

IN THE CIRCUIT COURT FOR MONTGOMERY COUNTY, MARYLAND

IN RE: *
CMS HOLDINGS GROUP, LLC * Civil Case No. C-15-CV-22-001735
Petitioner * (Lead Case)

IN RE: *
MERCHANT PORTFOLIO * Civil Case No.: C-15-CV-22-002267
MANAGEMENT GROUP, LLC, * (Jointly consolidated under
Petitioner. * C-15-CV-22-001735)

IN RE: *
CMS PROCESSING, LLC * Civil Case No.: C-15-CV-22-004193
Petitioner * (Jointly consolidated under
C-15-CV-22-001735)

PROOF OF CLAIM FOR CMS PROCESSING, LLC

PROOF OF CLAIM IS TO BE FILED WITH COURT – DO NOT FILE WITH RECEIVER

Instructions:

Please read these instructions carefully before filling out this form. This form is for making a claim for payment in the above-referenced Receivership action of CMS Processing, LLC (the "LLC"), jointly consolidated under CMS Holdings Group, LLC. If you already filed a claim against the LLC in CMS Holdings, LLC or Merchant Portfolio Management Group, LLC, do not file another claim against the LLC.

Please type or print clearly in blue or black ink in the boxes below and sign and date on the last page.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents (i.e. social security numbers, account numbers or birth dates). Do not send original documents; they may be destroyed after scanning.

You must complete all applicable fields. Failure to complete necessary fields or include proper supporting documentation may result in a delay of your claim payment or an objection to your claim. If you move or change addresses, it is your responsibility to inform the Court and the Receiver of your new address. Failure to do so may result in a delay of your claim payment.

The deadline for filing a Proof of Claim is April 11, 2023

Once this claim is complete and signed, mail it with the supporting documentation and Certificate of Service to:

Clerk, Circuit Court for Montgomery County, Maryland
50 Maryland Avenue
Rockville, MD 20850

Required Supporting Documentation:

The following documents, as applicable, are required to be attached to this Proof of Claim.

- Copy of Note
Documents identifying property secured by the creditor's claim
Records evidencing all payments made by the creditor to the LLC
Records evidencing all payments made by the LLC to the creditor
Documents evidencing the current balance claimed

Part I: Claimant Identification

1. Who is the current creditor? If the claim is held jointly by two individuals, complete information of both individuals.

Name of Individual (Last, First) or Name of Entity

Name of Second individual, if applicable (Last, First)

Other names the creditor used with claim

2. If this form is completed by the Creditor's attorney or authorized agent, list name and address:

Name of attorney or authorized agent

Title

Company

Contact phone: _____

Number Street Unit #

Contact email: _____

City State Zip Code

3. Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Name

Name

Number Street Unit #

Number Street Unit #

City State Zip Code

City State Zip Code

Foreign Province Foreign Postal Code

Foreign Province Foreign Postal Code

Foreign Country Name

Foreign Country Name

Contact phone: _____

Contact phone: _____

Contact email: _____

Contact email: _____

Contact facsimile number: _____

Contact facsimile number: _____

4. Has the claim been acquired from someone else?

___ No

___ Yes. From whom? _____

5. Does this claim amend one already filed?

___ No

___ Yes Filed on: _____
MM / DD / YYYY

6. Do you know if anyone else has filed a proof of claim for this claim? ___ No ___ Yes. From whom? _____

Part II: Claim

7. Do you have any number used to identify the debtor: No
 Yes. Last 4 digits of account number _____

8. Total amount of claim: \$ _____

9. Total amount of only principal owed: \$ _____ Total amount of interest only owed: \$ _____

10. Interest rate on loan: _____ Fixed Variable

11. What is the basis of the claim? (Examples: Goods sold, money loaned, services performed, lease)

12. Is all of part of the claim secured? No
 Yes. The claim is secured by a lien on a property.

Nature of property:

Real Estate.

Motor vehicle: Describe _____

Other: Describe _____

Basis for perfection: _____

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured \$ _____

13. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

Part III: Sign Below

The person(s) completing this proof of claim must sign and date it.

Check the appropriate box:

I am the creditor

I am the creditor's attorney or authorized agent

Certificate of Truthfulness: Pursuant to Md. Rule 1-311, I, the undersigned, by signing below acknowledge that this constitutes a certification that I have read this document, that to the best of my knowledge, information and belief there is good grounds to support it and that it is not interposed for improper purpose or delay. Further, I solemnly swear or affirm under penalties that the responses hereby given, statements made and attachments are true and accurate to the best of my knowledge, information and belief, and that the undersigned is authorized to make this claim.

Signature: _____

Executed on _____
MM / DD / YYYY

Print Name: _____