

3. Is not (a) Defendant Machado, or a member of his family, including without limitation a spouse, child, parent, sibling or parent or sibling of Defendant Machado's spouse, or any entity directly or indirectly controlled by them or a trust established for their benefit; (b) a person who was employed by or contracted to the Receivership Estates or Defendant Machado at any time; or (c) a person or entity affiliated with, or under common control with, the Receivership Estates or Defendant Machado.

4. Did not knowingly assist any Defendant or any affiliate of any Defendant to effectuate, perpetuate or promote the fraud subject of this enforcement action *at any time*, or have knowledge of its fraudulent nature at the time undersigned (a) made any transfer for the purposes upon which this claim is based, or (b) provided the goods and/or services to the Receivership Estates giving rise to the debt upon which this claim is based.

5. If executing this Proof of Claim Form on behalf of a corporation, partnership, limited liability company, or other entity, possesses all requisite power and authority to execute

this form, and to do all other things necessary and appropriate in connection with the submission of this Proof of Claim Form.

6. Consents to the Temporary Receiver's and her agents' use of any of the information provided herein including, but not limited to, email address, name, address, telephone number, and bank account information in any way deemed appropriate for verification of the claim.

7. Submits to the jurisdiction of the United States District Court for the Southern District of Florida (the "Court") in connection with any matter relating to the administration of the Receivership Estates and the processing and disposition of this Proof of Claim Form; waives trial by jury, to the extent such a right exists; and agrees to the Court's disposition of the determination of the validity or the amount of the claim made by this Proof of Claim Form.

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Each of the undersigned declares under penalty of perjury under the laws of the United States of America (and the applicable laws of any other jurisdiction) that the statements made and the answers given in this Proof of Claim Form are true and correct, and that the documents submitted herewith are true and genuine.

Executed on this _____ day of _____ (Month), 2022, in _____ (City, State, Country)

CLAIMANT (Individuals, Corporations, Partnerships, Other Entities)

Signature of Claimant or Authorized Signatory

Print or Type Name of Claimant

Capacity of person signing above (e.g., Beneficial Owner, Executor, Administrator, Other)

Signature of Joint Claimant (if any)

Print or Type Name of Joint Claimant (if any)

Capacity of person signing above (e.g., Beneficial Owner, Executor, Administrator, Other)