

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

COMMODITY FUTURES TRADING
COMMISSION,

Plaintiff,

Case No. 8:19-CV-886-T-33SPF

v.

OASIS INTERNATIONAL GROUP,
LIMITED; *et al.*,

Defendants.

_____ /

**DECLARATION OF RECEIVER, BURTON W WIAND,
IN SUPPORT OF OMNIBUS RESPONSE TO OBJECTIONS
TO REPORT AND RECOMMENDATION**

I, Burton W. Wiand, make this declaration as receiver over the above-captioned defendants and relief defendants in support of my response (the “**Response**”) to the objections filed by Michelle Utter, Casey Utter, Robert Parker Utter, Henry Fuksman, Lance Wren, and John Paniagua (Docs 715-723) (the “**Objections**” and the “**Objectors**”) to a report from the presiding Magistrate Judge, which recommends that the Court grant my motion to approve a first interim distribution of \$10 million (Doc. 705) (the “**R&R**”):

1. I am over 18 years of age, of sound mind, and competent to testify to these matters based on my personal knowledge and/or information gathered by my retained professionals at my request.

Claim No. 762 – Casey Utter

2. A redacted but otherwise true and correct copy of this Objector’s Proof of Claim Form is attached as **Exhibit A.1**. My counsel has not redacted certain address information because the issue of mailed notice is important to the Objections, and the Objectors’ addresses are already on the docket.

3. A redacted but otherwise true and correct copy of this Objector’s Determination Letter is attached as **Exhibit A.2**. As explained in the Response, this Determination Letter was mailed to both the Objector and the Indiana Office of Brent Allan Winters.

4. A redacted but otherwise true and correct copy of this Objector’s registration with the Receivership website (www.oasisreceivership.com) is attached as **Exhibit A.3**.

5. On April 18, 2022, Casey Utter submitted a purported declaration and altered Personal Verification Form. A redacted but otherwise true and correct copy of those documents is attached as **Exhibit A.4**.

Claim No. 763 – Michelle Utter

6. A redacted but otherwise true and correct copy of this Objector’s Proof of Claim Form is attached as **Exhibit B.1**.

7. A redacted but otherwise true and correct copy of this Objector’s Determination Letter is attached as **Exhibit B.2**. As explained in the

Response, this Determination Letter was mailed to both the Objector and the Indiana Office of Brent Allan Winters.

8. A redacted but otherwise true and correct copy of this Objector's registration with the Receivership website (www.oasisreceivership.com) is attached as **Exhibit B.3**.

9. On April 18, 2022, Michelle Utter submitted a purported declaration and altered Personal Verification Form. A redacted but otherwise true and correct copy of those documents is attached as **Exhibit B.4**.

10. Michelle Utter was defendant Montie's employee and assistant in connection with his efforts to solicit and recruit investors to the scheme underlying this Receivership. She was responsible for organizing numerous conference calls with victims of the scheme. During those calls, Montie, DaCorta, and others provided false information to recruit investors. Those efforts raised millions of dollars to perpetrate and perpetuate the scheme.

Claim No. 764 – Robert Parker Utter

11. A redacted but otherwise true and correct copy of this Objector's Proof of Claim Form is attached as **Exhibit C.1**.

12. A redacted but otherwise true and correct copy of this Objector's Determination Letter is attached as **Exhibit C.2**. As explained in the

Response, this Determination Letter was mailed to both the Objector and the Indiana Office of Brent Allan Winters.

13. A redacted but otherwise true and correct copy of this Objector's registration with the Receivership website (www.oasisreceivership.com) is attached as **Exhibit C.3**.

14. On April 18, 2022, Robert Parker Utter submitted a purported declaration and altered Personal Verification Form. A redacted but otherwise true and correct copy of those documents is attached as **Exhibit C.4**.

Claim No. 722 – Henry Fuksman

15. A redacted but otherwise true and correct copy of this Objector's Proof of Claim Form is attached as **Exhibit D.1**.

16. A redacted but otherwise true and correct copy of this Objector's Determination Letter is attached as **Exhibit D.2**. As explained in the Response, this Determination Letter was mailed to both the Objector and the Indiana Office of Brent Allan Winters.

17. On April 18, 2022, Henry and Anna Fuksman submitted a purported declaration and altered Personal Verification Form. A redacted but otherwise true and correct copy of those documents is attached as **Exhibit D.3**.

18. Henry and Anna Fuksman participated extensively in clawback litigation. To conserve resources, their pleadings and other filings are not

attached to this declaration, but they are cited by docket number in the Response.

Claim Nos. 752, 753 – John Paniagua

19. Redacted but otherwise true and correct copies of this Objector's two Proof of Claim Forms are attached as **Exhibit E.1 and E.2.**

20. Redacted but otherwise true and correct copies of this Objector's Determination Letters are attached as **Exhibit E.3. and E.4.** As explained in the Response, these Determination Letters were mailed to both the Objector and the Indiana Office of Brent Allan Winters.

Claim Nos. 773, 774 – Lance Wren

1. Redacted but otherwise true and correct copies of this Objector's two Proof of Claim Forms are attached as **Exhibit F.1 and F.2.**

2. Redacted but otherwise true and correct copies of this Objector's Determination Letters are attached as **Exhibit F.3. and F.4.** As explained in the Response, these Determination Letters were mailed to both the Objector and the Indiana Office of Brent Allan Winters.

3. On April 18, 2022, Lance Wren submitted two purported declarations and two altered Personal Verification Forms. Redacted but otherwise true and correct copies of those documents are attached as **Exhibits F.5. and F.6.**

4. On March 10, 2021, my professionals contacted Mr. Wren to inquire about his commissions, copying Mr. Winters. A true and correct copy of that email is attached as **Exhibit F.7**.

Other Forms of Notice Regarding Claim Determinations

5. On April 30, 2019, I directed my professionals to send an email to hundreds of known, identifiable investors using the Receivership Entities' "CRM" software, which informed the investors of the Receivership, the Receivership website, and the opportunity for investors to register through the website. See www.oasisreceivership.com/registration. Henry and Anna Fuksman, Brent Winters, and John Paniagua do not appear to have ever registered through the website.

6. On March 25, 2022, I directed my professionals to send an email, notifying recipients that the Court granted the Claims Determination Motion and informing them of "[t]he next steps in this claims process." A true and correct copy of its contents is attached as **Exhibit G**.

7. According to my professionals, metadata from my contractor's Mailchimp email software shows that certain defendants opened (or ignored) the email as set forth in **Composite Exhibit H**. The pertinent email is identified as "Untitled" in the exhibit.

8. On April 13, 2022, I directed my professionals to send a “Reminder” email, which again cautioned claimants to review their Court-approved determinations. A true and correct copy of its contents is attached as **Exhibit I**.

9. According to my professionals, metadata from my contractor’s Mailchimp email software shows that certain defendants opened (or ignored) the email as set forth in **Composite Exhibit H**. The pertinent email is identified as “Oasis Receivership: Reminder” in the exhibit.

I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

 2-22-2023

BURTON W. WIAND, AS RECEIVER

EXHIBIT A.1.

PROOF OF CLAIM FORM

COMMODITY FUTURES TRADING COMMISSION,
Plaintiff,

v.

OASIS INTERNATIONAL GROUP, LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY;
MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND
P MONTIE III; FRANCISCO "FRANK" L. DURAN; and
JOHN J. HAAS,
Defendants;

and

MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS,
INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF
MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE,
LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY
PLACE, LLC; and 4 OAKS LLC,
Relief Defendants.

Case Number: 8:19-cv-886-T-33SPF
U.S. District Court Middle District of Florida (Tampa Division)

Name and address of Claimant
(Please print or type):

Type your full name and mailing address in
the box below. Use separate lines for each
item as you'd address a letter.

Casey Utter
172 Eastgate Drive
Rochester, NY 14617

IB Number: 60688
Customer Code #: 16055730

ATTENTION: The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a "Receivership Entity," and collectively, "Receivership Entities"). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020**, to **Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609**. *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE ABOVE-CAPTIONED COURT FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING, THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANACTED BY OR WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

General Instructions:

You must answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). If IRA, then IRA Name.

Casey Utter

2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.

Mr. Brent Allan Winters

5105 S. Hwy 41

Terre Haute, Indiana 47802

email: brentwinters@use.startmail.com

phone: (317) 515-7695

Under Power of Attorney: on file
available on written request

3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. List the full names of all interested parties. Separate by commas.

Not applicable

4. Provide one mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive (this does not authorize payment to be made out to anyone other than Claimant). It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

Mail Address: Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802

5. Provide one email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

email to: brentwinters@use.startmail.com

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver's discretion? Yes No

- 6. Provide one telephone number for the Claimant. It is the Claimant's sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form: 317-515-7695
- 7. Provide the basis for your claim (please check applicable boxes):

- Investor
- Provided Goods or Services to a Receivership Entity
- Other (specify basis)

If you are not an investor, write "Not Applicable" to questions 8 through 16. If you are an investor, write "Not Applicable" to questions 17 through 19. All Claimants must answer questions 1-7 and question 20.

Questions Specific to Investors

- 8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

Yes, I agree with the amounts listed. No, I do not agree with the amounts provided by the Receiver.

If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.

- 9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1st investment in or with the Receivership Entities:

totaled \$ 1,000.00 and was made on 03/01/2012 (date); through a check (or wire transfer) made payable to Oasis and drawn on account number **REDACTED** with Key Bank (identify financial institution).

If applicable, 2nd investment in or with the Receivership Entities:

totaled \$ 1,000.00 and was made on 09/01/2012 (date); through a check (or wire transfer) made payable to Oasis and drawn on account number **REDACTED** with Key Bank (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.

Total amount you are claiming you invested with the Receivership Entities: \$ 11,257.68

- 10. Have you ever received any money from a Receivership Entity, including as an "interest" payment, "return of principal," or "referral fee" relating to your investment or for any other reason? Yes No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Pavor/Payee of check/wire</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$ \$ 0.00

- 11. State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership): \$ 11,302.04
- 12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes No . If yes, please identify how much or what you received, from whom, and the date it was received.

- 13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities
I was not solicited.

- 14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.
I learned of Oasis through family and friends. I was looking for investment opportunities at the time.

- 15. Are you related by blood or marriage to any of the individual defendants or relief defendants? Yes No. If yes, to whom are you related and what is the relationship.

- 16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? Yes No. If yes, please identify how

much or what you received, from whom, and the date it was received.

Questions Specific To Non-Investor Claimants

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid).

Not applicable

18. State the amount you claim you are owed by any Receivership Entity. \$ _____
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

19. Identify your contact person or persons at the Receivership Entities.

Not applicable

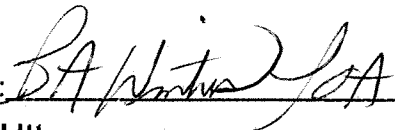
Question for all Claimants:

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? Yes No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action.

EMAIL this completed Proof of Claim Form and legible copies of any documentation requested in this form to brentwinters@use.startmail.com and a COPY to 4OasisLenders@use.startmail.com, SO THAT IT IS RECEIVED NO LATER THAN MAY 29, 2020. THIS Form MUST come to us completed in digital form. Supporting documents may be mailed to Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802 if you cannot send them electronically.

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provide is true and correct.

Signature of Claimant: 

Print Name: Casey Utter


Date: 5/24/20

Title (if any): _____

EXHIBIT A

Claimant Name: Casey Utter

AMOUNTS RECEIVER CLAIMS:

 Amount Invested:	\$	0.00
Total Payments:	\$	0.00
Net Investment Amount:	\$	0.00

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

EXHIBIT B
INTEREST and/or PRINCIPAL
WITHDRAWALS

	AMOUNT	DATE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10*		

*If additional withdrawals were made, please attach a separate sheet identifying the amount of the withdrawal(s) and the date(s) on which they were made.

AMOUNTS YOU CLAIM:

(A) Total Invested:	\$ 11,302.04
(B) Total Withdrawn (Interest and/or Principal):	\$ 0.00
Net Amt Due = A-B:	\$ 11,302.04

Total Other Pmts Received:

Exhibit C for Casey Utter

In the Claim Form I have listed my first two investments, although don't know the exact dates because my bank records don't go back that far.

- 3rd investment—increased my account to \$5,000 (from my Key Bank account listed on page 3 in the Claim Form)...bank records don't go back that far to give exact date or amount.
- 4th investment—increased my account to \$7,000 (from my Key Bank account listed on page 3 in the Claim Form))...bank records don't go back that far to give exact date or amount.
- 5th investment was \$2,595 on June 27,2018 to increase my account to the new minimum required of \$10,000 (from Family First Credit Union; account **REDACTED**).

PROMISSORY NOTE AND LOAN AGREEMENT

Dated: June 27, 2018

FOR VALUE RECEIVED, the undersigned, Oasis Management, LLC, a Wyoming state limited liability company having an office at 13318 Lost Key Place, Lakewood Ranch, Florida 34202 (the "Maker"), hereby promises to pay to CASEY UTTER (the "Payee"): (i) in lawful monies of the United States, in immediately available funds, the principle sum of TWO THOUSAND, FIVE HUNDRED NINETY FIVE DOLLARS and 00/100 (\$2,595.00) (the "Loan Amount") in one (1) installment or as otherwise directed by Payee pursuant to the terms hereof. Payment of the Loan Amount, or any part thereof, shall be made on the *earlier* of (i) the demand of Payee, upon thirty (30) days advance written notice (the "Maturity Date"), or (ii) immediately upon the occurrence of an Event of Default, as hereinafter defined. Payment shall be forwarded to the Payee at 143 Amerige Park, Rochester NY 14617 or at such other place as the Payee shall specify.

1. Interest. Any unpaid Loan Amount due hereunder shall receive the *greater* of (a) interest calculated at the rate of twelve percent (12.00%) per annum, or (b) twenty-five percent (25.00%) of the Transaction Fees (as hereinafter defined), provided, that upon the occurrence of an Event of Default (as hereinafter defined), the unpaid Loan Amount hereof shall bear interest at the maximum rate of interest permitted by the law of the jurisdiction of the Payee from the date of such Event of Default until the default is cured. Any amount due Payee pursuant to this Section 1 shall be payable, upon demand of Payee made within one (1) business day prior to the end of a calendar month, within five (5) business days following the end of said calendar month. If, at the end of a calendar month, Payee has not made demand for payment in accordance with the preceding sentence, the Maker shall add all amounts due to Payee pursuant to this Section 1 to the Loan Amount. It is understood and agreed by the parties hereto that any amount of increase of the Loan Amount will be subject to the same terms and conditions of the Loan Amount pursuant to the terms hereof. Transaction Fees shall equal the fee based interest amount received by the Maker upon the Loan Amount.

2. Events of Default.

- (a) Any of the following events shall constitute an Event of Default hereunder:
- (i.) the Maker shall fail to make any payment of principle or interest when due under this Promissory Note and Loan Agreement (this "Note") and such failure shall not be remedied within five (5) days after written notice from Payee to Maker thereof;
 - (ii.) failure by the Maker to perform or observe any other term, condition, obligation, or covenant binding in it under this Note or any other related loan document, which if susceptible to cure shall continue unremedied for a period of fifteen (15) days after the earlier of the date the Maker shall have actual knowledge thereof or notice thereof shall be given to the Maker by the Payee;
 - (iii.) the Maker shall: (a) make an assignment for the benefit of creditors; (b) commence (as the debtor) a case in bankruptcy or any proceedings under any other insolvency law; or (c) admit in writing its inability to pay its debts as they become due;

- (iv.) a case in bankruptcy or any proceeding under any other insolvency law shall be commenced against the Maker (as the debtor) and: (a) a court having jurisdiction over the premises enters an order for relief against the Maker (as the debtor); (b) the case or proceeding remains undismissed for ninety days; or (c) the Maker admits or consents to the material allegations against it in such a case or proceeding;
 - (v.) a trustee, receiver, agent, or custodian (however named) is appointed or authorized to take charge of substantially all the property of the Maker for the purpose of enforcing a lien against such property or for the purpose of general administration of such property;
 - (vi.) if any representation by the Maker in this Note or any other related loan document is materially incorrect or untrue in any respect during the term of this Note;
 - (vii.) the Maker notifies the Payee in writing of its inability to perform its obligations hereunder or otherwise disaffirms, rejects, or repudiates any of its obligations hereunder;
- (b) The Maker immediately shall give the Payee notice of the occurrence of any matter referred to in Section 2(a)(iii.), 2(a)(iv.), 2(a)(v.) or 2(a)(vi.) hereof, but failure to give such notice shall not affect in any matter the Payee's rights hereunder. At any time while the Event of Default is continuing, the Payee may declare the principal of and interest accrued on this Note, if any, to be forthwith immediately due and payable, without diligence, notice, presentment, demand or protest, all of which are hereby expressly waived by the Maker ("Acceleration of Payment").

3. Suits for Enforcement of Remedies. If there shall be any Acceleration of Payment, or if the Maker otherwise shall fail to pay the unpaid principal amount hereof or interest thereon, the Payee may proceed to enforce the payment of this Note, or to enforce any other legal or equitable right of the Payee. No right or remedy herein or in any other agreement of instrument conferred upon the Payee is intended to be exclusive of any other right or remedy, and each and every such right or remedy shall be cumulative and shall be in addition to every other right and remedy given hereunder or now or hereafter existing at law or in equity or by statute or otherwise.

4. Miscellaneous.

- (a) The Maker represents that it has full power, authority and legal right to execute and deliver this Note and that the obligation to make payment provided for in this Note is absolute and unconditional.
- (b) The Maker agrees to pay all costs of collection of any amount due hereunder when incurred, including, without limitation, reasonable attorney's fees and expenses. Such costs shall be added to the principal balance then due. No forbearance, indulgence, delay or failure to exercise any right or remedy with respect to this Note shall operate as a waiver, or as acquiescence in any default, nor shall any single or partial exercise thereof or the exercise of any other right or remedy.
- (c) The Maker shall have the right at any time to prepay the Note (including accrued interest, if any) in whole or in part. Any such prepayment may be made without premium or penalty of any kind. All payments shall be applied first to interest due and then to principal.

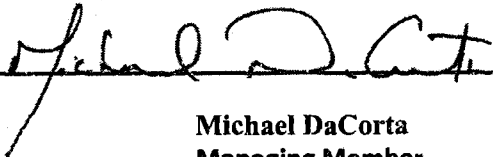
- (d) The headings of the various sections of this note are for the convenience of reference only and shall in no way modify any of the terms or provisions of this Note.
- (e) Any notice required or permitted to be given hereunder shall be in writing and shall be deemed to have been duly given when personally delivered or two days after being mailed certified or registered mail, to the address of the parties set forth in the preamble to this Note or at such other address as the intended recipient shall have given to the other party hereto pursuant to the provisions hereof.
- (f) This Note shall be binding upon the successors and permitted assigns of the Maker and shall inure to the benefit the successors and permitted assigns of the Payee. If any term of this Note shall be held invalid or unenforceable, the validity of the other terms and provisions hereof shall in no way be affected thereby. Neither this Note nor any of the rights of the Payee hereunder, shall be assigned or assignable without prior written consent of the Maker, and any assignment without such consent shall be null and void.

IN WITNESS WHEREOF, the undersigned have executed this Note on the date first above written.

MAKER:

OASIS MANAGEMENT, LLC

By :



**Michael DaCorta
Managing Member**

EXHIBIT A.2.

**BURTON W. WIAND, COURT-APPOINTED RECEIVER
FOR OASIS INTERNATIONAL GROUP, LTD. ET AL.**

March 25, 2022

Casey Utter
172 Eastgate Drive
Rochester, NY 14617

Re: Oasis Receivership
Claimant Name: Casey Utter
Claim Number: 762

Dear Claimant:

I am writing to you as the Court-appointed Receiver in the above matter. On March 7, 2022, the Court entered an Order granting my Motion to (1) Approve Determination and Priority of Claims, (2) Pool Receivership Assets and Liabilities, (3) Approve Plan of Distribution, and (4) Establish Objection Procedure (the "Motion"). A copy of this Motion and Order are available on my website at www.oasisreceivership.com. If you are unable to access this website, you may contact Amanda Stephens at astephens@guerraking.com or (813) 347-5120 to request a copy of the Motion and Order.

The Court has approved my recommended determination of the above claim. This determination is set forth in the Exhibits attached to the Motion and is addressed in the body of the Motion. You are strongly urged to review my Court-approved determination of your claim as stated in the Motion and its Exhibits. There are instances where the Court approved my recommendation to either deny a claim or allow a portion of the amount claimed. There are also instances where the claimant is required to take additional action to maintain the claim. For instance, if you submitted your claim through Brent Winters, you are required to complete and return a Personal Verification Form. Also, certain claimants who invested through New Horizon Capital Ventures, Inc. are required to submit a Proof of Claim Form for their respective claim. If you are required to submit any such form, documentation, or additional information, you must do so **no later than April 14, 2022** or your claim may be deemed denied. The Personal Verification Form and Proof of Claim Form are available on the Receiver's website or may be requested through Ms. Stephens.

If you wish to dispute my determination of the above claim, its priority, or the plan of distribution, you **MUST** serve me with a written objection **no later than April 14, 2022**. Your objection must clearly state the nature and basis of the objection and provide all supporting statements and documentation that you wish me and, if we are unable to resolve your objection, the Court to consider. Please also include your claim number, name, and telephone number with your objection.

Failure to properly and timely serve an objection to the determination of your claim, its priority, or plan of distribution shall permanently waive your right to object to or contest the determination of your claim, its priority, and plan of distribution and your final claim

amount shall be set as the Allowed Amount determined by me and approved by the Court as set forth in the Exhibits attached to the Motion.

By submitting an objection, you reaffirm your submission to the jurisdiction of the United States District Court for the Middle District of Florida. If you serve an objection, you are entitled to notice of Court filings or proceedings, but only with respect to the adjudication of your particular objection and the claim to which it is directed.

All objections, Personal Verification Forms, Proof of Claim Forms, or other required documentation must be served on me at Burton W. Wiand, as Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N. Westshore Blvd., Suite 1010, Tampa, Florida 33607, and should not be filed with the Court. Proper service may be accomplished by sending your objection, required form, or other documentation by one of the following means: (1) U.S. mail to the above address; (2) facsimile to the above address at (813) 347-5198; or (3) overnight or other express delivery to the above address. Service by mail is completed upon mailing and service by facsimile is completed upon transmission.

I may attempt to settle and compromise any claim or objection subject to the Court's final approval. At such times as I deem appropriate, I will file with the Court: (1) my further determination of a claim with any supporting documents or statements I consider are appropriate; (2) any unresolved objections, with supporting statements and documentation, as served on me by claimants; and (3) any settlements or compromises that I wish the Court to rule upon.

The Court may make a final determination based on the submissions identified above or may set the matter for hearing and, following the hearing, make a final determination. If you dispute my determination of your claim, you will have the burden to prove that your position should prevail. I will provide you notice of the hearing if the Court sets a hearing on your particular objection.

As noted above, the Court approved my proposed plan of distribution, which contemplates interim distributions to be made on a **r r** basis and subject to certain exceptions discussed in the Motion. I intend to file a motion to approve a first interim distribution to investor claimants with allowed claims as soon as practicable after the period for objections has expired and I have had the opportunity to review any objections. I will make every effort to make a prompt distribution. However, depending on the nature of any timely objection I receive, the first interim distribution may be delayed until any objection warranting such delay is resolved.

