

IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

SECURITIES AND EXCHANGE )  
COMMISSION, )

Plaintiff, )

v. )

BILLY WAYNE McCLINTOCK )  
individually, and dba MSC )  
HOLDINGS, DIANNE )  
ALEXANDER aka LINDA )  
DIANNE ALEXANDER, )

Defendants, )

MSC HOLDINGS USA, LLC, )  
MSC HOLDINGS, INC., MSC GA )  
HOLDINGS, LLC, )

Relief Defendants. )

CIVIL ACTION FILE

NO. 1:12-CV-04028-SCJ

**PROOF OF CLAIM FORM**

**INSTRUCTIONS**

The purpose of this Proof of Claim Form is to determine whether you have a claim against MSC Holdings USA, LLC, MSC Holdings, Inc., and/or MSC GA Holdings, LLC (“Relief Defendants”) arising from investment with the Defendants.

**If you did not invest with these Defendants and are not owed any money by these Defendants, you may disregard this form.**

You should file this form to report any claim you have against the Defendants. Your claim should include monies paid to these entities for investment purposes (less refunds, distributions, or other offsets). If you paid any monies to the Defendants for any purpose it is very important that you completely and accurately fill out this form and return it with supporting documents **on or before July 22, 2016** to the Court Appointed Receiver in this matter at the following address:

**MSC Holdings – Claim Department  
Cauthorn Nohr & Owen  
212 Church Street  
Marietta, GA 30060**

In calculating the amount of your claim, do not include interest, penalties, punitive damages, attorney’s fees, or similar charges. Only report the amount invested AND the amount you received from the Defendants as evidenced by the checks and wire transfers.

**If you fail to return this form to the Receiver on or before July 22, 2016, the Receiver may seek to disallow all or part of the claim. The Receiver recommends that you return your claim form via certified mail or some other traceable mailing method.**

If your address changes after submitting this form, please notify the Receiver in writing of your new address as soon as possible. It is your responsibility to keep the Receiver advised of your current address.

**CLAIM INFORMATION**

1. Claimant information (fill out a separate form for each claimant):

Name of Individual  
Claimant and participant: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tax ID (FEIN or SSN): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2. The undersigned Claimant holds a claim in the amount of \$\_\_\_\_\_ against the Defendants (funds paid to the Defendants less funds received from the Defendants).

3. Basis for Claim. Please write on the lines provided the details of all General Performance Agreements entered into with any of the Defendants. If you have more than one General Performance Agreement please detail each agreement. The details you provide should include any funds paid to and received from any of the Defendants.

**General Performance Agreement 1:**

Names of Parties: \_\_\_\_\_

Investment Amount: \_\_\_\_\_

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

Subsequent Investment Amounts paid to the Defendants via check or wire transfer: \_\_\_\_\_

Date(s) of Subsequent Investment \_\_\_\_\_

Interest Received on Investment: \_\_\_\_\_

Date(s) Interest Paid on Investment: \_\_\_\_\_

**General Performance Agreement 2:**

Names of Parties: \_\_\_\_\_

Investment Amount: \_\_\_\_\_

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

Subsequent Investment Amounts  
paid to the Defendants via check  
or wire transfer: \_\_\_\_\_

Date(s) of Subsequent Investment: \_\_\_\_\_

Interest Received on Investment: \_\_\_\_\_

Date Interest Paid on Investment: \_\_\_\_\_

**IMPORTANT: ATTACH COPIES OF ALL CHECKS, MONEY ORDERS, BANK TRANSFERS, WIRE TRANSFERS, ETC. THAT YOU MADE PAYABLE TO ANY OF THE DEFENDANTS EVIDENCING THE AMOUNTS YOU INVESTED. ALSO PROVIDE COPIES OF ALL GENERAL PERFORMANCE AGREEMENTS AND CORRESPONDENCE RECEIVED FROM ANY OF THE DEFENDANTS.**

4. Who referred you and/or introduced you to any of the Defendants?

\_\_\_\_\_

5. To the extent you withdrew any portion of your investment or received any money from the Defendants or related entities, whether as a distribution of “investment returns” or as return of principal, please identify all withdrawals and

payments by date and amount and attach copies of any checks, wire transfer receipts or other documents which evidence such payments:

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6. In making this claim, Claimant hereby affirms, under penalty of perjury<sup>1</sup>:

a. That the amounts claimed herein are true and correct;

b. That the claim amount set forth herein is the principal amount invested by the undersigned, less any amounts received from the Defendants and does not include any interest, earnings or returns; and

c. The claim amount set forth above is the net amount owed after crediting all offsets, credits and payments received by the undersigned.

This \_\_\_\_ day of \_\_\_\_\_, 2016.

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Signature

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Printed Name

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Title (if Corporation)

**NOTE: CLAIM FORM MUST BE RECEIVED ON OR BEFORE JULY 22, 2016. YOU MUST SIGN AND DATE YOUR CLAIM FORM FOR IT TO BE COMPLETE.**

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<sup>1</sup> *Penalty for presenting fraudulent claim: Fine of up to \$50,000 or imprisonment for up to 5 years, or both 18.U.S.C. § 152.*