RECEIVERSHIP OF CREDIT NATION CAPITAL, LLC PROOF OF CLAIM

This Proof of Claim form is for use by investors and creditors of Credit Nation Capital, LLC ("Credit Nation") and its affiliated entities and predecessors, including Credit Nation Lending Services, LLC, Credit Nation Auto Sales, LLC and American Motor Credit, LLC. Use this form to identify and quantify claims against Credit Nation. You should complete a separate Proof of Claim form for each claim or investment. Attach copies of any documents that support the claim, such as promissory notes, certificates of assignment of life settlement benefits, itemized statements of accounts, contracts and other documents that might be useful in identifying your claims. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment. Please return the completed Proof of Claim with supporting documentation/attachments to Receivership of Credit Nation Capital, LLC, 1600 Parkwood Circle, Suite 400, Atlanta, Georgia 30339 by January 31, 2017.

Part 1: Identify the Claim						
1.	Name of Investor: (please print)					
2.	Has this claim been acquired from	□ No.				
	someone else (other than Credit Nation)?	☐ Yes. From whom?				
3.	Has anyone else filed a Proof of	□ No.				
	Claim for this claim?	☐ Yes. Who made the earlier filing?				
D.		9-2				
	Part 2: Give Information About the Claim					
4.	How much is the claim?	Amount of your investment: \$				
		Accrued, unpaid interest: \$				
		Other: \$				
		Attach statement itemizing interest, fees, expenses, or other claims.				
5.	What is the basis of the claim?	Be specific:				
		□ Promissory Note				
		☐ Life Settlement Policy				
		Name of Insured:				
		□ <i>Other</i> :				
6.	Documentation supporting the	☐ Is attached				
	claim described above:	☐ Has been lost or destroyed				

PLEASE CONTINUE COMPLETING FORM ON REVERSE SIDE

Part 3: Sign Below							
Check the appropriate box:							
☐ I am the creditor							
□ I am th	☐ I am the creditor's attorney or authorized agent.						
□ I am (d	\square I am (other):						
By signing this <i>Proof of Claim</i> , I certify that I gave Credit Nation credit for any payments received toward the debt.							
I have examined the information in this <i>Proof of Claim</i> and declare under penalty of perjury that the foregoing is true and correct.							
	Date	Signati	ıre				
If this form is not completed by the Investor, please identify below who completed and signed the form:							
Name:							
T (dillo.	First Name	Middle Name	I	Last Name			
Address:							
	Street Address			<u> </u>			
Contact:	City		State	Zip			
	Phone		E-Mail				

Return the completed Proof of Claim with supporting documentation by **January 31, 2017** to:

Receivership of Credit Nation Capital, LLC 1600 Parkwood Circle, Suite 400 Atlanta, Georgia 30339