I have tried to make the claims process as simple and unintrusive as possible. I have carefully considered each claim and believe that all claims have been afforded fair and equitable treatment. Unfortunately, this is not an expeditious process, and I appreciate your patience. I am unable to predict the total that will be recovered, but please know my goal is to maximize the assets collected and the amount of distributions to victim investors.

If you have any questions, please feel free to call or email Ms. Stephens or Larry Dougherty at (813) 347-5100, ldougherty@guerraking.com.

Sincerely yours,



Burton W. Wiand
as Court-Appointed Receiver

Copies Provided To:
Brent Allan Winters

EXHIBIT A.3.

From: Jeffrey Rizzo <rizzo@guerraking.com>
Sent: Tuesday, April 30, 2019 9:39 PM
To: Burton Wiand; Manda Stephens; Andrea Whitby
Subject: FW: Oasis Receivership - Registration

From: no-reply@www.oasisreceivership.com [mailto:no-reply@www.oasisreceivership.com]
Sent: Tuesday, April 30, 2019 8:44 PM
To: Jeffrey Rizzo <jrizzo@wiandlaw.com>
Subject: Oasis Receivership - Registration

Please indicate your interest in this receivership:: Investor

First Name: Casey

Last Name: Utter

Address: 172 Eastgate Drive

City: Rochester

State: NY

Zip Code: 14617

Primary E-Mail: caseyutter@gmail.com

Home Phone: REDACTED

Account Name: IB60688 Acct. REDACTED - Cash Account

EXHIBIT A.4.

UNITED STATES DISTRICT
COURT MIDDLE DISTRICT OF
FLORIDA TAMPA DIVISION

COMMODITY FUTURES
TRADING COMMISSION,

Plaintiff,

v.

Case No. 8:19-cv-00886-VMC-SPF

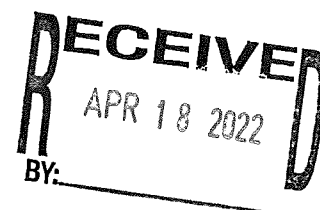
OASIS INTERNATIONAL GROUP
LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE
HOLDINGS COMPANY;
MICHAEL J. DACORTA; JOSEPH
S. ANILE, II; RAYMOND P.
MONTIE, III; FRANCISCO
"FRANK" L. DURAN; and JOHN
J. HAAS,

Defendants,

and

MAINSTREAM FUND SERVICES,
INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC;
LAGOON INVESTMENTS, INC.;
ROAR OF THE LION FITNESS,
LLC; 444 GULF OF MEXICO
DRIVE, LLC; 4064 FOUNDERS
CLUB DRIVE, LLC; 6922
LACANTERA CIRCLE, LLC; 13318
LOST KEY PLACE, LLC; and
4OAKS LLC,

Relief Defendants.



DECLARATION OF Casey Utter

PURSUANT TO 28 U.S.C. 1746(1)

I, Casey Utter, am an adult under no disability, competent to testify to my understanding and state of mind as follows:

1. I make this Declaration on 04/13/2022;
2. It is my understanding of the terms of acceptance of funds from the Receivership Trust in the Receivership Case cited above, that my reception of a distribution from the Receiver Burton Wiand ("Receiver" or "Receivership") does not foreclose the Receiver's fiduciary duty to me to make more distributions, as the law of fiduciary duty requires;
3. Thus, it is my understanding that any distributions the Receiver gives to me, or causes to be distributed to me, from this Receivership; or that any successor(s) to the Receiver, or that any law firm as representative of the Receiver or the Receivership Trust distributes to me, which does not constitute payment in full of all principal and interest to which law entitles me, less any lawful costs, according to my claim filed at the beginning of this Case, shall require the Receiver to make further distribution(s) to me until the Receiver has distributed to me lawful payment in full under his fiduciary obligation;

I declare under penalty of perjury that the foregoing is a true and correct record of my understanding and state of mind, to the best of my knowledge and belief, respecting my relationship with the Receiver;

Further, Declarant saith not.

Casey Utter
Declarant

PERSONAL VERIFICATION FORM

C.F.T.C. v. Oasis International Group, Ltd., et al.

INSTRUCTIONS: The Court-approved instructions governing this claims process required that each Proof of Claim Form be signed by the Claimant or, if the Claimant is not an individual, by an authorized agent of the Claimant. The Claimant must also attest under penalty of perjury that the information, including any information provided by the Receiver, is true and correct. Certain Claimants failed to personally sign their Proof of Claim Forms under penalty of perjury. Personal verification is essential to the integrity of the claims process, and the Receiver is entitled to reject unsigned or otherwise unverified claims. To avoid the outright rejection of unverified claims, the Receiver is allowing these Claimants to verify their claims through this Personal Verification Form. Claimants who failed to personally sign a Proof of Claim Form must complete and serve this Personal Verification Form to Burton W. Wiand, Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N Westshore Blvd., Suite 1010, Tampa, Florida 33607 **no later than April 14, 2022**. Altered forms will not be accepted. This form should not be filed with the Court. Claimants who have not personally verified their claim and do not return a complete and executed Personal Verification Form to the Receiver within the time specified will not be permitted to participate in distributions of recovered money from the Receivership. If a claim was submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct. If you have any questions regarding this form or whether you are required to submit a Personal Verification Form, you may contact Amanda Stephens at (813) 347-5120 or astephens@guerraking.com.

VERIFICATION

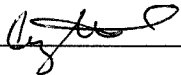
1. State the full name of the Claimant(s) (the person or entity who submitted the claim or who had a claim submitted on his, her, its, or their behalf). Cassey Utter

2. Brent Winters is representing me in this Receivership, including my claim to any Receivership assets: Yes _____ No X

3. I confirm and accept the **one** mailing address provided in my Proof of Claim Form where I authorize the receipt of all future communications relating to my claim, including any possible distribution payment I may be entitled to receive. If you wish to change this address, provide the new address here: _____

It is the Claimant's sole responsibility to advise the Receiver of any change to this address after submission of this form.

By signing below, I certify under penalty of perjury ~~pursuant to Florida law~~ that I have reviewed the Proof of Claim Form submitted to the Receiver by me and/or on my behalf and that the information provided in this Personal Verification Form and in the Proof of Claim Form is true and correct.

Signature of Claimant: 

Print Name: Casey Usher

Date: 04/13/2022

Title (if any): _____

If joint claim:

Signature of Claimant: _____

Print Name: _____

Date: _____

Title (if any): _____



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EXPECTED DELIVERY DAY: 04/18/22

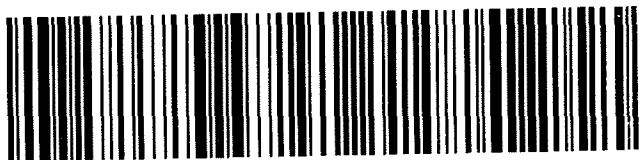
C028

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TAMPA FL 33607-4512



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Michele Uher
143 Amerige Pk
Rochester, NY 14617

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APR 18 2022
BY: _____

TO: Burton W. Wiand, Receiver
c/o Maya M. Lockwood, Esq.
Guerra King PA
The Towers at Westshore
1408 N. Westshore Blvd, Suite 1010
Tampa, FL 33607

- Expected
- Most domestic
- USPS Tracking
- Limited in
- When used

*Insurance does not cover Domestic Mail

** See International

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PS00001000014

EP14F May 2020

EXHIBIT B.1.

PROOF OF CLAIM FORM

<p>COMMODITY FUTURES TRADING COMMISSION, Plaintiff,</p> <p>v.</p> <p>OASIS INTERNATIONAL GROUP, LIMITED; OASIS MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY; MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND P MONTIE III; FRANCISCO "FRANK" L. DURAN; and JOHN J. HAAS, Defendants;</p> <p>and</p> <p>MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS, INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE, LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY PLACE, LLC; and 4 OAKS LLC, Relief Defendants.</p> <hr style="width: 50%; margin-left: 0;"/> <p>Case Number: 8:19-cv-886-T-33SPF U.S. District Court Middle District of Florida (Tampa Division)</p>	<p>Name and address of Claimant (Please print or type):</p> <p>Type your full name and mailing address in the box below. Use separate lines for each item as you'd address a letter.</p> <p>Michele Utter 143 Amerige Park Rochester, NY 14617</p> <p>IB Number: 60669 Customer Code #: 16055712</p>
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ATTENTION: The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a **"Receivership Entity,"** and collectively, **"Receivership Entities"**). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE ABOVE-CAPTIONED COURT FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING, THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

General Instructions:

You must answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

- 1. Full name of the Claimant (the person or entity making this claim to Receivership assets). If IRA, then IRA Name.

Michele Utter

- 2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. **If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.**

Mr. Brent Allan Winters
5105 S. Hwy 41
Terre Haute, Indiana 47802
email: brentwinters@use.startmail.com

phone: (317) 515-7695
Under Power of Attorney: on file
available on written request

- 3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. List the full names of all interested parties. Separate by commas.

Not applicable

- 4. Provide one mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive (this does not authorize payment to be made out to anyone other than Claimant). It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

Mail Address: Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802

- 5. Provide one email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

email to: brentwinters@use.startmail.com

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver's discretion? Yes No

- 6. Provide **one** telephone number for the Claimant. It is the Claimant's sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form: 317-515-7695
- 7. Provide the basis for your claim (please check applicable boxes):

- Investor
- Provided Goods or Services to a Receivership Entity
- Other (specify basis)

If you are **not** an investor, write "Not Applicable" to questions 8 through 16. If you **are** an investor, write "Not Applicable" to questions 17 through 19. All Claimants **must** answer questions 1-7 and question 20.

Questions Specific to Investors

- 8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

Yes, I agree with the amounts listed. No, I do not agree with the amounts provided by the Receiver.

If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.

- 9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1st investment in or with the Receivership Entities:

totaled \$ 40,000.00 and was made on 06/28/2018 (date); through a check (or wire transfer) made payable to Oasis Managemnt LLC and drawn on account number **REDACTED** with Family First Federal Credit Union (identify financial institution).

If applicable, 2nd investment in or with the Receivership Entities:

totaled \$ 2,000.00 and was made on 12/28/2018 (date); through a check (or wire transfer) made payable to Michele Utter and drawn on account number See Exhibit C for more info with Oasis Management LLC (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.

Total amount you are claiming you invested with the Receivership Entities: \$ 53,766.92

10. Have you ever received any money from a Receivership Entity, including as an "interest" payment, "return of principal," or "referral fee" relating to your investment or for any other reason? Yes No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A. <u>08/10/2018</u>	<u>\$ 6,000.00</u>	<u>Michele Utter</u>
B. <u>10/01/2018</u>	<u>\$ 2,000.00</u>	<u>Michele Utter</u>
C. <u>11/07/2018</u>	<u>\$ 750.00</u>	<u>Michele Utter...everything listed in Exhibit B</u>

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$ 14,250.00

11. **State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership):** \$ 39,669.09
12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes No . If yes, please identify how much or what you received, from whom, and the date it was received.

13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.
 I was not solicited

14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.
 Some business partners and people I knew had invested in Oasis and I decided to put \$40,000 in. I looked at it as a sound financial investment based on years of history that I observed.

15. Are you related by blood or marriage to any of the individual defendants or relief defendants? Yes No. If yes, to whom are you related and what is the relationship.

16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? Yes No. If yes, please identify how

much or what you received, from whom, and the date it was received.

I did receive referral fees from Oasis (kept track of in my back office which I no longer have access to).

Questions Specific To Non-Investor Claimants

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid).

Not applicable

-
18. State the amount you claim you are owed by any Receivership Entity. \$ 0.00
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

19. Identify your contact person or persons at the Receivership Entities.

Not applicable

Question for all Claimants:

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? Yes No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action.

EMAIL this completed Proof of Claim Form and legible copies of any documentation requested in this form to brentwinters@use.startmail.com and a COPY to 4OasisLenders@use.startmail.com, SO THAT IT IS RECEIVED NO LATER THAN MAY 29, 2020. THIS Form MUST come to us completed in digital form. Supporting documents may be mailed to Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802 if you cannot send them electronically.

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provide is true and correct.

Signature of Claimant: 

Print Name: Michele Utter

Date: 5/24/20

Title (if any): _____

EXHIBIT A

Claimant Name: Michele Utter

AMOUNTS RECEIVER CLAIMS:



Amount Invested:	\$	0.00
Total Payments:	\$	0.00
Net Investment Amount:	\$	0.00

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

EXHIBIT B
INTEREST and/or PRINCIPAL
WITHDRAWALS

	AMOUNT	DATE
1	\$ 6,000.00	8/10/18
2	\$ 2,000.00	10/1/18
3	\$ 750.00	11/7/18
4	\$ 700.00	12/14/18
5	\$ 2,700.00	1/8/19
6	\$ 700.00	2/8/19
7	\$ 1,400.00	3/7/19
8		
9		
10*		

*If additional withdrawals were made, please attach a separate sheet identifying the amount of the withdrawal(s) and the date(s) on which they were made.

AMOUNTS YOU CLAIM:

(A) Total Invested:	\$ 53,919.09
(B) Total Withdrawn (Interest and/or Principal):	\$ 14,250.00
Net Amt Due = A-B:	\$ 39,669.09

Total Other Pmts Received:

06/28/2018

Check #000876: Draft 000876

-\$40,000.00

\$57,102.92



**ROBERT A UTTER
MICHELE D UTTER**
143 AMERIGE PARK
ROCHESTER, NY 14617

876

50-8258/2223

6-28-18

Date

Pay to the
Order of

Oasis Management LLC

\$ 40,000.00

Forty thousand and 00/100

Dollars



For more information
visit [www.familyfirstcu.com](#)
Circle on back

FAMILY FIRST
FEDERAL CREDIT UNION

2520 BROWNCROFT BLVD.
PH. 568-686-8225
ROCHESTER, NY 14625

For Michele Utter

Michele D Utter

REDACTED

0876

3381403459

**PAY TO THE ORDER OF
WELLS FARGO BANK, N.A.
FOR DEPOSIT ONLY
OASIS MANAGEMENT LLC
REDACTED**

PROMISSORY NOTE AND LOAN AGREEMENT

Dated: June 27, 2018

FOR VALUE RECEIVED, the undersigned, Oasis Management, LLC, a Wyoming state limited liability company having an office at 13318 Lost Key Place, Lakewood Ranch, Florida 34202 (the "Maker"), hereby promises to pay to MICHELE D. UTTER (the "Payee"): (i) in lawful monies of the United States, in immediately available funds, the principle sum of FORTY THOUSAND DOLLARS and 00/100 (\$40,000.00) (the "Loan Amount") in one (1) installment or as otherwise directed by Payee pursuant to the terms hereof. Payment of the Loan Amount, or any part thereof, shall be made on the *earlier* of (i) the demand of Payee, upon thirty (30) days advance written notice (the "Maturity Date"), or (ii) immediately upon the occurrence of an Event of Default, as hereinafter defined. Payment shall be forwarded to the Payee at 1432 AMERIGE PARK, ROCHESTER, NY 14617 or at such other place as the Payee shall specify.

1. Interest. Any unpaid Loan Amount due hereunder shall receive the *greater* of (a) interest calculated at the rate of twelve percent (12.00%) per annum, or (b) twenty-five percent (25.00%) of the Transaction Fees (as hereinafter defined), provided, that upon the occurrence of an Event of Default (as hereinafter defined), the unpaid Loan Amount hereof shall bear interest at the maximum rate of interest permitted by the law of the jurisdiction of the Payee from the date of such Event of Default until the default is cured. Any amount due Payee pursuant to this Section 1 shall be payable, upon demand of Payee made within one (1) business day prior to the end of a calendar month, within five (5) business days following the end of said calendar month. If, at the end of a calendar month, Payee has not made demand for payment in accordance with the preceding sentence, the Maker shall add all amounts due to Payee pursuant to this Section 1 to the Loan Amount. It is understood and agreed by the parties hereto that any amount of increase of the Loan Amount will be subject to the same terms and conditions of the Loan Amount pursuant to the terms hereof. Transaction Fees shall equal the fee based interest amount received by the Maker upon the Loan Amount.

2. Events of Default.

- (a) Any of the following events shall constitute an Event of Default hereunder:
- (i) the Maker shall fail to make any payment of principle or interest when due under this Promissory Note and Loan Agreement (this "Note") and such failure shall not be remedied within five (5) days after written notice from Payee to Maker thereof;
 - (ii) failure by the Maker to perform or observe any other term, condition, obligation, or covenant binding in it under this Note or any other related loan document, which if susceptible to cure shall continue unremedied for a period of fifteen (15) days after the earlier of the date the Maker shall have actual knowledge thereof or notice thereof shall be given to the Maker by the Payee;
 - (iii) the Maker shall: (a) make an assignment for the benefit of creditors; (b) commence (as the debtor) a case in bankruptcy or any proceedings under any other insolvency law; or (c) admit in writing its inability to pay its debts as they become due;

- (iv.) a case in bankruptcy or any proceeding under any other insolvency law shall be commenced against the Maker (as the debtor) and: (a) a court having jurisdiction over the premises enters an order for relief against the Maker (as the debtor); (b) the case or proceeding remains undismissed for ninety days; or (c) the Maker admits or consents to the material allegations against it in such a case or proceeding;
 - (v.) a trustee, receiver, agent, or custodian (however named) is appointed or authorized to take charge of substantially all the property of the Maker for the purpose of enforcing a lien against such property or for the purpose of general administration of such property;
 - (vi.) if any representation by the Maker in this Note or any other related loan document is materially incorrect or untrue in any respect during the term of this Note;
 - (vii.) the Maker notifies the Payee in writing of its inability to perform its obligations hereunder or otherwise disaffirms, rejects, or repudiates any of its obligations hereunder;
- (b) The Maker immediately shall give the Payee notice of the occurrence of any matter referred to in Section 2(a)(iii.), 2(a)(iv.), 2(a)(v.) or 2(a)(vi.) hereof, but failure to give such notice shall not affect in any matter the Payee's rights hereunder. At any time while the Event of Default is continuing, the Payee may declare the principal of and interest accrued on this Note, if any, to be forthwith immediately due and payable, without diligence, notice, presentment, demand or protest, all of which are hereby expressly waived by the Maker ("Acceleration of Payment").

3. Suits for Enforcement of Remedies. If there shall be any Acceleration of Payment, or if the Maker otherwise shall fail to pay the unpaid principal amount hereof or interest thereon, the Payee may proceed to enforce the payment of this Note, or to enforce any other legal or equitable right of the Payee. No right or remedy herein or in any other agreement of instrument conferred upon the Payee is intended to be exclusive of any other right or remedy, and each and every such right or remedy shall be cumulative and shall be in addition to every other right and remedy given hereunder or now or hereafter existing at law or in equity or by statute or otherwise.

4. Miscellaneous.

- (a) The Maker represents that it has full power, authority and legal right to execute and deliver this Note and that the obligation to make payment provided for in this Note is absolute and unconditional.
- (b) The Maker agrees to pay all costs of collection of any amount due hereunder when incurred, including, without limitation, reasonable attorney's fees and expenses. Such costs shall be added to the principal balance then due. No forbearance, indulgence, delay or failure to exercise any right or remedy with respect to this Note shall operate as a waiver, or as acquiescence in any default, nor shall any single or partial exercise thereof or the exercise of any other right or remedy.
- (c) The Maker shall have the right at any time to prepay the Note (including accrued interest, if any) in whole or in part. Any such prepayment may be made without premium or penalty of any kind. All payments shall be applied first to interest due and then to principal.

- (d) The headings of the various sections of this note are for the convenience of reference only and shall in no way modify any of the terms or provisions of this Note.
- (e) Any notice required or permitted to be given hereunder shall be in writing and shall be deemed to have been duly given when personally delivered or two days after being mailed certified or registered mail, to the address of the parties set forth in the preamble to this Note or at such other address as the intended recipient shall have given to the other party hereto pursuant to the provisions hereof.
- (f) This Note shall be binding upon the successors and permitted assigns of the Maker and shall inure to the benefit the successors and permitted assigns of the Payee. If any term of this Note shall be held invalid or unenforceable, the validity of the other terms and provisions hereof shall in no way be affected thereby. Neither this Note nor any of the rights of the Payee hereunder, shall be assigned or assignable without prior written consent of the Maker, and any assignment without such consent shall be null and void.

IN WITNESS WHEREOF, the undersigned have executed this Note on the date first above written.

MAKER:

OASIS MANAGEMENT, LLC

By: 
Michael DaCorta
Managing Member

Exhibit C

Hi Brent,

I wanted to add a couple of notes here.

- Directly below is a screenshot of my back office on 1/4/2019 (I believe this is the only screenshot that I saved of my actual back office numbers).

Summary

Account Summary		Referral Summary		Promissory Note					
Date	Loan Account Number	Start Balance (As of Beginning of Month)	Daily Interest at 1% per Month	Daily Interest at 1% per Month (Month to Date Total)	Daily Special Interest at 25% of Txn Fees	Special Interest at 25% of Txn Fees (Month to Date Total)	Interest Withdrawal	Principal Withdrawal	Additional Loans (New Loan Principal & Rollovers)
01/04/2019	IB60669	\$37,660.90	\$12.38	\$49.13	\$10.59	\$627.27	\$0.00	\$0.00	\$0.00

- I noted a \$2,000 investment in question 9 on the claim form. Back in October through December of 2018 I helped Oasis with some Christmas party details for that year. Mike DaCorta put \$2,000 directly into my Oasis account as payment for my help.

Thank you!
Michele

EXHIBIT B.2.

**BURTON W. WIAND, COURT-APPOINTED RECEIVER
FOR OASIS INTERNATIONAL GROUP, LTD. ET AL.**

March 25, 2022

Michelle Utter
143 Amerige Park
Rochester, NY 14617

Re: Oasis Receivership
Claimant Name: Michelle Utter
Claim Number: 763

Dear Claimant:

I am writing to you as the Court-appointed Receiver in the above matter. On March 7, 2022, the Court entered an Order granting my Motion to (1) Approve Determination and Priority of Claims, (2) Pool Receivership Assets and Liabilities, (3) Approve Plan of Distribution, and (4) Establish Objection Procedure (the "Motion"). A copy of this Motion and Order are available on my website at www.oasisreceivership.com. If you are unable to access this website, you may contact Amanda Stephens at astephens@guerraking.com or (813) 347-5120 to request a copy of the Motion and Order.

The Court has approved my recommended determination of the above claim. This determination is set forth in the Exhibits attached to the Motion and is addressed in the body of the Motion. You are strongly urged to review my Court-approved determination of your claim as stated in the Motion and its Exhibits. There are instances where the Court approved my recommendation to either deny a claim or allow a portion of the amount claimed. There are also instances where the claimant is required to take additional action to maintain the claim. For instance, if you submitted your claim through Brent Winters, you are required to complete and return a Personal Verification Form. Also, certain claimants who invested through New Horizon Capital Ventures, Inc. are required to submit a Proof of Claim Form for their respective claim. If you are required to submit any such form, documentation, or additional information, you must do so **no later than April 14, 2022** or your claim may be deemed denied. The Personal Verification Form and Proof of Claim Form are available on the Receiver's website or may be requested through Ms. Stephens.

If you wish to dispute my determination of the above claim, its priority, or the plan of distribution, you **MUST** serve me with a written objection **no later than April 14, 2022**. Your objection must clearly state the nature and basis of the objection and provide all supporting statements and documentation that you wish me and, if we are unable to resolve your objection, the Court to consider. Please also include your claim number, name, and telephone number with your objection.

Failure to properly and timely serve an objection to the determination of your claim, its priority, or plan of distribution shall permanently waive your right to object to or contest the determination of your claim, its priority, and plan of distribution and your final claim

amount shall be set as the Allowed Amount determined by me and approved by the Court as set forth in the Exhibits attached to the Motion.

By submitting an objection, you reaffirm your submission to the jurisdiction of the United States District Court for the Middle District of Florida. If you serve an objection, you are entitled to notice of Court filings or proceedings, but only with respect to the adjudication of your particular objection and the claim to which it is directed.

All objections, Personal Verification Forms, Proof of Claim Forms, or other required documentation must be served on me at Burton W. Wiand, as Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N. Westshore Blvd., Suite 1010, Tampa, Florida 33607, and should not be filed with the Court. Proper service may be accomplished by sending your objection, required form, or other documentation by one of the following means: (1) U.S. mail to the above address; (2) facsimile to the above address at (813) 347-5198; or (3) overnight or other express delivery to the above address. Service by mail is completed upon mailing and service by facsimile is completed upon transmission.

I may attempt to settle and compromise any claim or objection subject to the Court's final approval. At such times as I deem appropriate, I will file with the Court: (1) my further determination of a claim with any supporting documents or statements I consider are appropriate; (2) any unresolved objections, with supporting statements and documentation, as served on me by claimants; and (3) any settlements or compromises that I wish the Court to rule upon.

The Court may make a final determination based on the submissions identified above or may set the matter for hearing and, following the hearing, make a final determination. If you dispute my determination of your claim, you will have the burden to prove that your position should prevail. I will provide you notice of the hearing if the Court sets a hearing on your particular objection.

As noted above, the Court approved my proposed plan of distribution, which contemplates interim distributions to be made on a **r r** basis and subject to certain exceptions discussed in the Motion. I intend to file a motion to approve a first interim distribution to investor claimants with allowed claims as soon as practicable after the period for objections has expired and I have had the opportunity to review any objections. I will make every effort to make a prompt distribution. However, depending on the nature of any timely objection I receive, the first interim distribution may be delayed until any objection warranting such delay is resolved.

I have tried to make the claims process as simple and unintrusive as possible. I have carefully considered each claim and believe that all claims have been afforded fair and equitable treatment. Unfortunately, this is not an expeditious process, and I appreciate your patience. I am unable to predict the total that will be recovered, but please know my goal is to maximize the assets collected and the amount of distributions to victim investors.

If you have any questions, please feel free to call or email Ms. Stephens or Larry Dougherty at (813) 347-5100, ldougherty@guerraking.com.

Sincerely yours,



Burton W. Wiand
as Court-Appointed Receiver

Copies Provided To:
Brent Allan Winters

EXHIBIT B.3.

From: Jeffrey Rizzo <rizzo@guerraking.com>
Sent: Tuesday, April 30, 2019 9:38 PM
To: Burton Wiand; Manda Stephens; Andrea Whitby
Subject: FW: Oasis Receivership - Registration

From: no-reply@www.oasisreceivership.com [mailto:no-reply@www.oasisreceivership.com]
Sent: Tuesday, April 30, 2019 7:43 PM
To: Jeffrey Rizzo <jrizzo@wiandlaw.com>
Subject: Oasis Receivership - Registration

Please indicate your interest in this receivership:: Investor

First Name: Michele

Last Name: Utter

Address: 143 Amerige Park

City: Rochester

State: NY

Zip Code: 14617

Primary E-Mail: shelutter@icloud.com

Secondary E-Mail: shelutter@me.com

Work Phone: REDACTED

Home Phone: REDACTED

Account Name: Cash Account IB60669 LSA Account IB60645

Comments : Please keep me updated

EXHIBIT B.4.

UNITED STATES DISTRICT
COURT MIDDLE DISTRICT OF
FLORIDA TAMPA DIVISION

COMMODITY FUTURES
TRADING COMMISSION,

Plaintiff,

v.

Case No. 8:19-cv-00886-VMC-SPF

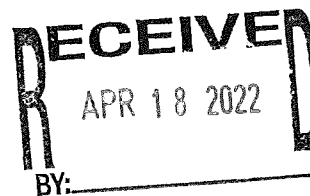
OASIS INTERNATIONAL GROUP
LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE
HOLDINGS COMPANY;
MICHAEL J. DACORTA; JOSEPH
S. ANILE, II; RAYMOND P.
MONTIE, III; FRANCISCO
"FRANK" L. DURAN; and JOHN
J. HAAS,

Defendants,

and

MAINSTREAM FUND SERVICES,
INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC;
LAGOON INVESTMENTS, INC.;
ROAR OF THE LION FITNESS,
LLC; 444 GULF OF MEXICO
DRIVE, LLC; 4064 FOUNDERS
CLUB DRIVE, LLC; 6922
LACANTERA CIRCLE, LLC; 13318
LOST KEY PLACE, LLC; and
4OAKS LLC,

Relief Defendants.



DECLARATION OF Michele Utter

PURSUANT TO 28 U.S.C. 1746(1)

I, Michele Utter, am an adult under no disability, competent to testify to my understanding and state of mind as follows:

1. I make this Declaration on 04/13/2022;
2. It is my understanding of the terms of acceptance of funds from the Receivership Trust in the Receivership Case cited above, that my reception of a distribution from the Receiver Burton Wiand ("Receiver" or "Receivership") does not foreclose the Receiver's fiduciary duty to me to make more distributions, as the law of fiduciary duty requires;
3. Thus, it is my understanding that any distributions the Receiver gives to me, or causes to be distributed to me, from this Receivership; or that any successor(s) to the Receiver, or that any law firm as representative of the Receiver or the Receivership Trust distributes to me, which does not constitute payment in full of all principal and interest to which law entitles me, less any lawful costs, according to my claim filed at the beginning of this Case, shall require the Receiver to make further distribution(s) to me until the Receiver has distributed to me lawful payment in full under his fiduciary obligation;

I declare under penalty of perjury that the foregoing is a true and correct record of my understanding and state of mind, to the best of my knowledge and belief, respecting my relationship with the Receiver;

Further, Declarant saith not.

Michele Utter

Declarant

PERSONAL VERIFICATION FORM

C.F.T.C. v. Oasis International Group, Ltd., et al.

INSTRUCTIONS: The Court-approved instructions governing this claims process required that each Proof of Claim Form be signed by the Claimant or, if the Claimant is not an individual, by an authorized agent of the Claimant. The Claimant must also attest under penalty of perjury that the information, including any information provided by the Receiver, is true and correct. Certain Claimants failed to personally sign their Proof of Claim Forms under penalty of perjury. Personal verification is essential to the integrity of the claims process, and the Receiver is entitled to reject unsigned or otherwise unverified claims. To avoid the outright rejection of unverified claims, the Receiver is allowing these Claimants to verify their claims through this Personal Verification Form. Claimants who failed to personally sign a Proof of Claim Form must complete and serve this Personal Verification Form to Burton W. Wiand, Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N Westshore Blvd., Suite 1010, Tampa, Florida 33607 no later than April 14, 2022. Altered forms will not be accepted. This form should not be filed with the Court. Claimants who have not personally verified their claim and do not return a complete and executed Personal Verification Form to the Receiver within the time specified will not be permitted to participate in distributions of recovered money from the Receivership. If a claim was submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct. If you have any questions regarding this form or whether you are required to submit a Personal Verification Form, you may contact Amanda Stephens at (813) 347-5120 or astephens@guerraking.com.

VERIFICATION

1. State the full name of the Claimant(s) (the person or entity who submitted the claim or who had a claim submitted on his, her, its, or their behalf). Michele Utter

2. Brent Winters is representing me in this Receivership, including my claim to any Receivership assets: Yes _____ No X

3. I confirm and accept the one mailing address provided in my Proof of Claim Form where I authorize the receipt of all future communications relating to my claim, including any possible distribution payment I may be entitled to receive. If you wish to change this address, provide the new address here: _____

It is the Claimant's sole responsibility to advise the Receiver of any change to this address after submission of this form.

By signing below, I certify under penalty of perjury ~~pursuant to Florida law~~ that I have reviewed the Proof of Claim Form submitted to the Receiver by me and/or on my behalf and that the information provided in this Personal Verification Form and in the Proof of Claim Form is true and correct.

Signature of Claimant: Michele Utter

Print Name: Michele Utter

Date: 04-13-2022

Title (if any): _____

If joint claim:

Signature of Claimant: _____

Print Name: _____

Date: _____

Title (if any): _____

EXHIBIT C.1.

PROOF OF CLAIM FORM

COMMODITY FUTURES TRADING COMMISSION,
Plaintiff,

v.

OASIS INTERNATIONAL GROUP, LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY;
MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND
P MONTIE III; FRANCISCO "FRANK" L. DURAN; and
JOHN J. HAAS,
Defendants;

and

MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS,
INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF
MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE,
LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY
PLACE, LLC; and 4 OAKS LLC,
Relief Defendants.

Case Number: 8:19-cv-886-T-33SPF
U.S. District Court Middle District of Florida (Tampa Division)

Name and address of Claimant
(Please print or type):

Type your full name and mailing address in
the box below. Use separate lines for each
item as you'd address a letter.

Robert Parker Utter
143 Amerige Park
Rochester, NY 14617

IB Number: 60634
Customer Code #: 16055681

ATTENTION: The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a "Receivership Entity," and collectively, "Receivership Entities"). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE ABOVE-CAPTIONED COURT FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING, THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

RECEIVED JUN 15 2020 Page 1 of 8

IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

General Instructions:

You must answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). If IRA, then IRA Name.

Robert Parker Utter

2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. **If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.**

Mr. Brent Allan Winters

5105 S. Hwy 41

Terre Haute, Indiana 47802

email: brentwinters@use.startmail.com

phone: (317) 515-7695

Under Power of Attorney: on file
available on written request

3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. List the full names of all interested parties. Separate by commas.

Not applicable

4. Provide one mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive (this does not authorize payment to be made out to anyone other than Claimant). It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

Mail Address: Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802

5. Provide one email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

email to: brentwinters@use.startmail.com

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver's discretion? Yes No

- 6. Provide **one** telephone number for the Claimant. It is the Claimant's sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form: 317-515-7695
- 7. Provide the basis for your claim (please check applicable boxes):

- Investor
- Provided Goods or Services to a Receivership Entity
- Other (specify basis)

If you are **not** an investor, write "Not Applicable" to questions 8 through 16. If you **are** an investor, write "Not Applicable" to questions 17 through 19. All Claimants **must** answer questions 1-7 and question 20.

Questions Specific to Investors

- 8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

Yes, I agree with the amounts listed. No, I do not agree with the amounts provided by the Receiver.

If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.

- 9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1st investment in or with the Receivership Entities:

totaled \$ _____ and was made on _____ (date); through a check (or wire transfer) made payable to See Attached Exhibit C and drawn on account number _____ with _____ (identify financial institution).

If applicable, 2nd investment in or with the Receivership Entities:

totaled \$ _____ and was made on _____ (date); through a check (or wire transfer) made payable to See attached Exhibit C and drawn on account number _____ with _____ (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.

Total amount you are claiming you invested with the Receivership Entities: \$ 33,638.26

- 10. Have you ever received any money from a Receivership Entity, including as an "interest" payment, "return of principal," or "referral fee" relating to your investment or for any other reason? Yes No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$ \$ 0.00

- 11. State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership): \$ 33,770.87
- 12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes No . If yes, please identify how much or what you received, from whom, and the date it was received.

- 13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.
Not solicited

- 14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.
Family and friends of mine had invested in Oasis. I was studying finance at the time and opened an account early on.

- 15. Are you related by blood or marriage to any of the individual defendants or relief defendants? Yes No. If yes, to whom are you related and what is the relationship.

- 16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? Yes No. If yes, please identify how

much or what you received, from whom, and the date it was received.

Questions Specific To Non-Investor Claimants

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid).

Not applicable

-
18. State the amount you claim you are owed by any Receivership Entity. \$ 0.00
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

19. Identify your contact person or persons at the Receivership Entities.

Not applicable

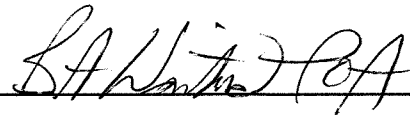
Question for all Claimants:

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? Yes No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action.

EMAIL this completed Proof of Claim Form and legible copies of any documentation requested in this form to brentwinters@use.startmail.com and a **COPY** to 4OasisLenders@use.startmail.com, **SO THAT IT IS RECEIVED NO LATER THAN MAY 29, 2020. THIS Form MUST come to us completed in digital form. Supporting documents may be mailed to Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802 if you cannot send them electronically.**

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provide is true and correct.

Signature of Claimant: 

Print Name: Robert Parker Utter

Date: 5/25/20

Title (if any): _____

EXHIBIT A

Claimant Name: Robert Parker Utter

AMOUNTS RECEIVER CLAIMS:



Amount Invested:	\$	0.00
Total Payments:	\$	0.00
Net Investment Amount:	\$	0.00

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

EXHIBIT B
INTEREST and/or PRINCIPAL
WITHDRAWALS

AMOUNT	DATE
1	
2	
3	
4	
5	
6	
7	
8	
9	
10*	

*If additional withdrawals were made, please attach a separate sheet identifying the amount of the withdrawal(s) and the date(s) on which they were made.

AMOUNTS YOU CLAIM:

(A) Total Invested:	\$ 33,770.87
(B) Total Withdrawn (Interest and/or Principal):	\$ 0.00
Net Amt Due = A-B:	\$ 33,770.87
Total Other Pmts Received:	\$0.00

Exhibit C for Robert Parker Utter

- I opened my account sometime in 2012.
- I don't have complete records of deposits early on because of losing files on my computer.
- I believe I made one or two withdrawals very early on. However, I did not note that in the Claim Form because I don't have records of those.
- I have a statement from July of 2014 where my account was at \$3,093.35. I would have continued making interest over the years.
- At the beginning of June 2018, I made a deposit of \$20,000 to my Oasis account from my Charles Schwab account # **REDACTED** (promissory note included).
- At the end of June 2018, I made a deposit of \$5,000 to my Oasis account from my Charles Schwab account # **REDACTED** (promissory note included).
- My ending balance in April of 2019 was \$33,628.26.
- **My figures in my Claim Form reflect my balance in 2014, my two deposits in 2018 and my ending balance. This is all I can go on because of my computer crashing.**

PROMISSORY NOTE AND LOAN AGREEMENT

Dated: June 4, 2018

FOR VALUE RECEIVED, the undersigned, Oasis Management, LLC, a Wyoming state limited liability company having an office at 13318 Lost Key Place, Lakewood Ranch, Florida 34202 (the "Maker"), hereby promises to pay to ROBERT PARKER UTTER (the "Payee"): (i) in lawful monies of the United States, in immediately available funds, the principle sum of TWENTY THOUSAND DOLLARS and 00/100 (\$20,000.00) (the "Loan Amount") in one (1) installment or as otherwise directed by Payee pursuant to the terms hereof. Payment of the Loan Amount, or any part thereof, shall be made on the *earlier* of (i) the demand of Payee, upon thirty (30) days advance written notice (the "Maturity Date"), or (ii) immediately upon the occurrence of an Event of Default, as hereinafter defined. Payment shall be forwarded to the Payee at 350 G STREET SW #N504, WASHINGTON DC, 20024 or at such other place as the Payee shall specify.

1. Interest. Any unpaid Loan Amount due hereunder shall receive the *greater* of (a) interest calculated at the rate of twelve percent (12.00%) per annum, or (b) twenty-five percent (25.00%) of the Transaction Fees (as hereinafter defined), provided, that upon the occurrence of an Event of Default (as hereinafter defined), the unpaid Loan Amount hereof shall bear interest at the maximum rate of interest permitted by the law of the jurisdiction of the Payee from the date of such Event of Default until the default is cured. Any amount due Payee pursuant to this Section 1 shall be payable, upon demand of Payee made within one (1) business day prior to the end of a calendar month, within five (5) business days following the end of said calendar month. If, at the end of a calendar month, Payee has not made demand for payment in accordance with the preceding sentence, the Maker shall add all amounts due to Payee pursuant to this Section 1 to the Loan Amount. It is understood and agreed by the parties hereto that any amount of increase of the Loan Amount will be subject to the same terms and conditions of the Loan Amount pursuant to the terms hereof. Transaction Fees shall equal the fee based interest amount received by the Maker upon the Loan Amount.

2. Events of Default.

- (a) Any of the following events shall constitute an Event of Default hereunder:
- (i) the Maker shall fail to make any payment of principle or interest when due under this Promissory Note and Loan Agreement (this "Note") and such failure shall not be remedied within five (5) days after written notice from Payee to Maker thereof;
 - (ii) failure by the Maker to perform or observe any other term, condition, obligation, or covenant binding in it under this Note or any other related loan document, which if susceptible to cure shall continue unremedied for a period of fifteen (15) days after the earlier of the date the Maker shall have actual knowledge thereof or notice thereof shall be given to the Maker by the Payee;
 - (iii) the Maker shall: (a) make an assignment for the benefit of creditors; (b) commence (as the debtor) a case in bankruptcy or any proceedings under any other insolvency law; or (c) admit in writing its inability to pay its debts as they become due;

- (iv.) a case in bankruptcy or any proceeding under any other insolvency law shall be commenced against the Maker (as the debtor) and: (a) a court having jurisdiction over the premises enters an order for relief against the Maker (as the debtor); (b) the case or proceeding remains undismissed for ninety days; or (c) the Maker admits or consents to the material allegations against it in such a case or proceeding;
 - (v.) a trustee, receiver, agent, or custodian (however named) is appointed or authorized to take charge of substantially all the property of the Maker for the purpose of enforcing a lien against such property or for the purpose of general administration of such property;
 - (vi.) if any representation by the Maker in this Note or any other related loan document is materially incorrect or untrue in any respect during the term of this Note;
 - (vii.) the Maker notifies the Payee in writing of its inability to perform its obligations hereunder or otherwise disaffirms, rejects, or repudiates any of its obligations hereunder;
- (b) The Maker immediately shall give the Payee notice of the occurrence of any matter referred to in Section 2(a)(iii.), 2(a)(iv.), 2(a)(v.) or 2(a)(vi.) hereof, but failure to give such notice shall not affect in any matter the Payee's rights hereunder. At any time while the Event of Default is continuing, the Payee may declare the principal of and interest accrued on this Note, if any, to be forthwith immediately due and payable, without diligence, notice, presentment, demand or protest, all of which are hereby expressly waived by the Maker ("Acceleration of Payment").

3. Suits for Enforcement of Remedies. If there shall be any Acceleration of Payment, or if the Maker otherwise shall fail to pay the unpaid principal amount hereof or interest thereon, the Payee may proceed to enforce the payment of this Note, or to enforce any other legal or equitable right of the Payee. No right or remedy herein or in any other agreement of instrument conferred upon the Payee is intended to be exclusive of any other right or remedy, and each and every such right or remedy shall be cumulative and shall be in addition to every other right and remedy given hereunder or now or hereafter existing at law or in equity or by statute or otherwise.

4. Miscellaneous.

- (a) The Maker represents that it has full power, authority and legal right to execute and deliver this Note and that the obligation to make payment provided for in this Note is absolute and unconditional.
- (b) The Maker agrees to pay all costs of collection of any amount due hereunder when incurred, including, without limitation, reasonable attorney's fees and expenses. Such costs shall be added to the principal balance then due. No forbearance, indulgence, delay or failure to exercise any right or remedy with respect to this Note shall operate as a waiver, or as acquiescence in any default, nor shall any single or partial exercise thereof or the exercise of any other right or remedy.
- (c) The Maker shall have the right at any time to prepay the Note (including accrued interest, if any) in whole or in part. Any such prepayment may be made without premium or penalty of any kind. All payments shall be applied first to interest due and then to principal.

- (d) The headings of the various sections of this note are for the convenience of reference only and shall in no way modify any of the terms or provisions of this Note.
- (e) Any notice required or permitted to be given hereunder shall be in writing and shall be deemed to have been duly given when personally delivered or two days after being mailed certified or registered mail, to the address of the parties set forth in the preamble to this Note or at such other address as the intended recipient shall have given to the other party hereto pursuant to the provisions hereof.
- (f) This Note shall be binding upon the successors and permitted assigns of the Maker and shall inure to the benefit the successors and permitted assigns of the Payee. If any term of this Note shall be held invalid or unenforceable, the validity of the other terms and provisions hereof shall in no way be affected thereby. Neither this Note nor any of the rights of the Payee hereunder, shall be assigned or assignable without prior written consent of the Maker, and any assignment without such consent shall be null and void.

IN WITNESS WHEREOF, the undersigned have executed this Note on the date first above written.

MAKER:

OASIS MANAGEMENT, LLC

By :



Michael DaCorta
Managing Member

PROMISSORY NOTE AND LOAN AGREEMENT

Dated: June 27, 2018

FOR VALUE RECEIVED, the undersigned, Oasis Management, LLC, a Wyoming state limited liability company having an office at 13318 Lost Key Place, Lakewood Ranch, Florida 34202 (the "Maker"), hereby promises to pay to ROBERT PARKER UTTER (the "Payee"): (i) in lawful monies of the United States, in immediately available funds, the principle sum of FIVE THOUSAND DOLLARS and 00/100 (\$5,000.00) (the "Loan Amount") in one (1) installment or as otherwise directed by Payee pursuant to the terms hereof. Payment of the Loan Amount, or any part thereof, shall be made on the *earlier* of (i) the demand of Payee, upon thirty (30) days advance written notice (the "Maturity Date"), or (ii) immediately upon the occurrence of an Event of Default, as hereinafter defined. Payment shall be forwarded to the Payee at 350 G STREET SW #N504, WASHINGTON DC, 20024 or at such other place as the Payee shall specify.

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- (a) Any of the following events shall constitute an Event of Default hereunder:
 - (i.) the Maker shall fail to make any payment of principle or interest when due under this Promissory Note and Loan Agreement (this "Note") and such failure shall not be remedied within five (5) days after written notice from Payee to Maker thereof;
 - (ii.) failure by the Maker to perform or observe any other term, condition, obligation, or covenant binding in it under this Note or any other related loan document, which if susceptible to cure shall continue unremedied for a period of fifteen (15) days after the earlier of the date the Maker shall have actual knowledge thereof or notice thereof shall be given to the Maker by the Payee;
 - (iii.) the Maker shall: (a) make an assignment for the benefit of creditors; (b) commence (as the debtor) a case in bankruptcy or any proceedings under any other insolvency law; or (c) admit in writing its inability to pay its debts as they become due;

- (iv.) a case in bankruptcy or any proceeding under any other insolvency law shall be commenced against the Maker (as the debtor) and: (a) a court having jurisdiction over the premises enters an order for relief against the Maker (as the debtor); (b) the case or proceeding remains undismissed for ninety days; or (c) the Maker admits or consents to the material allegations against it in such a case or proceeding;
 - (v.) a trustee, receiver, agent, or custodian (however named) is appointed or authorized to take charge of substantially all the property of the Maker for the purpose of enforcing a lien against such property or for the purpose of general administration of such property;
 - (vi.) if any representation by the Maker in this Note or any other related loan document is materially incorrect or untrue in any respect during the term of this Note;
 - (vii.) the Maker notifies the Payee in writing of its inability to perform its obligations hereunder or otherwise disaffirms, rejects, or repudiates any of its obligations hereunder;
- (b) The Maker immediately shall give the Payee notice of the occurrence of any matter referred to in Section 2(a)(iii.), 2(a)(iv.), 2(a)(v.) or 2(a)(vi.) hereof, but failure to give such notice shall not affect in any matter the Payee's rights hereunder. At any time while the Event of Default is continuing, the Payee may declare the principal of and interest accrued on this Note, if any, to be forthwith immediately due and payable, without diligence, notice, presentment, demand or protest, all of which are hereby expressly waived by the Maker ("Acceleration of Payment").

3. Suits for Enforcement of Remedies. If there shall be any Acceleration of Payment, or if the Maker otherwise shall fail to pay the unpaid principal amount hereof or interest thereon, the Payee may proceed to enforce the payment of this Note, or to enforce any other legal or equitable right of the Payee. No right or remedy herein or in any other agreement of instrument conferred upon the Payee is intended to be exclusive of any other right or remedy, and each and every such right or remedy shall be cumulative and shall be in addition to every other right and remedy given hereunder or now or hereafter existing at law or in equity or by statute or otherwise.

4. Miscellaneous.

- (a) The Maker represents that it has full power, authority and legal right to execute and deliver this Note and that the obligation to make payment provided for in this Note is absolute and unconditional.
- (b) The Maker agrees to pay all costs of collection of any amount due hereunder when incurred, including, without limitation, reasonable attorney's fees and expenses. Such costs shall be added to the principal balance then due. No forbearance, indulgence, delay or failure to exercise any right or remedy with respect to this Note shall operate as a waiver, or as acquiescence in any default, nor shall any single or partial exercise thereof or the exercise of any other right or remedy.
- (c) The Maker shall have the right at any time to prepay the Note (including accrued interest, if any) in whole or in part. Any such prepayment may be made without premium or penalty of any kind. All payments shall be applied first to interest due and then to principal.

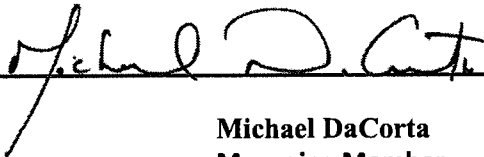
- (d) The headings of the various sections of this note are for the convenience of reference only and shall in no way modify any of the terms or provisions of this Note.
- (e) Any notice required or permitted to be given hereunder shall be in writing and shall be deemed to have been duly given when personally delivered or two days after being mailed certified or registered mail, to the address of the parties set forth in the preamble to this Note or at such other address as the intended recipient shall have given to the other party hereto pursuant to the provisions hereof.
- (f) This Note shall be binding upon the successors and permitted assigns of the Maker and shall inure to the benefit the successors and permitted assigns of the Payee. If any term of this Note shall be held invalid or unenforceable, the validity of the other terms and provisions hereof shall in no way be affected thereby. Neither this Note nor any of the rights of the Payee hereunder, shall be assigned or assignable without prior written consent of the Maker, and any assignment without such consent shall be null and void.

IN WITNESS WHEREOF, the undersigned have executed this Note on the date first above written.

MAKER:

OASIS MANAGEMENT, LLC

By :



**Michael DaCorta
Managing Member**

EXHIBIT C.2.

**BURTON W. WIAND, COURT-APPOINTED RECEIVER
FOR OASIS INTERNATIONAL GROUP, LTD. ET AL.**

March 25, 2022

Robert Parker Utter
143 Amerige Park
Rochester, NY 14617

Re: Oasis Receivership
Claimant Name: Robert Parker Utter
Claim Number: 764

Dear Claimant:

I am writing to you as the Court-appointed Receiver in the above matter. On March 7, 2022, the Court entered an Order granting my Motion to (1) Approve Determination and Priority of Claims, (2) Pool Receivership Assets and Liabilities, (3) Approve Plan of Distribution, and (4) Establish Objection Procedure (the "Motion"). A copy of this Motion and Order are available on my website at www.oasisreceivership.com. If you are unable to access this website, you may contact Amanda Stephens at astephens@guerraking.com or (813) 347-5120 to request a copy of the Motion and Order.

The Court has approved my recommended determination of the above claim. This determination is set forth in the Exhibits attached to the Motion and is addressed in the body of the Motion. You are strongly urged to review my Court-approved determination of your claim as stated in the Motion and its Exhibits. There are instances where the Court approved my recommendation to either deny a claim or allow a portion of the amount claimed. There are also instances where the claimant is required to take additional action to maintain the claim. For instance, if you submitted your claim through Brent Winters, you are required to complete and return a Personal Verification Form. Also, certain claimants who invested through New Horizon Capital Ventures, Inc. are required to submit a Proof of Claim Form for their respective claim. If you are required to submit any such form, documentation, or additional information, you must do so **no later than April 14, 2022** or your claim may be deemed denied. The Personal Verification Form and Proof of Claim Form are available on the Receiver's website or may be requested through Ms. Stephens.

If you wish to dispute my determination of the above claim, its priority, or the plan of distribution, you **MUST** serve me with a written objection **no later than April 14, 2022**. Your objection must clearly state the nature and basis of the objection and provide all supporting statements and documentation that you wish me and, if we are unable to resolve your objection, the Court to consider. Please also include your claim number, name, and telephone number with your objection.

Failure to properly and timely serve an objection to the determination of your claim, its priority, or plan of distribution shall permanently waive your right to object to or contest the determination of your claim, its priority, and plan of distribution and your final claim

amount shall be set as the Allowed Amount determined by me and approved by the Court as set forth in the Exhibits attached to the Motion.

By submitting an objection, you reaffirm your submission to the jurisdiction of the United States District Court for the Middle District of Florida. If you serve an objection, you are entitled to notice of Court filings or proceedings, but only with respect to the adjudication of your particular objection and the claim to which it is directed.

All objections, Personal Verification Forms, Proof of Claim Forms, or other required documentation must be served on me at Burton W. Wiand, as Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N. Westshore Blvd., Suite 1010, Tampa, Florida 33607, and should not be filed with the Court. Proper service may be accomplished by sending your objection, required form, or other documentation by one of the following means: (1) U.S. mail to the above address; (2) facsimile to the above address at (813) 347-5198; or (3) overnight or other express delivery to the above address. Service by mail is completed upon mailing and service by facsimile is completed upon transmission.

I may attempt to settle and compromise any claim or objection subject to the Court's final approval. At such times as I deem appropriate, I will file with the Court: (1) my further determination of a claim with any supporting documents or statements I consider are appropriate; (2) any unresolved objections, with supporting statements and documentation, as served on me by claimants; and (3) any settlements or compromises that I wish the Court to rule upon.

The Court may make a final determination based on the submissions identified above or may set the matter for hearing and, following the hearing, make a final determination. If you dispute my determination of your claim, you will have the burden to prove that your position should prevail. I will provide you notice of the hearing if the Court sets a hearing on your particular objection.

As noted above, the Court approved my proposed plan of distribution, which contemplates interim distributions to be made on a **r r** basis and subject to certain exceptions discussed in the Motion. I intend to file a motion to approve a first interim distribution to investor claimants with allowed claims as soon as practicable after the period for objections has expired and I have had the opportunity to review any objections. I will make every effort to make a prompt distribution. However, depending on the nature of any timely objection I receive, the first interim distribution may be delayed until any objection warranting such delay is resolved.

I have tried to make the claims process as simple and unintrusive as possible. I have carefully considered each claim and believe that all claims have been afforded fair and equitable treatment. Unfortunately, this is not an expeditious process, and I appreciate your patience. I am unable to predict the total that will be recovered, but please know my goal is to maximize the assets collected and the amount of distributions to victim investors.

If you have any questions, please feel free to call or email Ms. Stephens or Larry Dougherty at (813) 347-5100, ldougherty@guerraking.com.

Sincerely yours,



Burton W. Wiand
as Court-Appointed Receiver

Copies Provided To:
Brent Allan Winters

EXHIBIT C.3.

From: Jeffrey Rizzo <rizzo@guerraking.com>
Sent: Tuesday, April 30, 2019 9:40 PM
To: Burton Wiand; Manda Stephens; Andrea Whitby
Subject: FW: Oasis Receivership - Registration

From: no-reply@www.oasisreceivership.com [mailto:no-reply@www.oasisreceivership.com]
Sent: Tuesday, April 30, 2019 9:11 PM
To: Jeffrey Rizzo <jrizzo@wiandlaw.com>
Subject: Oasis Receivership - Registration

Please indicate your interest in this receivership:: Investor

First Name: Robert

Last Name: Utter

Address: 143 Amerige Park

City: Rochester

State: NY

Zip Code: 14617

Primary E-Mail: parkerutter@me.com

Secondary E-Mail: parkerutter@me.com

Work Phone: REDACTED

Account Name: Parker - IB60645 Acct. REDACTED - Cash Account

EXHIBIT C.4.

UNITED STATES DISTRICT
COURT MIDDLE DISTRICT OF
FLORIDA TAMPA DIVISION

COMMODITY FUTURES
TRADING COMMISSION,

Plaintiff,

v.

Case No. 8:19-cv-00886-VMC-SPF

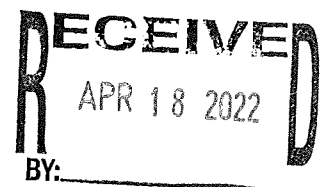
OASIS INTERNATIONAL GROUP
LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE
HOLDINGS COMPANY;
MICHAEL J. DACORTA; JOSEPH
S. ANILE, II; RAYMOND P.
MONTIE, III; FRANCISCO
"FRANK" L. DURAN; and JOHN
J. HAAS,

Defendants,

and

MAINSTREAM FUND SERVICES,
INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC;
LAGOON INVESTMENTS, INC.;
ROAR OF THE LION FITNESS,
LLC; 444 GULF OF MEXICO
DRIVE, LLC; 4064 FOUNDERS
CLUB DRIVE, LLC; 6922
LACANTERA CIRCLE, LLC; 13318
LOST KEY PLACE, LLC; and
4OAKS LLC,

Relief Defendants.



DECLARATION OF Robert Parker Utter

PURSUANT TO 28 U.S.C. 1746(1)

I, Robert Parker Utter, am an adult under no disability, competent to testify to my understanding and state of mind as follows:

1. I make this Declaration on 04/13/2022 ;
2. It is my understanding of the terms of acceptance of funds from the Receivership Trust in the Receivership Case cited above, that my reception of a distribution from the Receiver Burton Wiand (“Receiver” or “Receivership”) does not foreclose the Receiver’s fiduciary duty to me to make more distributions, as the law of fiduciary duty requires;
3. Thus, it is my understanding that any distributions the Receiver gives to me, or causes to be distributed to me, from this Receivership; or that any successor(s) to the Receiver, or that any law firm as representative of the Receiver or the Receivership Trust distributes to me, which does not constitute payment in full of all principal and interest to which law entitles me, less any lawful costs, according to my claim filed at the beginning of this Case, shall require the Receiver to make further distribution(s) to me until the Receiver has distributed to me lawful payment in full under his fiduciary obligation;

I declare under penalty of perjury that the foregoing is a true and correct record of my understanding and state of mind, to the best of my knowledge and belief, respecting my relationship with the Receiver;

Further, Declarant saith not.

Robert Parker Utter

Declarant

PERSONAL VERIFICATION FORM

C.F.T.C. v. Oasis International Group, Ltd., et al.

INSTRUCTIONS: The Court-approved instructions governing this claims process required that each Proof of Claim Form be signed by the Claimant or, if the Claimant is not an individual, by an authorized agent of the Claimant. The Claimant must also attest under penalty of perjury that the information, including any information provided by the Receiver, is true and correct. Certain Claimants failed to personally sign their Proof of Claim Forms under penalty of perjury. Personal verification is essential to the integrity of the claims process, and the Receiver is entitled to reject unsigned or otherwise unverified claims. To avoid the outright rejection of unverified claims, the Receiver is allowing these Claimants to verify their claims through this Personal Verification Form. Claimants who failed to personally sign a Proof of Claim Form must complete and serve this Personal Verification Form to Burton W. Wiand, Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N Westshore Blvd., Suite 1010, Tampa, Florida 33607 **no later than April 14, 2022**. Altered forms will not be accepted. This form should not be filed with the Court. Claimants who have not personally verified their claim and do not return a complete and executed Personal Verification Form to the Receiver within the time specified will not be permitted to participate in distributions of recovered money from the Receivership. If a claim was submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct. If you have any questions regarding this form or whether you are required to submit a Personal Verification Form, you may contact Amanda Stephens at (813) 347-5120 or astephens@guerraking.com.

VERIFICATION

1. State the full name of the Claimant(s) (the person or entity who submitted the claim or who had a claim submitted on his, her, its, or their behalf). Robert Popker UHER

2. Brent Winters is representing me in this Receivership, including my claim to any Receivership assets: Yes _____ No X

3. I confirm and accept the one mailing address provided in my Proof of Claim Form where I authorize the receipt of all future communications relating to my claim, including any possible distribution payment I may be entitled to receive. If you wish to change this address, provide the new address here: _____

It is the Claimant's sole responsibility to advise the Receiver of any change to this address after submission of this form.

By signing below, I certify under penalty of perjury ~~pursuant to Florida law~~ that I have reviewed the Proof of Claim Form submitted to the Receiver by me and/or on my behalf and that the information provided in this Personal Verification Form and in the Proof of Claim Form is true and correct.

Signature of Claimant:  _____

Print Name: Robert Parker Utter _____

Date: 04/13/2022 _____

Title (if any): _____

If joint claim:

Signature of Claimant: _____

Print Name: _____

Date: _____

Title (if any): _____

EXHIBIT D.1.

PROOF OF CLAIM FORM

COMMODITY FUTURES TRADING COMMISSION,
Plaintiff,

v.

OASIS INTERNATIONAL GROUP, LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY;
MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND
P MONTIE III; FRANCISCO "FRANK" L. DURAN; and
JOHN J. HAAS,
Defendants;

and

MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS,
INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF
MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE,
LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY
PLACE, LLC; and 4 OAKS LLC,
Relief Defendants.

Case Number: 8:19-cv-886-T-33SPF

U.S. District Court Middle District of Florida (Tampa Division)

Name and address of Claimant
(Please print or type):

Type your full name and mailing address in
the box below. Use separate lines for each
item as you'd address a letter.

Henry Fuksman
862 Fassett Rd
Elmira, NY 14905

IB Number: 60834

Customer Code #: 16055927

ATTENTION: The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a "**Receivership Entity**," and collectively, "**Receivership Entities**"). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE ABOVE-CAPTIONED COURT FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING, THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

RECEIVED JUN 15 2020

Page 1 of 8

IB: 60834

hfuksmanh@gmail.com

IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

General Instructions:

You **must** answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). If IRA, then IRA Name.

Henry Fuksman

2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. **If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.**

Mr. Brent Allan Winters

5105 S. Hwy 41

Terre Haute, Indiana 47802

email: brentwinters@use.startmail.com

phone: (317) 515-7695

Under Power of Attorney: on file
available on written request

3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. List the full names of all interested parties. Separate by commas.

4. Provide **one** mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive (this does not authorize payment to be made out to anyone other than Claimant). It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

Mail Address: Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802

5. Provide **one** email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

email to: brentwinters@use.startmail.com

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver’s discretion? Yes No

- 6. Provide **one** telephone number for the Claimant. It is the Claimant’s sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form: 317-515-7695
- 7. Provide the basis for your claim (please check applicable boxes):

- Investor
- Provided Goods or Services to a Receivership Entity
- Other (specify basis)

If you are **not** an investor, write “Not Applicable” to questions 8 through 16. If you **are** an investor, write “Not Applicable” to questions 17 through 19. All Claimants **must** answer questions 1-7 and question 20.

Questions Specific to Investors

- 8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

____ . X No, I do not agree with the amounts provided by the Receiver.

If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.

- 9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1st investment in or with the Receivership Entities:

totaled \$ 10,000.00 and was made on 01/19/2016 (date); through a check (or wire transfer) made payable to Oasis Management and drawn on account number _____ with M&T Bank (identify financial institution).

If applicable, 2nd investment in or with the Receivership Entities:

totaled \$ 10,000.00 and was made on 04/19/2016 (date); through a check (or wire transfer) made payable to Oasis Management and drawn on account number _____ with M&T Bank (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.

Total amount you are claiming you invested with the Receivership Entities: \$ 135,752.07

- 10. Have you ever received any money from a Receivership Entity, including as an "interest" payment, "return of principal," or "referral fee" relating to your investment or for any other reason? Yes No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$ _____

- 11. **State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership):** \$ 136,287.11
- 12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes No . If yes, please identify how much or what you received, from whom, and the date it was received.

- 13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.

Robert Granger, Ray Montie

- 14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.

Robert Granger, Ray Montie - Robert Granger was introduced through Ray Montie conference/sales/information call with Mike DaCorta. Mike DaCorta pitched no lose investment. Guaranteed return on your investment. There where several information/sales calls on investing with Mike DaCorta.

- 15. Are you related by blood or marriage to any of the individual defendants or relief defendants? Yes No. If yes, to whom are you related and what is the relationship.

- 16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? Yes No. If yes, please identify how

much or what you received, from whom, and the date it was received.

Questions Specific To Non-Investor Claimants

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid).

Not applicable

-
18. State the amount you claim you are owed by any Receivership Entity. \$ _____
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

19. Identify your contact person or persons at the Receivership Entities.

Not applicable

Question for all Claimants:

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? Yes No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action.

EMAIL this completed Proof of Claim Form and legible copies of any documentation requested in this form to brentwinters@use.startmail.com and a COPY to 4OasisLenders@use.startmail.com, SO THAT IT IS RECEIVED NO LATER THAN MAY 29, 2020. THIS Form MUST come to us completed in digital form. Supporting documents may be mailed to Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802 if you cannot send them electronically.

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provide is true and correct.

Signature of Claimant: BA Fuchsman P.A.

Print Name: Henry Fuchsman

Date: 5/20/20

Title (if any): _____

EXHIBIT A

Claimant Name: Henry Fuksman

AMOUNTS RECEIVER CLAIMS:

Amount Invested:	\$	104,542.00
Total Payments:	\$	128,480.69
Net Investment Amount:	\$	0.00

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

EXHIBIT B
INTEREST and/or PRINCIPAL
WITHDRAWALS

	AMOUNT	DATE
1	\$ 1,470.69	1/9/19
2		
3		
4		
5		
6		
7		
8		
9		
10*		

*If additional withdrawals were made, please attach a separate sheet identifying the amount of the withdrawal(s) and the date(s) on which they were made.

AMOUNTS YOU CLAIM:

(A) Total Invested:	\$ 136,287.11
(B) Total Withdrawn (Interest and/or Principal):	
Net Amt Due = A-B:	\$136,287.11

Total Other Pmts Received:

				<u>Check/Wire</u>	<u>Financial Institution</u>
3rd investment	\$10,000.00	7/3/2017	Oasis Management		114 Corning Federal Credit Union
4th investment	\$30,000.00	9/8/2017	Oasis Management		123 Corning Federal Credit Union
5th investment	\$26,753.00	3/14/2018	Oasis Management		144 Corning Federal Credit Union
6th investment	\$7,789.00	6/13/2018	Oasis Management		156 Corning Federal Credit Union
7th investment	\$10,000.00	6/26/2018	Oasis Management	Wire	Corning Federal Credit Union

EXHIBIT D.2.

**BURTON W. WIAND, COURT-APPOINTED RECEIVER
FOR OASIS INTERNATIONAL GROUP, LTD. ET AL.**

March 25, 2022

Henry and Anna Fuksman
862 Fassett Road
Elmira, NY 14905

Re: Oasis Receivership
Claimant Name: Henry and Anna Fuksman
Claim Number: 722

Dear Claimant:

I am writing to you as the Court-appointed Receiver in the above matter. On March 7, 2022, the Court entered an Order granting my Motion to (1) Approve Determination and Priority of Claims, (2) Pool Receivership Assets and Liabilities, (3) Approve Plan of Distribution, and (4) Establish Objection Procedure (the "Motion"). A copy of this Motion and Order are available on my website at www.oasisreceivership.com. If you are unable to access this website, you may contact Amanda Stephens at astephens@guerraking.com or (813) 347-5120 to request a copy of the Motion and Order.

The Court has approved my recommended determination of the above claim. This determination is set forth in the Exhibits attached to the Motion and is addressed in the body of the Motion. You are strongly urged to review my Court-approved determination of your claim as stated in the Motion and its Exhibits. There are instances where the Court approved my recommendation to either deny a claim or allow a portion of the amount claimed. There are also instances where the claimant is required to take additional action to maintain the claim. For instance, if you submitted your claim through Brent Winters, you are required to complete and return a Personal Verification Form. Also, certain claimants who invested through New Horizon Capital Ventures, Inc. are required to submit a Proof of Claim Form for their respective claim. If you are required to submit any such form, documentation, or additional information, you must do so **no later than April 14, 2022** or your claim may be deemed denied. The Personal Verification Form and Proof of Claim Form are available on the Receiver's website or may be requested through Ms. Stephens.

If you wish to dispute my determination of the above claim, its priority, or the plan of distribution, you **MUST** serve me with a written objection **no later than April 14, 2022**. Your objection must clearly state the nature and basis of the objection and provide all supporting statements and documentation that you wish me and, if we are unable to resolve your objection, the Court to consider. Please also include your claim number, name, and telephone number with your objection.

Failure to properly and timely serve an objection to the determination of your claim, its priority, or plan of distribution shall permanently waive your right to object to or contest the determination of your claim, its priority, and plan of distribution and your final claim

amount shall be set as the Allowed Amount determined by me and approved by the Court as set forth in the Exhibits attached to the Motion.

By submitting an objection, you reaffirm your submission to the jurisdiction of the United States District Court for the Middle District of Florida. If you serve an objection, you are entitled to notice of Court filings or proceedings, but only with respect to the adjudication of your particular objection and the claim to which it is directed.

All objections, Personal Verification Forms, Proof of Claim Forms, or other required documentation must be served on me at Burton W. Wiand, as Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N. Westshore Blvd., Suite 1010, Tampa, Florida 33607, and should not be filed with the Court. Proper service may be accomplished by sending your objection, required form, or other documentation by one of the following means: (1) U.S. mail to the above address; (2) facsimile to the above address at (813) 347-5198; or (3) overnight or other express delivery to the above address. Service by mail is completed upon mailing and service by facsimile is completed upon transmission.

I may attempt to settle and compromise any claim or objection subject to the Court's final approval. At such times as I deem appropriate, I will file with the Court: (1) my further determination of a claim with any supporting documents or statements I consider are appropriate; (2) any unresolved objections, with supporting statements and documentation, as served on me by claimants; and (3) any settlements or compromises that I wish the Court to rule upon.

The Court may make a final determination based on the submissions identified above or may set the matter for hearing and, following the hearing, make a final determination. If you dispute my determination of your claim, you will have the burden to prove that your position should prevail. I will provide you notice of the hearing if the Court sets a hearing on your particular objection.

As noted above, the Court approved my proposed plan of distribution, which contemplates interim distributions to be made on a **r r** basis and subject to certain exceptions discussed in the Motion. I intend to file a motion to approve a first interim distribution to investor claimants with allowed claims as soon as practicable after the period for objections has expired and I have had the opportunity to review any objections. I will make every effort to make a prompt distribution. However, depending on the nature of any timely objection I receive, the first interim distribution may be delayed until any objection warranting such delay is resolved.

I have tried to make the claims process as simple and unintrusive as possible. I have carefully considered each claim and believe that all claims have been afforded fair and equitable treatment. Unfortunately, this is not an expeditious process, and I appreciate your patience. I am unable to predict the total that will be recovered, but please know my goal is to maximize the assets collected and the amount of distributions to victim investors.

If you have any questions, please feel free to call or email Ms. Stephens or Larry Dougherty at (813) 347-5100, ldougherty@guerraking.com.

Sincerely yours,



Burton W. Wiand
as Court-Appointed Receiver

Copies Provided To:
Brent Allan Winters

EXHIBIT D.3.

This packaging is the property of the U.S. Postal Service® and is provided solely for use in sending Priority Mail® and Priority Mail International® shipments. Missus may be a violation of federal law. This package is not for resale. EP14F © U.S. Postal Service, May 2020. All rights reserved.



- Expected delivery date
 - Most domestic shipments
 - USPS Tracking® includes
 - Limited international
 - When used international
- Insurance does not cover contents. See International Mail Manual at <http://www.usps.com>

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ONE RATE ■ ANY WEIGHT

TRACKED



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P **UNITED STATES POSTAL SERVICE** **Retail**

US POSTAGE PAID
\$8.95

Origin: 14845
04/13/22
3539600845-03

PRIORITY MAIL 2-DAY®

10 Lb 2.30 Oz
1006

EXPECTED DELIVERY DAY: 04/16/22

SHIP TO: TAMPA FL 33607

USPS TRACKING® #

9505 5153 9153 2103 3473 06



EP14F May 2020
OD: 12 1/2 x 9 1/2

USPS.COM/PICKUP

PRIORITY MAIL ★

UNITED STATES POSTAL SERVICE
VISIT US AT USPS.COM
ORDER FREE SUPPLIES ONLINE

FROM: HENRY FUKSMAN
862 FASSEH RD
ELMIRA NY 14905

RECEIVED
APR 15 2022

BY:

TO: BURTON W. WILAND, RECEIVER
c/o MAYAM. LOCKWOOD, ESQ.
GUERRA KING P.A.
THE TOWERS at Westshore
Suite 1010
TAMPA, FL 33607

Label 228, March 2016

FOR DOMESTIC AND INTERNATIONAL USE

UNITED STATES DISTRICT
COURT MIDDLE DISTRICT OF
FLORIDA TAMPA DIVISION

COMMODITY FUTURES
TRADING COMMISSION,

Plaintiff,

v.

Case No. 8:19-cv-00886-VMC-SPF

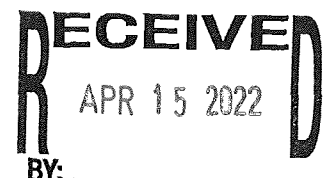
OASIS INTERNATIONAL GROUP
LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE
HOLDINGS COMPANY;
MICHAEL J. DACORTA; JOSEPH
S. ANILE, II; RAYMOND P.
MONTIE, III; FRANCISCO
"FRANK" L. DURAN; and JOHN
J. HAAS,

Defendants,

and

MAINSTREAM FUND SERVICES,
INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC;
LAGOON INVESTMENTS, INC.;
ROAR OF THE LION FITNESS,
LLC; 444 GULF OF MEXICO
DRIVE, LLC; 4064 FOUNDERS
CLUB DRIVE, LLC; 6922
LACANTERA CIRCLE, LLC; 13318
LOST KEY PLACE, LLC; and
4OAKS LLC,

Relief Defendants.



DECLARATION OF Henry Fuksman

PURSUANT TO 28 U.S.C. 1746(1)

I, Henry Fuksman, am an adult under no disability, competent to testify to my understanding and state of mind as follows:

1. I make this Declaration on 4/13/2022;
2. It is my understanding of the terms of acceptance of funds from the Receivership Trust in the Receivership Case cited above, that my reception of a distribution from the Receiver Burton Wiand (“Receiver” or “Receivership”) does not foreclose the Receiver’s fiduciary duty to me to make more distributions, as the law of fiduciary duty requires;
3. Thus, it is my understanding that any distributions the Receiver gives to me, or causes to be distributed to me, from this Receivership; or that any successor(s) to the Receiver, or that any law firm as representative of the Receiver or the Receivership Trust distributes to me, which does not constitute payment in full of all principal and interest to which law entitles me, less any lawful costs, according to my claim filed at the beginning of this Case, shall require the Receiver to make further distribution(s) to me until the Receiver has distributed to me lawful payment in full under his fiduciary obligation;

I declare under penalty of perjury that the foregoing is a true and correct record of my understanding and state of mind, to the best of my knowledge and belief, respecting my relationship with the Receiver;

Further, Declarant saith not.


Declarant

PERSONAL VERIFICATION FORM

C.F.T.C. v. Oasis International Group, Ltd., et al.

INSTRUCTIONS: The Court-approved instructions governing this claims process required that each Proof of Claim Form be signed by the Claimant or, if the Claimant is not an individual, by an authorized agent of the Claimant. The Claimant must also attest under penalty of perjury that the information, including any information provided by the Receiver, is true and correct. Certain Claimants failed to personally sign their Proof of Claim Forms under penalty of perjury. Personal verification is essential to the integrity of the claims process, and the Receiver is entitled to reject unsigned or otherwise unverified claims. To avoid the outright rejection of unverified claims, the Receiver is allowing these Claimants to verify their claims through this Personal Verification Form. Claimants who failed to personally sign a Proof of Claim Form must complete and serve this Personal Verification Form to Burton W. Wiand, Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N Westshore Blvd., Suite 1010, Tampa, Florida 33607 **no later than April 14, 2022**. Altered forms will not be accepted. This form should not be filed with the Court. Claimants who have not personally verified their claim and do not return a complete and executed Personal Verification Form to the Receiver within the time specified will not be permitted to participate in distributions of recovered money from the Receivership. If a claim was submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct. If you have any questions regarding this form or whether you are required to submit a Personal Verification Form, you may contact Amanda Stephens at (813) 347-5120 or astephens@guerraking.com.

VERIFICATION

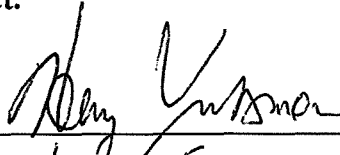
1. State the full name of the Claimant(s) (the person or entity who submitted the claim or who had a claim submitted on his, her, its, or their behalf). _____

2. Brent Winters is representing me in this Receivership, including my claim to any Receivership assets: Yes _____ No X _____

3. I confirm and accept the one mailing address provided in my Proof of Claim Form where I authorize the receipt of all future communications relating to my claim, including any possible distribution payment I may be entitled to receive. If you wish to change this address, provide the new address here: _____

It is the Claimant's sole responsibility to advise the Receiver of any change to this address after submission of this form.

By signing below, I certify under penalty of perjury ~~pursuant to Florida law~~ that I have reviewed the Proof of Claim Form submitted to the Receiver by me and/or on my behalf and that the information provided in this Personal Verification Form and in the Proof of Claim Form is true and correct.

Signature of Claimant: 
Print Name: HENRY FUCHSMAN
Date: 04/14/2022
Title (if any): _____

If joint claim:


Signature of Claimant: 
Print Name: ANNA FUCHSMAN
Date: 04/14/2022
Title (if any): _____

EXHIBIT E.1.

PROOF OF CLAIM FORM

COMMODITY FUTURES TRADING COMMISSION,
Plaintiff,

v.

OASIS INTERNATIONAL GROUP, LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY;
MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND
P MONTIE III; FRANCISCO "FRANK" L. DURAN; and
JOHN J. HAAS,
Defendants;

and

MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS,
INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF
MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE,
LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY
PLACE, LLC; and 4 OAKS LLC,
Relief Defendants.

Case Number: 8:19-cv-886-T-33SPF
U.S. District Court Middle District of Florida (Tampa Division)

Name and address of Claimant
(Please print or type):

Type your full name and mailing address in
the box below. Use separate lines for each
item as you'd address a letter.

John C. Paniagua
98-05 63rd Road Apt 14E
Rego Park, NY 11374

IB Number: IB60127
Customer Code #: 16055164

ATTENTION: The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a "Receivership Entity," and collectively, "Receivership Entities"). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE ABOVE-CAPTIONED COURT FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING, THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

RECEIVED JUN 15 2020

IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

General Instructions:

You must answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). If IRA, then IRA Name.

John C. Paniagua

2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. **If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.**

Mr. Brent Allan Winters

5105 S. Hwy 41

Terre Haute, Indiana 47802

email: brentwinters@use.startmail.com

phone: (317) 515-7695

Under Power of Attorney: on file
available on written request

3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. List the full names of all interested parties. Separate by commas.

4. Provide one mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive (this does not authorize payment to be made out to anyone other than Claimant). It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

Mail Address: Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802

5. Provide one email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

email to: brentallanwinters@gmail.com

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver's discretion? Yes No

- 6. Provide **one** telephone number for the Claimant. It is the Claimant's sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form: 317-515-7695
- 7. Provide the basis for your claim (please check applicable boxes):

- Investor
- Provided Goods or Services to a Receivership Entity
- Other (specify basis)

If you are **not** an investor, write "Not Applicable" to questions 8 through 16. If you **are** an investor, write "Not Applicable" to questions 17 through 19. All Claimants **must** answer questions 1-7 and question 20.

Questions Specific to Investors

- 8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

_____ . X No, I do not agree with the amounts provided by the Receiver.

If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.

- 9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1st investment in or with the Receivership Entities:

totaled \$ 20,000.00 and was made on 02/28/2014 (date); through a check (or wire transfer) made payable to Fund Administration Inc and drawn on account number REDACTED with Chase (identify financial institution).

If applicable, 2nd investment in or with the Receivership Entities:

totaled \$ 40,000.00 and was made on 02/28/2014 (date); through a check (or wire transfer) made payable to Fund Administration Inc and drawn on account number REDACTED with TD Bank (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.

Total amount you are claiming you invested with the Receivership Entities: \$ 328,148.70

10. Have you ever received any money from a Receivership Entity, including as an "interest" payment, "return of principal," or "referral fee" relating to your investment or for any other reason? Yes No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$ _____

11. **State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership): \$ 329,441.70**

12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes No . If yes, please identify how much or what you received, from whom, and the date it was received.

13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.

14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.

John Paniagua heard about Oasis IG from Joseph Paniagua, brother.

15. Are you related by blood or marriage to any of the individual defendants or relief defendants? Yes No. If yes, to whom are you related and what is the relationship.

16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? Yes No. If yes, please identify how

much or what you received, from whom, and the date it was received.

Questions Specific To Non-Investor Claimants

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid).

Not applicable

-
18. State the amount you claim you are owed by any Receivership Entity. \$ _____
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

19. Identify your contact person or persons at the Receivership Entities.

Not applicable

Question for all Claimants:

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? Yes No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action.

EMAIL this completed Proof of Claim Form and legible copies of any documentation requested in this form to **brentwinters@use.startmail.com** and a **COPY** to **4OasisLenders@use.startmail.com**, **SO THAT IT IS RECEIVED NO LATER THAN MAY 29, 2020**. THIS Form **MUST** come to us completed in digital form. **Supporting documents may be mailed to Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802 if you cannot send them electronically.**

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provide is true and correct.

Signature of Claimant: 

Print Name: John C. Paniagua

Date: 5/20/20

Title (if any): _____

EXHIBIT A

Claimant Name: John C. Paniagua

AMOUNTS RECEIVER CLAIMS:

Amount Invested:	\$	0.00
Total Payments:	\$	0.00
Net Investment Amount:	\$	0.00

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

EXHIBIT B
INTEREST and/or PRINCIPAL
WITHDRAWALS

AMOUNT	DATE
1	
2	
3	
4	
5	
6	
7	
8	
9	
10*	

*If additional withdrawals were made, please attach a separate sheet identifying the amount of the withdrawal(s) and the date(s) on which they were made.

AMOUNTS YOU CLAIM:

(A) Total Invested:	\$ 329,441.70
(B) Total Withdrawn (Interest and/or Principal):	\$0.00
Net Amt Due = A-B:	\$329,441.70
Total Other Pmts Received:	\$0.00

**John Paniagua Additional Investments with Receivership Entities for IB60127
(continuation of response to question 9 on page 3 of initial claim form):**

3rd investment in or with the Receivership Entities:
totaled \$40000 _____ and was made on 2/28/2014 _____ (date); through a check
(or wire transfer) made payable to Fund Administration Inc. and drawn on account number
REDACTED _____ with Bethpage Federal Credit Union _____ (identify financial institution).

My chronology of investments with Oasis since 2014 for IB60127:

- 1) Invested \$100,000 (\$20K +\$40K +\$40K) on 2/28/2014 in account IB60127 with Oasis
- 2) \$100K grew to **\$212,319.52** on 6/17/2017 and was rolled over into new program at Oasis as Oasis acct 16055164.
- 3) **\$212,319.52 + interest grew to \$328,148.70**

16-Mar-20

16Mar20-2165

THIS ITEM IS PART OF A SPECIFIC ITEM REQUEST
GROUP ID G16Mar20-2165

Sequence number 006170294533 Posting date 05-Mar-14 Amount 20000.00

JOHN PANIAGUA 11-07
9805 - 63RD RD., APT. 14E
REGO PARK, NY 11374-1723

1-2
2:0
7713003765

183

DATE 7-28-14

PAY TO THE ORDER OF FUND ADMINISTRATION, INC. \$ 20000⁰⁰/₁₀₀ -

TWENTY THOUSAND AND _____ DOLLARS



JPMorgan Chase Bank, N.A.
New York, New York 10017
www.Chase.com

MEMO (EX INVESTMENTS) GROUP, LTD

REDACTED 0183

* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

The security features listed below, as well as those not listed, exceed industry guidelines:

Security Features:

- MR Small Green Fiber Strip: An orange fiber strip is embedded in the paper.
- Security Paper: Security paper with a pattern of small green fibers.
- Assorted Paper: Assorted paper with a pattern of small green fibers.
- Watermark: Watermark on the back of the bill.

Seq: 34
Batch: 445747
Date: 03/04/14

Seq: 00014 03/04/14
BAT: 445747 CC: 4870094239
WT: 01 LIPS: Jacksonville
PC: L 1 Macarthur BC NY5-256

DO NOT WRITE STAMPS

REDACTED

ENCLOSE HERE
Tax Deposit only
Fund Administration Inc

0100

2-28-14 Date

1-1367/260

Pay to the Order of FUNDS ADMINISTRATION, INC. \$ 40000 ⁰⁰/₁₀₀

FORTY THOUSAND AND ⁰⁰/₁₀₀ Dollars



America's Most Convenient Bank®

CASIS INTERNATIONAL

For (FX Investments) GROUP LTD

[Handwritten Signature]

REDACTED

0100

Account: REDACTED
Amount: 40,000.00
PostDate: 20140305
Tran_ID: 522753226
CheckNum: 100
DIN: 522754876
ReturnReasonCode:
ReturnReasonDescription:
Orig_DIN: 522754876
ECEItemSeqNum: 04742894704

4884
507002214

JOHN D. PANARIELLO
SOCIETY FOR HUMAN RIGHTS
RECORD PARK, NY 11796

DATE: 2-28-14

PAY TO THE ORDER OF: FOURTY-THOUSAND AND NO/100 DOLLARS

AMOUNT: \$ 40000.00

FOR DEPOSIT ONLY

Bethpage
Medical Credit Union
Depository Services
CASHIER SIGNATURE

REDACTED

3/5/2014 InnNbr 30532410 Chk #4664 Amt \$40,000.00

Seq: 32
Batch: 445747
Date: 03/04/14

SP: 00032 02/04/14
MT: 445747 CC: 4810098239
WT: 01 LRPS: J08480901114
RC: 1.1 WATERBORO NC 27157 244

REDACTED

For Deposit Only
Fund Administration Inc

Back of 3/5/2014 InnNbr 30532410 Chk #4664 Amt \$40,000.00

Created: 3/4/2020 5:59:56 PM
Page 1 of 1

EXHIBIT E.2.

PROOF OF CLAIM FORM

COMMODITY FUTURES TRADING COMMISSION,
Plaintiff,

v.

OASIS INTERNATIONAL GROUP, LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY;
MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND
P MONTIE III; FRANCISCO "FRANK" L. DURAN; and
JOHN J. HAAS,
Defendants;

and

MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS,
INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF
MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE,
LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY
PLACE, LLC; and 4 OAKS LLC,
Relief Defendants.

Case Number: 8:19-cv-886-T-33SPF
U.S. District Court Middle District of Florida (Tampa Division)

Name and address of Claimant
(Please print or type):

Type your full name and mailing address in
the box below. Use separate lines for each
item as you'd address a letter.

John C. Paniagua
98-05 63rd Road Apt 14E
Rego Park, NY 11374

IB Number: IB60180
Customer Code #: 16055246

ATTENTION: The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a "Receivership Entity," and collectively, "Receivership Entities"). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

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RECEIVED JUN 15 2020

IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

General Instructions:

You must answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). If IRA, then IRA Name.

John C. Paniagua

2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. **If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.**

Mr. Brent Allan Winters
5105 S. Hwy 41
Terre Haute, Indiana 47802

phone: (317) 515-7695
Under Power of Attorney: on file
available on written request

email: brentwinters@use.startmail.com

3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. List the full names of all interested parties. Separate by commas.

4. Provide one mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive (this does not authorize payment to be made out to anyone other than Claimant). It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

Mail Address: Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802

5. Provide one email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

email to: brentallanwinters@gmail.com

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver's discretion? Yes No

- 6. Provide **one** telephone number for the Claimant. It is the Claimant's sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form: 317-515-7695
- 7. Provide the basis for your claim (please check applicable boxes):

- Investor
- Provided Goods or Services to a Receivership Entity
- Other (specify basis)

If you are **not** an investor, write "Not Applicable" to questions 8 through 16. If you **are** an investor, write "Not Applicable" to questions 17 through 19. All Claimants **must** answer questions 1-7 and question 20.

Questions Specific to Investors

- 8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

_____ . X No, I do not agree with the amounts provided by the Receiver.

If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.

- 9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1st investment in or with the Receivership Entities:

totaled \$ 75,000.00 and was made on 08/23/2017 (date); through a check (or wire transfer) made payable to Fund Administration Inc and drawn on account number REDACTED with Bethpage Federal Credi (identify financial institution).

If applicable, 2nd investment in or with the Receivership Entities:

totaled \$ 49,000.00 and was made on 08/21/2018 (date); through a check (or wire transfer) made payable to Mainstream Fund Servic and drawn on account number REDACTED with Bethpage Federal Credit Union (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.

Total amount you are claiming you invested with the Receivership Entities: \$ 306,426.79

- 10. Have you ever received any money from a Receivership Entity, including as an “interest” payment, “return of principal,” or “referral fee” relating to your investment or for any other reason? Yes No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$ _____

- 11. **State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership):** \$ 307,634.55
- 12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes No . If yes, please identify how much or what you received, from whom, and the date it was received.

- 13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.

- 14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.
John Paniagua heard about Oasis IG from Joseph Paniagua, brother.

- 15. Are you related by blood or marriage to any of the individual defendants or relief defendants? Yes No. If yes, to whom are you related and what is the relationship.

- 16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? Yes No. If yes, please identify how

much or what you received, from whom, and the date it was received.

Questions Specific To Non-Investor Claimants

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid).

Not applicable

-
18. State the amount you claim you are owed by any Receivership Entity. \$ _____
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

19. Identify your contact person or persons at the Receivership Entities.

Not applicable

Question for all Claimants:

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? Yes No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action.

EMAIL this completed Proof of Claim Form and legible copies of any documentation requested in this form to **brentwinters@use.startmail.com** and a **COPY** to **4OasisLenders@use.startmail.com**, **SO THAT IT IS RECEIVED NO LATER THAN MAY 29, 2020**. THIS Form MUST come to us completed in digital form. **Supporting documents may be mailed to Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802 if you cannot send them electronically.**

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provide is true and correct.

Signature of Claimant: 

Print Name: John C. Paniagua

Date: 5/20/20

Title (if any): _____

EXHIBIT A

Claimant Name: John C. Paniagua

AMOUNTS RECEIVER CLAIMS:

Amount Invested:	\$	0.00
Total Payments:	\$	0.00
Net Investment Amount:	\$	0.00

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

EXHIBIT B
INTEREST and/or PRINCIPAL
WITHDRAWALS

AMOUNT	DATE
1	
2	
3	
4	
5	
6	
7	
8	
9	
10*	

*If additional withdrawals were made, please attach a separate sheet identifying the amount of the withdrawal(s) and the date(s) on which they were made.

AMOUNTS YOU CLAIM:

(A) Total Invested:	\$ 307,634.55
(B) Total Withdrawn (Interest and/or Principal):	\$0.00
Net Amt Due = A-B:	\$307,634.55
Total Other Pmts Received:	\$0.00

**John Paniagua Additional Investments with Receivership Entities for IB60180
(continuation of response to question 9 on page 3 of initial claim form):**

3rd investment in or with the Receivership Entities:
totaled \$20000 and was made on 10/2/2018 (date); through a check
(or wire transfer) made payable to Mainstream Fund Services and drawn on account number
REDACTED with Bethpage Federal Credit Union (identify financial institution).

4th investment in or with the Receivership Entities:
totaled \$25000 and was made on 11/13/2018 (date); through a check
(or wire transfer) made payable to Fund Administration Inc. and drawn on account number
REDACTED with Bethpage Federal Credit Union (identify financial institution).

5th investment in or with the Receivership Entities:
totaled \$25000 and was made on 11/19/2018 (date); through a check
(or wire transfer) made payable to Fund Administration Inc. and drawn on account number
REDACTED with Bethpage Federal Credit Union (identify financial institution).

My chronology of investments with Oasis since 2017 for IB60180:

- 1) Total investments (question 9 and 3rd through 5th investments above) totaling **\$194,000** became IB60180 with Oasis as Oasis acct 16055246.
- 2) **\$194,000 + interest grew to \$306426.79**

Overall chronology of investments with Oasis since 2014:

- 3) Initially invested \$100,000 (\$20K +\$40K +\$40K) on 2/28/2014 in account IB60127 with Oasis
- 4) \$100K grew to **\$212,319.52** on 6/17/2017 and was rolled over into new program at Oasis as Oasis acct 16055164.
- 5) Additional investments totaling **\$194,000** became IB60180 with Oasis as Oasis acct 16055246.
- 6) **IB60127 = \$212,319.52 + interest grew to \$328,148.70**
- 7) **IB60180 = \$194,000 + interest grew to \$306426.79**
- 8) **\$328,148.70 + \$306426.79 = \$634,575.49**

EXHIBIT E.3.

**BURTON W. WIAND, COURT-APPOINTED RECEIVER
FOR OASIS INTERNATIONAL GROUP, LTD. ET AL.**

March 25, 2022

John Paniagua
98-05 63rd Road, Apt. 14E
Rego Park, NY 11374

Re: Oasis Receivership
Claimant Name: John Paniagua
Claim Number: 752

Dear Claimant:

I am writing to you as the Court-appointed Receiver in the above matter. On March 7, 2022, the Court entered an Order granting my Motion to (1) Approve Determination and Priority of Claims, (2) Pool Receivership Assets and Liabilities, (3) Approve Plan of Distribution, and (4) Establish Objection Procedure (the "Motion"). A copy of this Motion and Order are available on my website at www.oasisreceivership.com. If you are unable to access this website, you may contact Amanda Stephens at astephens@guerraking.com or (813) 347-5120 to request a copy of the Motion and Order.

The Court has approved my recommended determination of the above claim. This determination is set forth in the Exhibits attached to the Motion and is addressed in the body of the Motion. You are strongly urged to review my Court-approved determination of your claim as stated in the Motion and its Exhibits. There are instances where the Court approved my recommendation to either deny a claim or allow a portion of the amount claimed. There are also instances where the claimant is required to take additional action to maintain the claim. For instance, if you submitted your claim through Brent Winters, you are required to complete and return a Personal Verification Form. Also, certain claimants who invested through New Horizon Capital Ventures, Inc. are required to submit a Proof of Claim Form for their respective claim. If you are required to submit any such form, documentation, or additional information, you must do so **no later than April 14, 2022** or your claim may be deemed denied. The Personal Verification Form and Proof of Claim Form are available on the Receiver's website or may be requested through Ms. Stephens.

If you wish to dispute my determination of the above claim, its priority, or the plan of distribution, you **MUST** serve me with a written objection **no later than April 14, 2022**. Your objection must clearly state the nature and basis of the objection and provide all supporting statements and documentation that you wish me and, if we are unable to resolve your objection, the Court to consider. Please also include your claim number, name, and telephone number with your objection.

Failure to properly and timely serve an objection to the determination of your claim, its priority, or plan of distribution shall permanently waive your right to object to or contest the determination of your claim, its priority, and plan of distribution and your final claim

amount shall be set as the Allowed Amount determined by me and approved by the Court as set forth in the Exhibits attached to the Motion.

By submitting an objection, you reaffirm your submission to the jurisdiction of the United States District Court for the Middle District of Florida. If you serve an objection, you are entitled to notice of Court filings or proceedings, but only with respect to the adjudication of your particular objection and the claim to which it is directed.

All objections, Personal Verification Forms, Proof of Claim Forms, or other required documentation must be served on me at Burton W. Wiand, as Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N. Westshore Blvd., Suite 1010, Tampa, Florida 33607, and should not be filed with the Court. Proper service may be accomplished by sending your objection, required form, or other documentation by one of the following means: (1) U.S. mail to the above address; (2) facsimile to the above address at (813) 347-5198; or (3) overnight or other express delivery to the above address. Service by mail is completed upon mailing and service by facsimile is completed upon transmission.

I may attempt to settle and compromise any claim or objection subject to the Court's final approval. At such times as I deem appropriate, I will file with the Court: (1) my further determination of a claim with any supporting documents or statements I consider are appropriate; (2) any unresolved objections, with supporting statements and documentation, as served on me by claimants; and (3) any settlements or compromises that I wish the Court to rule upon.

The Court may make a final determination based on the submissions identified above or may set the matter for hearing and, following the hearing, make a final determination. If you dispute my determination of your claim, you will have the burden to prove that your position should prevail. I will provide you notice of the hearing if the Court sets a hearing on your particular objection.

As noted above, the Court approved my proposed plan of distribution, which contemplates interim distributions to be made on a **r r** basis and subject to certain exceptions discussed in the Motion. I intend to file a motion to approve a first interim distribution to investor claimants with allowed claims as soon as practicable after the period for objections has expired and I have had the opportunity to review any objections. I will make every effort to make a prompt distribution. However, depending on the nature of any timely objection I receive, the first interim distribution may be delayed until any objection warranting such delay is resolved.

I have tried to make the claims process as simple and unintrusive as possible. I have carefully considered each claim and believe that all claims have been afforded fair and equitable treatment. Unfortunately, this is not an expeditious process, and I appreciate your patience. I am unable to predict the total that will be recovered, but please know my goal is to maximize the assets collected and the amount of distributions to victim investors.

If you have any questions, please feel free to call or email Ms. Stephens or Larry Dougherty at (813) 347-5100, ldougherty@guerraking.com.

Sincerely yours,



Burton W. Wiand
as Court-Appointed Receiver

Copies Provided To:
John F. Curran
Brent Allan Winters

EXHIBIT E.4.

**BURTON W. WIAND, COURT-APPOINTED RECEIVER
FOR OASIS INTERNATIONAL GROUP, LTD. ET AL.**

March 25, 2022

John Paniagua
98-05 63rd Road, Apt. 14E
Rego Park, NY 11374

Re: Oasis Receivership
Claimant Name: John Paniagua
Claim Number: 753

Dear Claimant:

I am writing to you as the Court-appointed Receiver in the above matter. On March 7, 2022, the Court entered an Order granting my Motion to (1) Approve Determination and Priority of Claims, (2) Pool Receivership Assets and Liabilities, (3) Approve Plan of Distribution, and (4) Establish Objection Procedure (the "Motion"). A copy of this Motion and Order are available on my website at www.oasisreceivership.com. If you are unable to access this website, you may contact Amanda Stephens at astephens@guerraking.com or (813) 347-5120 to request a copy of the Motion and Order.

The Court has approved my recommended determination of the above claim. This determination is set forth in the Exhibits attached to the Motion and is addressed in the body of the Motion. You are strongly urged to review my Court-approved determination of your claim as stated in the Motion and its Exhibits. There are instances where the Court approved my recommendation to either deny a claim or allow a portion of the amount claimed. There are also instances where the claimant is required to take additional action to maintain the claim. For instance, if you submitted your claim through Brent Winters, you are required to complete and return a Personal Verification Form. Also, certain claimants who invested through New Horizon Capital Ventures, Inc. are required to submit a Proof of Claim Form for their respective claim. If you are required to submit any such form, documentation, or additional information, you must do so **no later than April 14, 2022** or your claim may be deemed denied. The Personal Verification Form and Proof of Claim Form are available on the Receiver's website or may be requested through Ms. Stephens.

If you wish to dispute my determination of the above claim, its priority, or the plan of distribution, you **MUST** serve me with a written objection **no later than April 14, 2022**. Your objection must clearly state the nature and basis of the objection and provide all supporting statements and documentation that you wish me and, if we are unable to resolve your objection, the Court to consider. Please also include your claim number, name, and telephone number with your objection.

Failure to properly and timely serve an objection to the determination of your claim, its priority, or plan of distribution shall permanently waive your right to object to or contest the determination of your claim, its priority, and plan of distribution and your final claim

amount shall be set as the Allowed Amount determined by me and approved by the Court as set forth in the Exhibits attached to the Motion.

By submitting an objection, you reaffirm your submission to the jurisdiction of the United States District Court for the Middle District of Florida. If you serve an objection, you are entitled to notice of Court filings or proceedings, but only with respect to the adjudication of your particular objection and the claim to which it is directed.

All objections, Personal Verification Forms, Proof of Claim Forms, or other required documentation must be served on me at Burton W. Wiand, as Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N. Westshore Blvd., Suite 1010, Tampa, Florida 33607, and should not be filed with the Court. Proper service may be accomplished by sending your objection, required form, or other documentation by one of the following means: (1) U.S. mail to the above address; (2) facsimile to the above address at (813) 347-5198; or (3) overnight or other express delivery to the above address. Service by mail is completed upon mailing and service by facsimile is completed upon transmission.

I may attempt to settle and compromise any claim or objection subject to the Court's final approval. At such times as I deem appropriate, I will file with the Court: (1) my further determination of a claim with any supporting documents or statements I consider are appropriate; (2) any unresolved objections, with supporting statements and documentation, as served on me by claimants; and (3) any settlements or compromises that I wish the Court to rule upon.

The Court may make a final determination based on the submissions identified above or may set the matter for hearing and, following the hearing, make a final determination. If you dispute my determination of your claim, you will have the burden to prove that your position should prevail. I will provide you notice of the hearing if the Court sets a hearing on your particular objection.

As noted above, the Court approved my proposed plan of distribution, which contemplates interim distributions to be made on a **r r** basis and subject to certain exceptions discussed in the Motion. I intend to file a motion to approve a first interim distribution to investor claimants with allowed claims as soon as practicable after the period for objections has expired and I have had the opportunity to review any objections. I will make every effort to make a prompt distribution. However, depending on the nature of any timely objection I receive, the first interim distribution may be delayed until any objection warranting such delay is resolved.

I have tried to make the claims process as simple and unintrusive as possible. I have carefully considered each claim and believe that all claims have been afforded fair and equitable treatment. Unfortunately, this is not an expeditious process, and I appreciate your patience. I am unable to predict the total that will be recovered, but please know my goal is to maximize the assets collected and the amount of distributions to victim investors.

If you have any questions, please feel free to call or email Ms. Stephens or Larry Dougherty at (813) 347-5100, ldougherty@guerraking.com.

Sincerely yours,



Burton W. Wiand
as Court-Appointed Receiver

Copies Provided To:
Brent Allan Winters

EXHIBIT F.1.

PROOF OF CLAIM FORM

COMMODITY FUTURES TRADING COMMISSION,
Plaintiff,

v.

OASIS INTERNATIONAL GROUP, LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY;
MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND
P MONTIE III; FRANCISCO "FRANK" L. DURAN; and
JOHN J. HAAS,
Defendants;

and

MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS,
INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF
MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE,
LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY
PLACE, LLC; and 4 OAKS LLC,
Relief Defendants.

Case Number: 8:19-cv-886-T-33SPF
U.S. District Court Middle District of Florida (Tampa Division)

Name and address of Claimant
(Please print or type):

Type your full name and mailing address in
the box below. Use separate lines for each
item as you'd address a letter.

Lance Wren
44 Maple St
Dallas, PA 18612

IB Number: 60208
Customer Code #: 16055273

ATTENTION: The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a "Receivership Entity," and collectively, "Receivership Entities"). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE ABOVE-CAPTIONED COURT FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING, THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANACTED BY OR WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

General Instructions:

You must answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). If IRA, then IRA Name.

Lance Wren

2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. **If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.**

Mr. Brent Allan Winters

5105 S. Hwy 41

Terre Haute, Indiana 47802

email: brentwinters@use.startmail.com

phone: (317) 515-7695

Under Power of Attorney: on file
available on written request

3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. List the full names of all interested parties. Separate by commas.

4. Provide one mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive (this does not authorize payment to be made out to anyone other than Claimant). It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

Mail Address: Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802

5. Provide one email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

email to: brentallanwinters@gmail.com

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver's discretion? Yes No

- 6. Provide **one** telephone number for the Claimant. It is the Claimant's sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form: 317-515-7695
- 7. Provide the basis for your claim (please check applicable boxes):

- Investor
- Provided Goods or Services to a Receivership Entity
- Other (specify basis)

If you are **not** an investor, write "Not Applicable" to questions 8 through 16. If you **are** an investor, write "Not Applicable" to questions 17 through 19. All Claimants **must** answer questions 1-7 and question 20.

Questions Specific to Investors

- 8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

____ . X No, I do not agree with the amounts provided by the Receiver.

If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.

- 9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1st investment in or with the Receivership Entities:

totaled \$ ~~10000.00~~ _____ and was made on 07/05/2017 (date); through a check (or wire transfer) made payable to Oasis and drawn on account number **REDACTED** with Choice One Community (identify financial institution).

If applicable, 2nd investment in or with the Receivership Entities:

totaled \$ ~~90000.00~~ _____ and was made on 11/24/2017 (date); through a check (or wire transfer) made payable to Oasis and drawn on account number **REDACTED** with Luzerne Bank (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.

Total amount you are claiming you invested with the Receivership Entities: \$ 1000000.00

- 10. Have you ever received any money from a Receivership Entity, including as an "interest" payment, "return of principal," or "referral fee" relating to your investment or for any other reason? Yes No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$ _____

- 11. State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership): ~~\$141048.48~~ \$ _____
- 12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes No . If yes, please identify how much or what you received, from whom, and the date it was received.

- 13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.

- 14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.

- 15. Are you related by blood or marriage to any of the individual defendants or relief defendants? Yes No. If yes, to whom are you related and what is the relationship.

- 16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? Yes No. If yes, please identify how

much or what you received, from whom, and the date it was received.

Questions Specific To Non-Investor Claimants

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid).

Not applicable

-
18. State the amount you claim you are owed by any Receivership Entity. \$ 0
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

19. Identify your contact person or persons at the Receivership Entities.

Not applicable

Question for all Claimants:

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? Yes No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action.

EMAIL this completed Proof of Claim Form and legible copies of any documentation requested in this form to **brentwinters@use.startmail.com** and a COPY to **4OasisLenders@use.startmail.com**, **SO THAT IT IS RECEIVED NO LATER THAN MAY 29, 2020**. THIS Form MUST come to us completed in digital form. **Supporting documents may be mailed to Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802 if you cannot send them electronically.**

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provide is true and correct.

Signature of Claimant: 

Print Name: Lance Wren

Date: 05/28/2020

Title (if any): _____

EXHIBIT A

Claimant Name: Lance Wren

AMOUNTS RECEIVER CLAIMS:

Amount Invested:	\$	0.00
Total Payments:	\$	0.00
Net Investment Amount:	\$	0.00

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

EXHIBIT B
INTEREST and/or PRINCIPAL
WITHDRAWALS

	AMOUNT	DATE
1	3501.37	06/23/2018
2	2300.00	07/27/2018
3	4280.00	08/30/2018
4	4500.00	09/2018
5	7600.00	11/07/2018
6	5000.00	12/05/2018
7	8000.00	01/05/2019
8	4000.00	02/08/2019
9	7990.00	03/2019
10*		

*If additional withdrawals were made, please attach a separate sheet identifying the amount of the withdrawal(s) and the date(s) on which they were made.

AMOUNTS YOU CLAIM:

(A) Total Invested:	141648.48
(B) Total Withdrawn (Interest and/or Principal):	47171.37
Net Amt Due = A-B:	188819.85

Total Other Pmts Received:

Institution ID 231386878

Trace Number 11360150

Account Number **REDACTED**

Draft Number 2183

Amount \$10,000.00

Clear Date 07/12/2017

The image shown below represents an official copy of the original document as processed by our institution

Date Printed: 07/12/2017

2183

7-5 2017

W LANCE WREN
JESSICA WREN
570 & 74 1271
44 MAPLE STREET
DALLAS, TX 75212

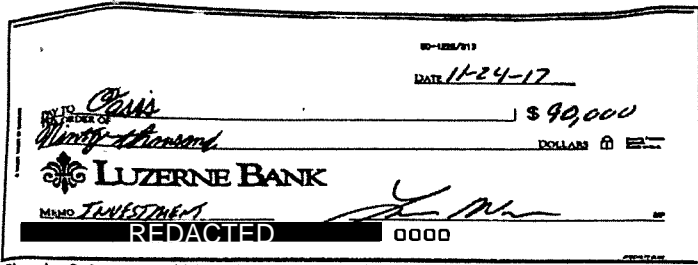
PAY to Cash \$10,000.00
 or order of Wren, Lance and Jess DOLLARS

CHOICEONE COMMUNITY CREDIT UNION
 WILKES BARRE, PA
 WWW.CHOICEONE.ORG
 THE ONE CHOICE FOR FINANCIAL SERVICES
 for Investment

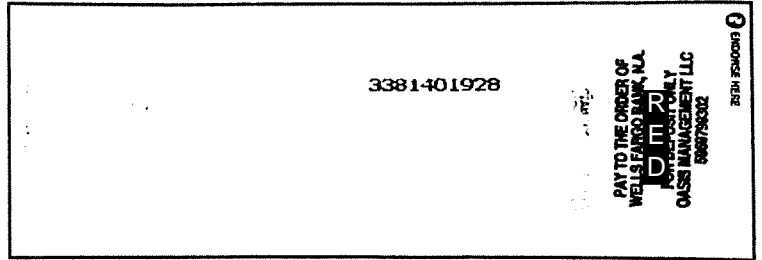
REDACTED 2183

3381400016

ENRICH HERE
 PAY TO THE ORDER OF
 WELLS FARGO BANK, N.A.
 FOR DEPOSIT ONLY
 OASIS MANAGEMENT LLC
WU



Check: 0 Amount: \$90,000.00 Date: 11/29/2017
 Run: 1003, Batch: 1, Seq: 146, Source: C21-From Fed Luzerne



Check: 0 Amount: \$90,000.00 Date: 11/29/2017
 Run: 1003, Batch: 1, Seq: 146, Source: C21-From Fed Luzerne

EXHIBIT F.2.

PROOF OF CLAIM FORM

COMMODITY FUTURES TRADING COMMISSION,
Plaintiff,

v.

OASIS INTERNATIONAL GROUP, LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY;
MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND
P MONTIE III; FRANCISCO "FRANK" L. DURAN; and
JOHN J. HAAS,
Defendants;

and

MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS,
INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF
MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE,
LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY
PLACE, LLC; and 4 OAKS LLC,
Relief Defendants.

Case Number: 8:19-cv-886-T-33SPF
U.S. District Court Middle District of Florida (Tampa Division)

Name and address of Claimant
(Please print or type):

Type your full name and mailing address in
the box below. Use separate lines for each
item as you'd address a letter.

Lance Wren
44 Maple Street
Dallas, PA 18612

IB Number: 60442
Customer Code #: 16055489

ATTENTION: The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a "Receivership Entity," and collectively, "Receivership Entities"). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE ABOVE-CAPTIONED COURT FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING, THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

RECEIVED JUN 15 2020

IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

General Instructions:

You **must** answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). If IRA, then IRA Name.

Lance Wren

2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. **If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.**

Mr. Brent Allan Winters

5105 S. Hwy 41

Terre Haute, Indiana 47802

email: brentwinters@use.startmail.com

phone: (317) 515-7695

Under Power of Attorney: on file
available on written request

3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. List the full names of all interested parties. Separate by commas.

4. Provide **one** mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive (this does not authorize payment to be made out to anyone other than Claimant). It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

Mail Address: Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802

5. Provide **one** email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

email to: brentallanwinters@gmail.com

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver's discretion? Yes No

- 6. Provide **one** telephone number for the Claimant. It is the Claimant's sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form: 317-515-7695
- 7. Provide the basis for your claim (please check applicable boxes):

- Investor
- Provided Goods or Services to a Receivership Entity
- Other (specify basis)

If you are **not** an investor, write "Not Applicable" to questions 8 through 16. If you **are** an investor, write "Not Applicable" to questions 17 through 19. All Claimants **must** answer questions 1-7 and question 20.

Questions Specific to Investors

- 8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

_____ . X No, I do not agree with the amounts provided by the Receiver.

If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.

- 9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1st investment in or with the Receivership Entities:

totaled \$ 39,174.10 and was made on 05/14/2018 (date); through a check (or wire transfer) made payable to Satellite Holding and drawn on account number **REDACTED** with Equity Trust Company (identify financial institution).

If applicable, 2nd investment in or with the Receivership Entities:

totaled \$ 1,724.41 and was made on 02/28/2019 (date); through a check (or wire transfer) made payable to Satellite Holding and drawn on account number **REDACTED** with Equity trust Company (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.

Total amount you are claiming you invested with the Receivership Entities: \$ 44,172.46

10. Have you ever received any money from a Receivership Entity, including as an "interest" payment, "return of principal," or "referral fee" relating to your investment or for any other reason? Yes No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$ 0

11. State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership): \$ 44,346.57

12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes No . If yes, please identify how much or what you received, from whom, and the date it was received.

13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.

14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.

15. Are you related by blood or marriage to any of the individual defendants or relief defendants? Yes No. If yes, to whom are you related and what is the relationship.

16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? Yes No. If yes, please identify how

much or what you received, from whom, and the date it was received.

Questions Specific To Non-Investor Claimants

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid).

Not applicable

-
18. State the amount you claim you are owed by any Receivership Entity. \$ _____
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

19. Identify your contact person or persons at the Receivership Entities.

Not applicable

Question for all Claimants:

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? Yes No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action.

EMAIL this completed Proof of Claim Form and legible copies of any documentation requested in this form to **brentwinters@use.startmail.com** and a COPY to **4OasisLenders@use.startmail.com**, **SO THAT IT IS RECEIVED NO LATER THAN MAY 29, 2020**. THIS Form MUST come to us completed in digital form. **Supporting documents may be mailed to Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802 if you cannot send them electronically.**

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provide is true and correct.

Signature of Claimant: 

Print Name: Lance Wren

Date: 05/26/2020

Title (if any): _____

EXHIBIT A

Claimant Name: Lance Wren

AMOUNTS RECEIVER CLAIMS:

Amount Invested:	\$	0.00
Total Payments:	\$	0.00
Net Investment Amount:	\$	0.00

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

EXHIBIT B
INTEREST and/or PRINCIPAL
WITHDRAWALS

AMOUNT	DATE
1	
2	
3	
4	
5	
6	
7	
8	
9	
10*	

*If additional withdrawals were made, please attach a separate sheet identifying the amount of the withdrawal(s) and the date(s) on which they were made.

AMOUNTS YOU CLAIM:

(A) Total Invested:	\$ 44,346.57
(B) Total Withdrawn (Interest and/or Principal):	0.00
Net Amt Due = A-B:	\$44,346.57
Total Other Pmts Received:	0.00



1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME Lance Wren		ACCOUNT NUMBER REDACTED
PRIMARY PHONE NUMBER REDACTED	SECONDARY PHONE NUMBER	EMAIL ADDRESS mulletmountin@yahoo.com

2 PROCESSING PREFERENCE (CHECK ONE OPTION)

<input type="checkbox"/> EXPEDITED PROCESSING SERVICE (\$75.00) Expedited processing requests will generally be completed in approximately one business day unless corrections are required. Fax to (440) 366-3756.	<input checked="" type="checkbox"/> NORMAL PROCESSING SERVICE Normal investment processing will be completed in approximately three to five (3-5) business days unless corrections are required.
---	--

PROCESSING INSTRUCTIONS Processing begins on the business day paperwork is received, if it is received before 10:00 a.m. Eastern Time. If paperwork is received after 10:00 a.m. Eastern Time, administrative processing will start the next business day. If the investment requires any corrections, investment processing will stop until the proper corrections have been made. In order for investment processing to resume on the day it was stopped, corrections must be submitted before 12:00 noon Eastern Time that business day.

3 INVESTMENT INFORMATION

NOTE TYPE: <input checked="" type="checkbox"/> New Note <input type="checkbox"/> Buying an Existing Note <input type="checkbox"/> Seller Carry Back <input type="checkbox"/> Draw Note			
WHAT PERCENTAGE OF THE NOTE WILL BE OWNED BY THIS IRA? 100		FACE VALUE OF THE NOTE 39,172.00	
BORROWER'S NAME (Individual or Entity Name) Satellite Holdings Company		ASSET NUMBER (IRN) (if applicable)	
ADDRESS 3280 Sunrise Hwy Ste 215	CITY Wantagh	STATE NY	ZIP CODE 11793

WARRANT INFORMATION (IF APPLICABLE)

ID OR CERTIFICATE NUMBER	SHARES/UNITS BEING ISSUED
CUSIP	EXERCISE PRICE
	EXERCISE DATE

4 EXCHANGE OF ASSET (IF APPLICABLE)

<input type="checkbox"/> Full Exchange	If you choose this option, this asset will be REMOVED from your account and a NEW asset for this investment will be posted in your account until the funds are received.
<input type="checkbox"/> Partial Exchange	If you choose this option, only the value of the asset will be adjusted. The asset will NOT be removed from your account until full sale of the asset occurs.
ASSET NUMBER (IRN)	A NEW Asset Value is required for a Partial Exchange: _____

5 REPAYMENT INFORMATION

FREQUENCY OF PAYMENTS? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Other: Lump Sum		
TOTAL # OF PAYMENTS 1	PERIODIC PAYMENT AMOUNT \$ N/A	
DATE OF FIRST PAYMENT 05/31/2023	DATE OF LAST PAYMENT 05/31/2023	INTEREST RATE OF THE NOTE 12 %
DOES THIS NOTE HAVE A BALLOON PAYMENT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	DATE OF BALLOON PAYMENT 05/31/2023	BALLOON PAYMENT AMOUNT \$ 69,034.44

6 DOCUMENTS REQUIRING SIGNATURE

<input type="checkbox"/> YES , this investment has documents that require signing. A list of documents is attached, please remember to sign and date.	<input checked="" type="checkbox"/> NO , this investment does not have any documents that need to be signed.
--	---

DOCUMENT PROCESSING FEES The Document Processing Fee is \$5.00

 _____ 05/14/2018
Account Holder's Signature Date



PROMISSORY NOTE DOI

page 2 of 4

Account Number 200370052

7 DOCUMENT TITLING INSTRUCTIONS

The following examples are provided to ensure supporting documentation is properly titled. (Investment titling shown in "quotations")

- I am making an investment titled directly to my IRA.
"EQUITY TRUST COMPANY CUSTODIAN FBO (ACCOUNT HOLDER'S NAME) IRA"
- I am making an investment titled directly to my account and my account will be less than 100% owner.
**"EQUITY TRUST COMPANY CUSTODIAN FBO (ACCOUNT HOLDER'S NAME) IRA, (PERCENTAGE OF OWNERSHIP)%
 UNDIVIDED INTEREST"**

TITLING When purchasing an asset for your account, it is imperative that it is properly titled. Equity Trust Company will not accept any investments which are not properly titled. Please contact a Client Service Representative with any questions regarding proper titling.

8 INVESTMENT FUNDING INFORMATION

AVAILABLE CASH FUNDS Cleared funds must be available in order to make an investment.

AMOUNT REQUIRED FOR INVESTMENT	\$ 30,172.00
<input checked="" type="checkbox"/> WELLS FARGO BANK NA	
BANK NAME	BANK PHONE NUMBER
Wells Fargo Bank NA	(516) 677-6830
ABA ROUTING # (9 DIGITS)	ACCOUNT NUMBER
1 2 1 0 0 0 2 4 8	REDACTED
FOR CREDIT TO	FOR FURTHER CREDIT TO
Satellite Holdings Company	

MAKE CHECK PAYABLE TO

MAIL CHECK TO

ADDRESS	CITY	STATE	ZIP CODE

CASHIER'S CHECK* (\$60.00 Fee)
 REGULAR CHECK OVERNIGHT MAIL (\$30.00 Fee)
 REGULAR CHECK REGULAR MAIL (NO CHARGE)

Bill to Third Party:
 FedEx
 UPS
 THIRD PARTY ACCOUNT NUMBER
 THIRD PARTY ZIP CODE

*Funds will be sent via check in accordance to the Subscription Document/Investment Paperwork if no option is chosen. *Overnight Mail Required

9 DELIVERY INSTRUCTIONS

All processed documents will be mailed to the address listed below. If you would like to have the documents faxed or emailed before they are mailed, please complete the fax* and/or e-mail* section in addition to the mail section. Equity Trust Company can retain the processed documents in our safekeeping vault in lieu of mailing, but all documents must be completed and signed by all parties. *Verify with investment sponsor to determine if original documents are required.

FAX NUMBER	ATTENTION
	John Haas
MAIL TO	
Satellite Holdings Company	
ADDRESS	CITY
3280 Sunrise Hwy Ste 215	Wantagh
STATE	ZIP CODE
NY	11793
<input type="checkbox"/> Send Overnight Mail (\$30.00)	<input checked="" type="checkbox"/> Send Regular Mail
<input type="checkbox"/> Mail Documents with the Check	
<input type="checkbox"/> Bill to Third Party:	THIRD PARTY ACCOUNT NUMBER
<input type="checkbox"/> FedEx <input type="checkbox"/> UPS	THIRD PARTY ZIP CODE
EMAIL ADDRESS	ATTENTION
FreeElectric@Live.com	John Haas

 _____ 05/14/2018
 Account Holder's Signature Date



PROMISSORY NOTE DOI

page 3 of 4

Account Number 200370052

10 PAYMENT OF FEES

How would you like to pay for any service-related fees associated with this transaction?

Choose a payment method: Deduct Fees from Account Check Enclosed Credit Card on file

Note: By checking *Credit Card on file*, you authorize Equity Trust Company to charge this card for all service-related fees associated with this transaction (if applicable). To add, change, or update a credit card, please complete and submit the *Credit Card Form*.

11 COLLATERAL INFORMATION (Complete the appropriate section below)

<input type="checkbox"/> Real Property	ADDRESS		
	CITY	STATE <input type="checkbox"/>	ZIP CODE
<input type="checkbox"/> Vehicle/Mobile Home	IDENTIFICATION NUMBER (e.g. VIN#)		
<input type="checkbox"/> Company	NAME		
	CITY	STATE <input type="checkbox"/>	ZIP CODE
<input type="checkbox"/> Other	DESCRIBE		

POSITION OF NOTE? First Position Second Position Other: _____ Not Applicable

LETTER OF UNDERSTANDING (BETWEEN ACCOUNT HOLDER & ETC)

TO: EQUITY TRUST COMPANY,

This letter constitutes an understanding and acknowledgement by Lance Wren ("Account Holder Name") with regard to the role of Equity Trust Company as passive Custodian for the Retirement Account Holder, in connection with his/her investment in an **UNSECURED INVESTMENT** in the amount of \$ 39,172.00 ("Amount of the Loan"):

- Equity Trust Company has not solicited, recommended or sold this investment to the Retirement Account Holder.
- Equity Trust Company does not endorse this investment.
- Neither Equity Trust Company nor any private or government agency guarantees this investment.
- Equity Trust Company does not receive any compensation from the Investment Entity with regard to this investment (outside of Equity Trust's fees detailed in its IRA adoption agreement and/or custodial account agreement).
- Through the *Direction of Investment*, Equity Trust Company, as passive Custodian for the Retirement Account Holder, merely follows the instructions of the Retirement Account Holder.

The undersigned agrees to release, hold harmless and indemnify Equity Trust Company with regard to any claims, liabilities, costs or expenses arising out of the investment and/or any dispute that may occur between the undersigned in the future regarding the investment. Each of the undersigned warrants that the undersigned understands the provisions of this letter and agrees to be bound by the indemnifications contained in Equity Trust Company's Retirement Account *Adoption Agreement* and/or *Custodial Account Agreement* and *Direction of Investment*. Equity Trust Company may rely on this letter for purposes of accepting the Retirement Account of the Holder and his/her investment instructions.

	05/14/2018		
Account Holder's Signature	Date	Custodian's Signature	Date

	05/14/2018
Account Holder's Signature	Date

IMPORTANT: Please Ensure That You Read The Following Disclosures Before You Sign And Date These Documents.

1. Equity Trust Company (Custodian) does not offer any investment advice, nor does it endorse any investment, investment product or investment strategy; and Custodian does not endorse any financial advisor, representative, broker, or other party involved with an investment selected by me. It is my own responsibility to perform proper due diligence with regard to any such representative, financial advisor, broker or other party. Any review performed by Custodian with respect to an investment shall be solely for Custodian's own purposes of determining the administrative feasibility of the investment and in no way should be construed as an endorsement of any investment, investment company or investment strategy. In addition the acceptance of any investment should not be construed as an endorsement of any investment, investment company or investment strategy;

2. This investment is not FDIC insured and may lose value. In addition the investment selected by the undersigned may lack liquidity; may be speculative and involve a high degree of risk; and may result in a complete loss of the investment. Any loss sustained in my Retirement Account will not affect my retirement income standard; and if a mandatory distribution arises, I will have the ability through my IRA and/or other retirement accounts to meet any mandatory distribution requirements.

3. Neither Custodian nor any employee or agent of Custodian has selected or recommended any investment for me; and neither Custodian nor any employee or agent of Custodian has acted as a broker-dealer or salesperson in completing any purchase or sale of an investment of a security for me, except where Custodian may purchase or sell a publicly-held security on my behalf, at my own direction through its affiliate that receives a commission for such transaction.

4. Custodian is neither an agent nor a representative of any investment program or other entity in which or with which I may invest; and any salesperson, promoter, financial advisor, broker or other party involved in the purchase or sale of my investment shall be considered my own agent and representative and not the agent or representative of Custodian. Custodian has no duty or responsibility to investigate or make recommendations as to my choice of agent. Custodian shall not be responsible for or bound by any representations, warranties, statements or commitments made by such party.

5. Custodian is acting solely as a passive Custodian to hold Retirement Account assets and in no other capacity, an affiliate may receive a commission in connection with the unsolicited purchase or sale of a publicly-traded security. Custodian has no responsibility to question any investment directions given by me or any appointed financial representative. I further understand that Custodian does not compensate nor receive compensation from the undersigned chosen representative.

6. Custodian shall be under no obligation or duty to investigate, analyze, monitor, verify title to or otherwise evaluate any investment contemplated herein, or to obtain or maintain insurance coverage (whether liability, property or otherwise) with respect to any assets or investment purchased by me. Custodian shall not be responsible to take any action should there be any default with regard to this investment.

7. It is not the responsibility of Custodian to review the prudence, merits, viability or suitability of any investment made by me or to determine whether the investment is acceptable under ERISA, the Internal Revenue Code or any other applicable law. I understand that certain transactions are prohibited in individual retirement accounts and qualified retirement plans under Section 4975 of the Internal Revenue Code. I further understand that the determination of a prohibited transaction depends on the facts and circumstances that surround the particular transaction. Custodian will make no determination as to whether my investment is prohibited.

I further understand that should my Retirement Account engage in a prohibited transaction, my account will incur a taxable distribution as well as possible penalties. I represent to Custodian that I have consulted with my own legal and accounting advisors to ensure that my investment does not constitute a prohibited transaction and that my investment complies with all applicable federal and state laws, regulations and requirements including without limitation that the offering entity or individual is not a disqualified person under IRC 4975 (e) (2), nor a "party in interest" as defined in ERISA section 3 (14). In the event any investment for my retirement account produces taxable income (unrelated or debt financed) pursuant to IRC 511-514, I agree to prepare or have prepared for me, the required 990T tax forms along with a direction of investment authorizing the Custodian to pay taxes from my account. Forms need to be submitted to the Custodian for filing 5 days prior to the date on which they are due.

8. Custodian does not provide legal or tax services or advice with respect to my investment; and the undersigned releases and indemnifies, and agrees to hold harmless and defend Custodian in the event that my investment or sale of assets pursuant to the Direction of Investment violates any federal or state law or regulation or otherwise results in a disqualification, penalty, fine or tax imposed upon the IRA, Custodian or the undersigned.

9. Custodian shall be fully protected in acting upon any instrument, certificate or paper believed to be genuine and to be signed or presented by the proper person or persons whether or not by facsimile or other copy, and Custodian shall be under no duty to make any investigation or inquiry as to any statement contained in any such writing, but may accept the same as conclusive evidence of the truth and accuracy of the statements therein contained.

10. The undersigned represents to Custodian that if my investment is a "security" under applicable federal or state securities laws, such investment has been registered or is exempt from registration under federal and state securities laws; and the undersigned releases and waives all claims against Custodian for its role in carrying out the instructions of the undersigned with respect to such investment. The undersigned acknowledges that the foregoing representation is being relied upon by Custodian in accepting the undersigned's direction of investment and agrees to indemnify Custodian with respect to all costs, expenses (including attorneys' fees), fines, penalties, liabilities, damages, actions, judgments and claims arising out of such investment and/or a breach of the foregoing representation.

11. The undersigned authorizes and directs Custodian to execute and deliver, on behalf of my Retirement Account, any and all documents delivered to Custodian in connection with my investment; and Custodian shall have no responsibility to verify or determine that any such documents are complete, accurate or constitute the documents necessary to comply with this Direction.

12. Custodian shall only be responsible to comply with those investment directions given by the undersigned to purchase, retain and/or sell assets obtainable by Custodian "over-the-counter" or on a recognized exchange or otherwise, including, without limitation, bank deposits, real property, promissory notes and other indebtedness, mortgages, viaticals, securities, interests in partnerships and limited liability companies, accounts receivable, security interests, etc.; provided in each case that the investment may be obtained by Custodian and is compatible with its administrative and operational requirements and framework, as determined by Custodian, in its sole discretion. The undersigned agrees that any documents sent to the undersigned by Custodian in connection with my investment shall be deemed approved by the undersigned, unless written notice to the contrary is received by Custodian within five (5) days after delivery of such documents by Custodian. Custodian has no duty or responsibility to disburse any payment for my investment without my express direction. I agree to furnish Custodian with payment instructions utilizing Custodian's Direction of Investment form. Custodian also has the right not to effect any transaction/investment which it deems to be beyond the scope of its administrative capabilities or expertise. Custodian has no responsibility to forward to me any documents or notifications regarding my investment and I agree that it is my own responsibility to assure delivery of all such notices and documents to me. Custodian shall have no duty or obligation to notify the undersigned with respect to any information, knowledge, irregularities or concerns of Custodian relating to my investment or my financial advisor, broker, agent, promoter or representative, except as to civil pleadings or court orders received by Custodian.

13. Custodian shall use reasonable efforts to acquire or sell investments in accordance with the directions of the undersigned within a reasonable period of time after Custodian has received an investment direction and Custodian shall make reasonable efforts to notify the undersigned if Custodian is unable or unwilling to comply with an investment direction. Custodian shall, subject to the foregoing, remit funds as directed, but has no responsibility to verify or assure that such funds have been invested to purchase or acquire the asset selected by me. The undersigned consents to the fee schedule of Custodian as in effect, as may be modified from time to time. The undersigned understands that valuations of illiquid assets (assets that are not traded on a public exchange) are generally reported at cost, or values provided to us by issuers, program sponsors, Retirement Account owners or estimates of value. These values are only for guidance or reporting purposes and should not be deemed an accurate representation of true fair market value of the asset. Where no readily available market information exists assets may be designated "not available".

14. Custodian's responsibilities and duties shall be limited to those expressly provided herein and under Custodian's IRA Adoption Agreement and/or custodial account agreement as in effect from time to time; and Custodian shall have no liability to the undersigned, whether for negligence, breach of fiduciary duty or otherwise, except for a breach of the terms of this Agreement, the IRA Adoption Agreement, or custodial account agreement of Custodian as may be in effect from time to time.


15. The undersigned agrees to reimburse or advance to Custodian, on demand, all legal fees, expenses, costs, fines and penalties incurred or to be incurred in connection with the defense, contest or prosecution of any claim made, threatened or asserted pertaining to the undersigned's investment through Custodian, including, without limitation, claims asserted by the undersigned, any state or federal regulatory authority or self regulatory organization.

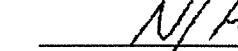
The undersigned releases and indemnifies, holds harmless and defends Custodian from any and all claims, damages, liability, actions, costs, expenses (including, without limitation, attorneys' fees) and responsibility for any loss resulting to the Retirement Account, the undersigned or to any beneficiary or incurred by Custodian, in connection with or by reason of any sale or investment made or other action taken (or omitted to be taken) pursuant to and/or in connection with the above direction or resulting from serving as Custodian hereunder.

My Retirement Account is self-directed and I, alone, am responsible for the selection, due diligence, management, review and retention of all investments in my account. I agree that the Custodian is not a "fiduciary" for my account, as said term is defined in the Internal Revenue Code, ERISA or any other applicable federal, state or local law. I hereby direct the custodian, in a passive capacity, to enact this transaction for my account, in accordance with my adoption agreement.

SIGN & DATE

By signing below you are indicating you have read and understand the attached four (4) pages.


Signature of Account Holder/Beneficiary Date
200370052
Account Number


Signature of Custodian Date



PRIVATE DEBT REPRESENTATION LETTER
(to be completed by Investment Issuer)

1 INVESTMENT INFORMATION			
INVESTMENT NAME Satellite Holdings Company			
INVESTMENT ENTITY ADDRESS 3280 Sunrise Hwy Ste 215			
CITY Wantagh	STATE NY		ZIP CODE 11793
PHONE NUMBER 5162380247	FAX NUMBER	E-MAIL ADDRESS FreeElectric@Live.com	

2 INVESTMENT DOCUMENTATION	
Is there a Private Placement Memorandum, Offering Circular or other Offering Documents issued regarding this Debt Investment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is a Subscription Document, Investment Application or Purchaser Questionnaire required to be completed by the Investor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the answer to either question is "Yes", a copy of each document should be provided with this form to Equity Trust Company.	

3 INVESTMENT REPRESENTATIONS	
I, the General Partner/Managing Member/Officer or Trustee of the above referenced Investment Entity, hereby agree to the following representations on behalf of the Investment Entity (the following representations cannot be altered):	
1.	I represent that the Debt Investment will be correctly titled as follows: Equity Trust Company, Custodian FBO: "Account Holder Name, Account Number, IRA", P. O. Box 451340, Westlake, Ohio 44145;
2.	Upon investment funding, I agree to provide Equity Trust Company with written purchase confirmation such as original promissory notes, debentures, bonds, or other written purchase confirmation;
3.	Investors will be provided with all offering documentation (Private Placement Memorandum, Operating Agreement, LP Agreement, subscription agreements, etc.) with regards to his/her debt investment;
4.	All correspondence including tax forms (if applicable), voting information, or any other documentation will be sent directly by the Investment Entity to the Account Holder's home address and not to Equity Trust Company;
5.	Upon request, the debt instrument will be registered to a successor trustee/custodian or to the investor individually;
6.	I agree to notify Equity Trust Company and investors in writing of any address change, name change, dissolution, or bankruptcy of the Investment Entity.
7.	I warrant that neither this Entity nor the undersigned acting on behalf of the Entity constitutes a "disqualified person" as defined by IRC 4975(e)(2) and that this Entity will not engage in a prohibited transaction, direct or indirect, with any disqualified individual as defined under IRC 4975(e)(2).
8.	I warrant that no Investor will receive any personal benefit from this particular debt investment outside of appreciation of the particular Debt Investment;
9.	I warrant that this Debt Investment complies with all applicable federal, state, and local laws, including any applicable securities regulations;
10.	I warrant that Equity Trust Company is not associated with this Entity or the investments offered, beyond the role of a passive Custodian for investors' accounts.

 General Partner/Managing Member/Officer/Trustee
 John Haas
 Printed Name
 Lance Wren
 Account Holder Name

05/14/2018

 Date (Must be dated)
 President/Director
 Title
 REDACTED

 Account Number

EXHIBIT F.3.

**BURTON W. WIAND, COURT-APPOINTED RECEIVER
FOR OASIS INTERNATIONAL GROUP, LTD. ET AL.**

March 25, 2022

Lance Wren
44 Maple Street
Dallas, PA 18612

Re: Oasis Receivership
Claimant Name: Equity Trust Company Custodian FBO Lance Wren
Claim Number: 773

Dear Claimant:

I am writing to you as the Court-appointed Receiver in the above matter. On March 7, 2022, the Court entered an Order granting my Motion to (1) Approve Determination and Priority of Claims, (2) Pool Receivership Assets and Liabilities, (3) Approve Plan of Distribution, and (4) Establish Objection Procedure (the "Motion"). A copy of this Motion and Order are available on my website at www.oasisreceivership.com. If you are unable to access this website, you may contact Amanda Stephens at astephens@guerraking.com or (813) 347-5120 to request a copy of the Motion and Order.

The Court has approved my recommended determination of the above claim. This determination is set forth in the Exhibits attached to the Motion and is addressed in the body of the Motion. You are strongly urged to review my Court-approved determination of your claim as stated in the Motion and its Exhibits. There are instances where the Court approved my recommendation to either deny a claim or allow a portion of the amount claimed. There are also instances where the claimant is required to take additional action to maintain the claim. For instance, if you submitted your claim through Brent Winters, you are required to complete and return a Personal Verification Form. Also, certain claimants who invested through New Horizon Capital Ventures, Inc. are required to submit a Proof of Claim Form for their respective claim. If you are required to submit any such form, documentation, or additional information, you must do so **no later than April 14, 2022** or your claim may be deemed denied. The Personal Verification Form and Proof of Claim Form are available on the Receiver's website or may be requested through Ms. Stephens.

If you wish to dispute my determination of the above claim, its priority, or the plan of distribution, you **MUST** serve me with a written objection **no later than April 14, 2022**. Your objection must clearly state the nature and basis of the objection and provide all supporting statements and documentation that you wish me and, if we are unable to resolve your objection, the Court to consider. Please also include your claim number, name, and telephone number with your objection.

Failure to properly and timely serve an objection to the determination of your claim, its priority, or plan of distribution shall permanently waive your right to object to or contest the determination of your claim, its priority, and plan of distribution and your final claim

amount shall be set as the Allowed Amount determined by me and approved by the Court as set forth in the Exhibits attached to the Motion.

By submitting an objection, you reaffirm your submission to the jurisdiction of the United States District Court for the Middle District of Florida. If you serve an objection, you are entitled to notice of Court filings or proceedings, but only with respect to the adjudication of your particular objection and the claim to which it is directed.

All objections, Personal Verification Forms, Proof of Claim Forms, or other required documentation must be served on me at Burton W. Wiand, as Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N. Westshore Blvd., Suite 1010, Tampa, Florida 33607, and should not be filed with the Court. Proper service may be accomplished by sending your objection, required form, or other documentation by one of the following means: (1) U.S. mail to the above address; (2) facsimile to the above address at (813) 347-5198; or (3) overnight or other express delivery to the above address. Service by mail is completed upon mailing and service by facsimile is completed upon transmission.

I may attempt to settle and compromise any claim or objection subject to the Court's final approval. At such times as I deem appropriate, I will file with the Court: (1) my further determination of a claim with any supporting documents or statements I consider are appropriate; (2) any unresolved objections, with supporting statements and documentation, as served on me by claimants; and (3) any settlements or compromises that I wish the Court to rule upon.

The Court may make a final determination based on the submissions identified above or may set the matter for hearing and, following the hearing, make a final determination. If you dispute my determination of your claim, you will have the burden to prove that your position should prevail. I will provide you notice of the hearing if the Court sets a hearing on your particular objection.

As noted above, the Court approved my proposed plan of distribution, which contemplates interim distributions to be made on a **r r** basis and subject to certain exceptions discussed in the Motion. I intend to file a motion to approve a first interim distribution to investor claimants with allowed claims as soon as practicable after the period for objections has expired and I have had the opportunity to review any objections. I will make every effort to make a prompt distribution. However, depending on the nature of any timely objection I receive, the first interim distribution may be delayed until any objection warranting such delay is resolved.

I have tried to make the claims process as simple and unintrusive as possible. I have carefully considered each claim and believe that all claims have been afforded fair and equitable treatment. Unfortunately, this is not an expeditious process, and I appreciate your patience. I am unable to predict the total that will be recovered, but please know my goal is to maximize the assets collected and the amount of distributions to victim investors.

If you have any questions, please feel free to call or email Ms. Stephens or Larry Dougherty at (813) 347-5100, ldougherty@guerraking.com.

Sincerely yours,



Burton W. Wiand
as Court-Appointed Receiver

Copies Provided To:
Brent Allan Winters

EXHIBIT F.4.

**BURTON W. WIAND, COURT-APPOINTED RECEIVER
FOR OASIS INTERNATIONAL GROUP, LTD. ET AL.**

March 25, 2022

Lance Wren
44 Maple Street
Dallas, PA 18612

Re: Oasis Receivership
Claimant Name: Lance Wren
Claim Number: 774

Dear Claimant:

I am writing to you as the Court-appointed Receiver in the above matter. On March 7, 2022, the Court entered an Order granting my Motion to (1) Approve Determination and Priority of Claims, (2) Pool Receivership Assets and Liabilities, (3) Approve Plan of Distribution, and (4) Establish Objection Procedure (the "Motion"). A copy of this Motion and Order are available on my website at www.oasisreceivership.com. If you are unable to access this website, you may contact Amanda Stephens at astephens@guerraking.com or (813) 347-5120 to request a copy of the Motion and Order.

The Court has approved my recommended determination of the above claim. This determination is set forth in the Exhibits attached to the Motion and is addressed in the body of the Motion. You are strongly urged to review my Court-approved determination of your claim as stated in the Motion and its Exhibits. There are instances where the Court approved my recommendation to either deny a claim or allow a portion of the amount claimed. There are also instances where the claimant is required to take additional action to maintain the claim. For instance, if you submitted your claim through Brent Winters, you are required to complete and return a Personal Verification Form. Also, certain claimants who invested through New Horizon Capital Ventures, Inc. are required to submit a Proof of Claim Form for their respective claim. If you are required to submit any such form, documentation, or additional information, you must do so **no later than April 14, 2022** or your claim may be deemed denied. The Personal Verification Form and Proof of Claim Form are available on the Receiver's website or may be requested through Ms. Stephens.

If you wish to dispute my determination of the above claim, its priority, or the plan of distribution, you **MUST** serve me with a written objection **no later than April 14, 2022**. Your objection must clearly state the nature and basis of the objection and provide all supporting statements and documentation that you wish me and, if we are unable to resolve your objection, the Court to consider. Please also include your claim number, name, and telephone number with your objection.

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By submitting an objection, you reaffirm your submission to the jurisdiction of the United States District Court for the Middle District of Florida. If you serve an objection, you are entitled to notice of Court filings or proceedings, but only with respect to the adjudication of your particular objection and the claim to which it is directed.

All objections, Personal Verification Forms, Proof of Claim Forms, or other required documentation must be served on me at Burton W. Wiand, as Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N. Westshore Blvd., Suite 1010, Tampa, Florida 33607, and should not be filed with the Court. Proper service may be accomplished by sending your objection, required form, or other documentation by one of the following means: (1) U.S. mail to the above address; (2) facsimile to the above address at (813) 347-5198; or (3) overnight or other express delivery to the above address. Service by mail is completed upon mailing and service by facsimile is completed upon transmission.

I may attempt to settle and compromise any claim or objection subject to the Court's final approval. At such times as I deem appropriate, I will file with the Court: (1) my further determination of a claim with any supporting documents or statements I consider are appropriate; (2) any unresolved objections, with supporting statements and documentation, as served on me by claimants; and (3) any settlements or compromises that I wish the Court to rule upon.

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If you have any questions, please feel free to call or email Ms. Stephens or Larry Dougherty at (813) 347-5100, ldougherty@guerraking.com.

Sincerely yours,



Burton W. Wiand
as Court-Appointed Receiver

Copies Provided To:
Brent Allan Winters

EXHIBIT F.5.

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EXPECTED DELIVERY DAY: 04/18/22

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* For International shipments, the maximum weight is 4 lbs.

EP14H July 2013 Outer Dimension: 10 x 5

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PRESS FIRMLY TO SEAL

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OD: 10 x 5



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UNITED STATES DISTRICT
COURT MIDDLE DISTRICT OF
FLORIDA TAMPA DIVISION

COMMODITY FUTURES
TRADING COMMISSION,

Plaintiff,

v.

Case No. 8:19-cv-00886-VMC-SPF

OASIS INTERNATIONAL GROUP
LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE
HOLDINGS COMPANY;
MICHAEL J. DACORTA; JOSEPH
S. ANILE, II; RAYMOND P.
MONTIE, III; FRANCISCO
"FRANK" L. DURAN; and JOHN
J. HAAS,

Defendants,

and

MAINSTREAM FUND SERVICES,
INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC;
LAGOON INVESTMENTS, INC.;
ROAR OF THE LION FITNESS,
LLC; 444 GULF OF MEXICO
DRIVE, LLC; 4064 FOUNDERS
CLUB DRIVE, LLC; 6922
LACANTERA CIRCLE, LLC; 13318
LOST KEY PLACE, LLC; and
4OAKS LLC,

Relief Defendants.



DECLARATION OF Lance Wren

PURSUANT TO 28 U.S.C. 1746(1)

I, Lance Wren, am an adult under no disability, competent to testify to my understanding and state of mind as follows:

1. I make this Declaration on 4/13/22;
2. It is my understanding of the terms of acceptance of funds from the Receivership Trust in the Receivership Case cited above, that my reception of a distribution from the Receiver Burton Wiand (“Receiver” or “Receivership”) does not foreclose the Receiver’s fiduciary duty to me to make more distributions, as the law of fiduciary duty requires;
3. Thus, it is my understanding that any distributions the Receiver gives to me, or causes to be distributed to me, from this Receivership; or that any successor(s) to the Receiver, or that any law firm as representative of the Receiver or the Receivership Trust distributes to me, which does not constitute payment in full of all principal and interest to which law entitles me, less any lawful costs, according to my claim filed at the beginning of this Case, shall require the Receiver to make further distribution(s) to me until the Receiver has distributed to me lawful payment in full under his fiduciary obligation;

I declare under penalty of perjury that the foregoing is a true and correct record of my understanding and state of mind, to the best of my knowledge and belief, respecting my relationship with the Receiver;

Further, Declarant saith not.



Declarant

PERSONAL VERIFICATION FORM

C.F.T.C. v. Oasis International Group, Ltd., et al.

INSTRUCTIONS: The Court-approved instructions governing this claims process required that each Proof of Claim Form be signed by the Claimant or, if the Claimant is not an individual, by an authorized agent of the Claimant. The Claimant must also attest under penalty of perjury that the information, including any information provided by the Receiver, is true and correct. Certain Claimants failed to personally sign their Proof of Claim Forms under penalty of perjury. Personal verification is essential to the integrity of the claims process, and the Receiver is entitled to reject unsigned or otherwise unverified claims. To avoid the outright rejection of unverified claims, the Receiver is allowing these Claimants to verify their claims through this Personal Verification Form. Claimants who failed to personally sign a Proof of Claim Form must complete and serve this Personal Verification Form to Burton W. Wiand, Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N Westshore Blvd., Suite 1010, Tampa, Florida 33607 no later than April 14, 2022. Altered forms will not be accepted. This form should not be filed with the Court. Claimants who have not personally verified their claim and do not return a complete and executed Personal Verification Form to the Receiver within the time specified will not be permitted to participate in distributions of recovered money from the Receivership. If a claim was submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct. If you have any questions regarding this form or whether you are required to submit a Personal Verification Form, you may contact Amanda Stephens at (813) 347-5120 or astephens@guerraking.com.

VERIFICATION


1. State the full name of the Claimant(s) (the person or entity who submitted the claim or who had a claim submitted on his, her, its, or their behalf). _____
Lance Wren

2. Brent Winters is representing me in this Receivership, including my claim to any Receivership assets: Yes _____ No X

3. I confirm and accept the one mailing address provided in my Proof of Claim Form where I authorize the receipt of all future communications relating to my claim, including any possible distribution payment I may be entitled to receive. If you wish to change this address, provide the new address here: _____

It is the Claimant’s sole responsibility to advise the Receiver of any change to this address after submission of this form.

By signing below, I certify under penalty of perjury ~~pursuant to Florida law~~ that I have reviewed the Proof of Claim Form submitted to the Receiver by me and/or on my behalf and that the information provided in this Personal Verification Form and in the Proof of Claim Form is true and correct.

Signature of Claimant: 

Print Name: LANCE WILSON

Date: 4-13-2022

Title (if any): _____

If joint claim:

Signature of Claimant: _____

Print Name: _____

Date: _____

Title (if any): _____

EXHIBIT F.6.

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1004



33607

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PM 3-DAY
SHAVER TOWN, PA
18708
APR 14, 22
AMOUNT

\$8.95

R2305K139866-22

* For International shipments, the maximum weight is 4 lbs.

EP14H July 2013 Outer Dimension: 10 X 5

EXPECTED DELIVERY DAY: 04/18/22

USPS TRACKING® #



9505 5117 9541 2104 5098 18

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PRESS FIRMLY TO SEAL

PRIORITY[®]
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DATE OF DELIVERY SPECIFIED*



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UNITED STATES
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EP14H July 2013

OD: 10 x 5



PS00001000064

UNITED STATES DISTRICT
COURT MIDDLE DISTRICT OF
FLORIDA TAMPA DIVISION

COMMODITY FUTURES
TRADING COMMISSION,

Plaintiff,

v.

OASIS INTERNATIONAL GROUP
LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE
HOLDINGS COMPANY;
MICHAEL J. DACORTA; JOSEPH
S. ANILE, II; RAYMOND P.
MONTIE, III; FRANCISCO
"FRANK" L. DURAN; and JOHN
J. HAAS,

Defendants,

and

MAINSTREAM FUND SERVICES,
INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC;
LAGOON INVESTMENTS, INC.;
ROAR OF THE LION FITNESS,
LLC; 444 GULF OF MEXICO
DRIVE, LLC; 4064 FOUNDERS
CLUB DRIVE, LLC; 6922
LACANTERA CIRCLE, LLC; 13318
LOST KEY PLACE, LLC; and
4OAKS LLC,

Relief Defendants.

Case No. 8:19-cv-00886-VMC-SPF



DECLARATION OF Lance Wren

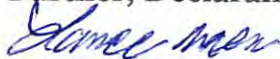
PURSUANT TO 28 U.S.C. 1746(1)

I, Lance Wren, am an adult under no disability, competent to testify to my understanding and state of mind as follows:

1. I make this Declaration on 4/13/22;
2. It is my understanding of the terms of acceptance of funds from the Receivership Trust in the Receivership Case cited above, that my reception of a distribution from the Receiver Burton Wiand (“Receiver” or “Receivership”) does not foreclose the Receiver’s fiduciary duty to me to make more distributions, as the law of fiduciary duty requires;
3. Thus, it is my understanding that any distributions the Receiver gives to me, or causes to be distributed to me, from this Receivership; or that any successor(s) to the Receiver, or that any law firm as representative of the Receiver or the Receivership Trust distributes to me, which does not constitute payment in full of all principal and interest to which law entitles me, less any lawful costs, according to my claim filed at the beginning of this Case, shall require the Receiver to make further distribution(s) to me until the Receiver has distributed to me lawful payment in full under his fiduciary obligation;

I declare under penalty of perjury that the foregoing is a true and correct record of my understanding and state of mind, to the best of my knowledge and belief, respecting my relationship with the Receiver;

Further, Declarant saith not.



Declarant

PERSONAL VERIFICATION FORM

C.F.T.C. v. Oasis International Group, Ltd., et al.

INSTRUCTIONS: The Court-approved instructions governing this claims process required that each Proof of Claim Form be signed by the Claimant or, if the Claimant is not an individual, by an authorized agent of the Claimant. The Claimant must also attest under penalty of perjury that the information, including any information provided by the Receiver, is true and correct. Certain Claimants failed to personally sign their Proof of Claim Forms under penalty of perjury. Personal verification is essential to the integrity of the claims process, and the Receiver is entitled to reject unsigned or otherwise unverified claims. To avoid the outright rejection of unverified claims, the Receiver is allowing these Claimants to verify their claims through this Personal Verification Form. Claimants who failed to personally sign a Proof of Claim Form must complete and serve this Personal Verification Form to Burton W. Wiand, Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N Westshore Blvd., Suite 1010, Tampa, Florida 33607 no later than April 14, 2022. Altered forms will not be accepted. This form should not be filed with the Court. Claimants who have not personally verified their claim and do not return a complete and executed Personal Verification Form to the Receiver within the time specified will not be permitted to participate in distributions of recovered money from the Receivership. If a claim was submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct. If you have any questions regarding this form or whether you are required to submit a Personal Verification Form, you may contact Amanda Stephens at (813) 347-5120 or astephens@guerraking.com.

VERIFICATION

1. State the full name of the Claimant(s) (the person or entity who submitted the claim or who had a claim submitted on his, her, its, or their behalf). _____
Lance Wren

2. Brent Winters is representing me in this Receivership, including my claim to any Receivership assets: Yes _____ No X

3. I confirm and accept the one mailing address provided in my Proof of Claim Form where I authorize the receipt of all future communications relating to my claim, including any possible distribution payment I may be entitled to receive. If you wish to change this address, provide the new address here: _____

It is the Claimant's sole responsibility to advise the Receiver of any change to this address after submission of this form.

By signing below, I certify under penalty of perjury ~~pursuant to Florida law~~ that I have reviewed the Proof of Claim Form submitted to the Receiver by me and/or on my behalf and that the information provided in this Personal Verification Form and in the Proof of Claim Form is true and correct.

Signature of Claimant: *Lance Wren*

Print Name: LANCE WREN

Date: 4-13-2022

Title (if any): _____

If joint claim:

Signature of Claimant: _____

Print Name: _____

Date: _____

Title (if any): _____

EXHIBIT F. .

From: Mary Gura <mgura@guerraking.com>
Sent: Wednesday, March 10, 2021 4:15 PM
To: mulletmountin@yahoo.com
Cc: Maya Lockwood; brentallanwinters@nym.hush.com
Subject: Oasis Receivership - Lance Wren

Follow Up Flag: Copied to Worldox (Client Files\025305\001922\00807204.MSG)
Flag Status: Flagged

Good afternoon Mr. Wren,

On one of the Proof of Claim forms you submitted you checked yes to Question number 16 but you did not provide an explanation. Question number 16 asks the following: Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? __ Yes __ No. If yes, please identify how much or what you received, from whom, and the date it was received.

Please provide an explanation to this question as soon as possible, but no later than 10 days from the date of this email, in order for us to continue processing your claim.

Sincerely,
Mary

Please note that our firm's name and e-mail addresses have recently changed.

Mary E. Gura, FRP
Paralegal
5505 West Gray Street
Tampa, FL 33609
Phone: 813.347.5121
Fax: 813.347.5198
mgura@guerraking.com
www.guerraking.com



EXHIBIT G



On March 7, 2022, the Court entered an Order granting the Receiver's Motion to (1) Approve Determination and Priority of Claims, (2) Pool Receivership Assets and Liabilities, (3) Approve Plan of Distribution, and (4) Establish Objection Procedure (the "Motion"). Copies of the Motion and Order are available at www.oasisreceivership.com. The next steps in this claims process are as follows:

- On or about March 25, 2022, the Receiver will mail each claimant (and counsel, if applicable) a letter with detailed instructions. The Receiver will post a notice on the Receivership website once the letters have been mailed.
- If you do not receive a letter within a few days of the mailing date, you may contact the Receiver's professionals for assistance (astephens@guerraking.com).
- **Please review the information in the letter carefully.** The letter will contain the claim number for the referenced claimant. You should receive a letter for each claim you submitted. Take note of the claimant name(s) and your claim number(s) and review the Receiver's Court-approved determination of your claim(s), as set forth in the exhibits to the Motion. Claims have been approved in full, approved in part, and denied. **Many claims have been approved but require additional information or documents before the claimants can participate in any distributions.** Please visit the Receivership website for links to the exhibits with the claim determinations.
- As explained more fully in the Motion and letter, if you agree with the Receiver's Court-approved determination of your claim(s), and you have not been instructed to provide any additional information or documents, you need not take any further action.
- If you have been instructed to provide additional information or documents, please do so as soon as possible, as set forth in the Motion and letter. Many claimants will be required to complete a Personal Verification Form (also available on the Receivership website). **Failure to complete the form will result in a claimant's disqualification from participating in distributions of assets.**
- If you object to the Receiver's Court-approved determination of your claim(s), you must submit a written objection in accordance with the procedures described in the letter and Motion. All objections must be served on the Receiver within 20 days of the letter's mailing date.
- After the objection deadline, the Receiver will evaluate any objections and work to resolve or litigate those objections. The Receiver's ability to make a first interim distribution of money to claimants with approved claims will be significantly impacted by the number and nature of objections. The Receiver cannot predict a distribution date or amount until any objections have been received and evaluated.

This process of validating the claims is the last step before the Receiver will be able to begin distributions of funds to claimants. Hopefully, this process will proceed smoothly, and the Receiver and his professionals can begin distributions in the not too distant future. For more information, please continue to monitor the Receivership website and the Receiver's interim reports.

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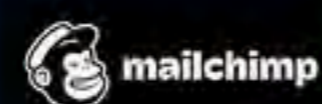


EXHIBIT H



Subscribed Opted in Mar 30, 2020 Originated from List Import from CSV on Mar 30, 2020

caseyutter@gmail.com

Sometimes
Engagement

★★★★☆
Rating

Activity Feed

2022 ▾

All History ▾

8 activities

Dec 12, 2022

✉ Opened the email **Untitled**
09:00 PM ET

✉ Opened the email **Oasis Receivership: Reminder**
08:59 PM ET

May 4, 2022

✉ Opened the email **Oasis Receivership - Michael DaCorta Found Guilty**
10:34 PM ET

✉ Was sent the email **Oasis Receivership - Michael DaCorta Found Guilty**
05:26 PM ET

Apr 13, 2022

✉ Was sent the email **Oasis Receivership: Reminder**
05:06 PM ET

Mar 25, 2022

✉ Opened the email **Untitled**
08:20 PM ET

✉ Opened the email **Untitled**
07:41 PM ET

✉ Was sent the email **Untitled**
05:26 PM ET



Subscribed Opted in Mar 30, 2020 Originated from List Import from CSV on Mar 30, 2020

shelutter@icloud.com

Often
Engagement

★★★★☆
Rating

Activity Feed

2022



All History



25 activities

Sep 5, 2022



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10:52 AM ET

Jul 18, 2022



Clicked a link in the email **Untitled**
08:41 PM ET

May 14, 2022



Clicked a link in the email **Untitled**
09:21 AM ET

Apr 14, 2022



Opened the email **Oasis Receivership: Reminder**
03:45 PM ET



Opened the email **Oasis Receivership: Reminder**
03:14 PM ET



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11:39 AM ET

Apr 13, 2022



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08:15 PM ET



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Apr 12, 2022



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Apr 11, 2022



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Apr 1, 2022



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Mar 31, 2022



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Mar 28, 2022



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Mar 26, 2022



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



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04:04 PM ET



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04:03 PM ET

Mar 25, 2022

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10:31 PM ET
-  Clicked [a link](#) in the email **Untitled**
10:26 PM ET
-  Clicked [a link](#) in the email **Untitled**
10:16 PM ET
-  Clicked [a link](#) in the email **Untitled**
10:09 PM ET
-  Clicked [a link](#) in the email **Untitled**
08:53 PM ET
-  Opened the email **Untitled**
08:53 PM ET
-  Clicked [a link](#) in the email **Untitled**
08:53 PM ET
-  Was sent the email **Untitled**
05:26 PM ET



Subscribed Opted in Mar 30, 2020 Originated from List Import from CSV on Mar 30, 2020

parkerutter@me.com

Sometimes
Engagement

★★★★☆
Rating

Activity Feed

2022

All History

7 activities

May 4, 2022



Opened the email [Oasis Receivership - Michael DaCorta Found Guilty](#)
05:30 PM ET



Was sent the email [Oasis Receivership - Michael DaCorta Found Guilty](#)
05:26 PM ET

Apr 20, 2022



Opened the email [Oasis Receivership: Reminder](#)
07:17 PM ET

Apr 13, 2022



Opened the email [Oasis Receivership: Reminder](#)
07:31 PM ET



Was sent the email [Oasis Receivership: Reminder](#)
05:06 PM ET

Mar 25, 2022



Opened the email [Untitled](#)
05:28 PM ET



Was sent the email [Untitled](#)
05:26 PM ET



Subscribed Opted in Mar 30, 2020 Originated from List Import from CSV on Mar 30, 2020

mulletmountin@yahoo.com

Sometimes
Engagement

★★★★☆
Rating

Activity Feed

2022

All History

5 activities

May 4, 2022



Opened the email **Oasis Receivership - Michael DaCorta Found Guilty**
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Was sent the email **Oasis Receivership - Michael DaCorta Found Guilty**
05:26 PM ET

Apr 13, 2022



Was sent the email **Oasis Receivership: Reminder**
05:06 PM ET

Mar 25, 2022



Opened the email **Untitled**
06:26 PM ET



Was sent the email **Untitled**
05:26 PM ET

EXHIBIT I

Oasis Receivership

Burton W. Wiand, as receiver for Oasis International Group, Ltd. and related entities (the "Receiver"), reminds claimants that Personal Verification Forms must be submitted to the Receiver and his professionals by tomorrow – April 14, 2022. Investors are cautioned to review their [claim determinations](#) carefully. Claimants should not assume they are exempt from submitting a Personal Verification Form simply because their claim(s) were approved in full or approved in part. Many claim determinations contain the following language: "Before participating in any distribution, this claimant must also execute and submit the Personal Verification Form, as defined and explained in the motion, within the time specified by the Objection Procedure, and in accordance with that procedure." If your claim determination includes this Court-approved instruction, you must complete and return the Personal Verification Form accordingly. If you choose to ignore this Court-approved instruction, you will incur a significant risk of exclusion from any and all distributions of Receivership assets. At present, the Receivership accounts contain approximately \$13 million, and the Receiver is seeking remission of approximately \$8 million from the Department of Justice for a subtotal of \$21 million. In addition, litigation and other efforts are underway to bring more money into the Receivership. Again, if you choose to ignore your obligations in this claims process, you risk recovering nothing. Instead, money that would have been paid in satisfaction of your claim(s) could be paid to other investors who either personally and properly executed their initial proof of claim forms in accordance with the governing instructions, or alternatively, submitted a Personal Verification Form, as required by their claim determinations.

The Personal Verification Form is available [on the Receiver's website](#). The Receiver strongly encourages all claimants to perfect their claims so that they can share in distributions of Receivership assets. To make that process as convenient as possible, the Receiver will accept Personal Verification Forms submitted by email to astephens@guerraking.com, by fax to 813-347-5198, or by mail to Maya Lockwood, Guerra King P.A., 1408 N. Westshore Blvd., Suite 1010, Tampa, FL 33607. The Receiver has been informed that certain individuals are encouraging claimants not to submit the Personal Verification Form. The Receiver believes that advice is unwise and will result in unfortunate outcomes.

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