

KNOWN INVESTOR ID: \_\_\_\_\_

PIN: \_\_\_\_\_

**\*\*Stretto will provide this directly to Known Investors\*\***

## INVESTOR NOTICE

**IF YOU SUFFERED LOSSES AS A RESULT OF INVESTMENTS WITH ANY OF THE RECEIVERSHIP PARTIES, THEN YOU MAY BE ENTITLED TO RECEIVE PAYMENT FROM FUNDS RECOVERED IN THE HEARTLAND RECEIVERSHIP.**

**IF YOU AGREE WITH THE RECEIVER'S NET TRANSACTION AMOUNT, THEN YOU DO NOT NEED TO SUBMIT A PROOF OF CLAIM FORM.**

**IF YOU DISAGREE WITH THE RECEIVER'S NET TRANSACTION AMOUNT AND/OR DISPUTE ANY TRANSACTIONS DETAILED THEREIN, THEN THE DEADLINE TO SUBMIT YOUR PROOF OF CLAIM IS FEBRUARY 5, 2024, AT 11:59 P.M. (PREVAILING CENTRAL TIME) (THE "BAR DATE"). IF YOU DO NOT SUBMIT YOUR PROOF OF CLAIM ON OR BEFORE THE BAR DATE, THEN YOU WILL NOT HAVE AN OPPORTUNITY TO DISPUTE ANY NET TRANSACTION AMOUNT AND YOUR CLAIM WILL BE PERMANENTLY FIXED AT THE NET TRANSACTION AMOUNT.**

To learn more, read the "Legal Notice" section below.

### **1. Preparing a Proof of Claim**

To be eligible to receive any Court-approved payment from the Receiver on behalf of one or more of the Receivership Parties on account of an allowed claim:

- (a) **If you agree with the Receiver's statement of your Net Transaction amount (as stated in Part II, question 1 of the Proof of Claim form included with this Notice), then you do not need to submit a Proof of Claim form.**

**OR**

- (b) **If you do NOT agree with the Receiver's statement of your Net Transaction amount (as stated in Part II, question 1 of the Proof of Claim form included with this Notice): (i) complete the entire Proof of Claim form; (ii) provide/include documentation supporting your claim; (iii) sign the Proof of Claim under penalty of perjury; and (iv) submit the completed and signed Proof of Claim via one of the methods described in Section 2 below so that the Proof of Claim is actually received by the Receiver's claims agent, Stretto, on or before February 5, 2024, at 11:59 p.m. (prevailing Central Time).**

## 2. How to Submit a Claim

You may submit a Proof of Claim to the Receiver’s claims agent, Stretto, using either of the following methods:

- a) Electronic-Portal Submission: Submit a Proof of Claim via electronic submission utilizing <https://cases.stretto.com/heartland/file-a-claim>.

**OR**

- b) Hard-Copy Submission: Submit a Proof of Claim via overnight mail, courier service, hand delivery, or first-class mail addressed to **Heartland Receivership Claims, c/o Stretto, 410 Exchange, Suite 100, Irvine, CA 92602.**

## 3. Proof of Claim Instructions

### **For Proofs of Claims Submitted by Electronic Portal:**

- (a) Click [\[>>here<<\]](https://cases.stretto.com/heartland/file-a-claim) or copy and paste this URL into your browser:  
<https://cases.stretto.com/heartland/file-a-claim>.
- (b) Fill out your Proof of Claim, upload documentation supporting your claim and click “Submit.”

### **For Proofs of Claim Submitted by Hard Copy:**

For your convenience, enclosed with the notice is a Proof of Claim form. A copy of the Proof of Claim form is also available on the Receiver’s website for this Case at <https://heartlandreceivership.com/claims-process>.

- (i) Complete and sign the proof of claim and include documentation supporting your claim.
- (ii) Submit to the Receiver’s claims agent, Stretto, by overnight mail, courier service, hand delivery or mail addressed to **Heartland Receivership Claims c/o Stretto, 410 Exchange, Suite 100, Irvine, CA 92602.**

<b><u>Claims Procedure Timeline</u></b>	
Claims Bar Date	<b>Monday, February 5, 2024, at 11:59 p.m. Central</b>
Receiver’s Reply, If Necessary	<b>Friday, April 5, 2024</b>

## **LEGAL NOTICE OF CLAIMS PROCEDURE**

*U.S. Securities and Exchange Commission v. The Heartland Group Ventures, LLC, et al.*  
United States District Court for the Northern District of Texas, Fort Worth Division  
Case No. 4-21cv-1310-O-BP

As of December 2, 2021, the Court appointed Deborah D. Williamson as the Court-appointed Receiver for certain Defendants and Relief Defendants (together, the “Receivership Parties”). [The Court approved the Receiver’s proposed Claims Procedure, which will allow investor claimants to file a Proof of Claim Form and, ultimately, receive a distribution from the Receiver if deemed to have an allowed claim.]

**What Do I Have to Do? If you agree with the Receiver’s statement of your Net Transaction amount (as stated in Part II, question 1 of the Proof of Claim form included with this Notice), then you do not need to submit a Proof of Claim form. If you dispute the Receiver’s proposed claim amount, then you must fill out and submit a Proof of Claim in accordance with the instructions set forth in Sections 1 through 3 above. When you fill out the Proof of Claim, you must sign under penalty of perjury that these three (3) things are true:**

1. You transferred to and/or invested funds with one or more of the Receivership Parties;
2. You are not affiliated with any of the Receivership Parties; and
3. You have not already received a return of funds exceeding the amounts you invested with the Receivership Parties.

If you do not meet these three (3) requirements, **DO NOT** submit Proof of Claim.

**Proof of Claim forms must be submitted so as to be actually received by the Receiver’s claims agent, Stretto, on or before February 5, 2024, at 11:59 p.m. (prevailing Central Time). If you do not submit a completed and signed Proof of Claim form by the deadline, then you will not have an opportunity to dispute your Net Transaction Amount.**

### **What Happens if I Submit a Proof of Claim?**

1. The Receiver retains the right to object to any submitted claim.
2. If the Receiver doesn’t object, your submitted claim will be the basis for any proposed distribution.
3. If the Receiver objects to your submitted claim, then the Receiver will provide a response to you, stating her objection and the basis for her objection. You will then have twenty-one (21) days from the date of the Receiver’s response to provide supplemental documentation or otherwise respond to the Receiver. If you fail to submit supplemental documentation within that time frame or if the Receiver still disputes your proposed claim amount, then the Receiver will file a motion with the Court setting out her objection(s) to your submitted claim. You will be served with any such motion and have the ability to file with the Court a response or objection pursuant to the Local Civil Rules for the United States District Court for the Northern District of Texas. The Court will then determine your final claim amount in this Case.

**Technical Support:** For technical support in filling out the online Proof of Claim or submitting supporting documentation, please visit <https://cases.stretto.com/heartland/faqs> for Frequently Asked Questions or contact the Receiver's claims agent at [HeartlandReceivership@stretto.com](mailto:HeartlandReceivership@stretto.com).

You may also obtain information regarding this claims process by:

- Visiting the website for this Case: <https://heartlandreceivership.com/claims-process>.
- Submitting questions by mail to the Receiver at Heartland Receivership, Attn: Deborah D. Williamson, Receiver, Dykema Gossett PLLC, 112 E. Pecan Street, Suite 1800, San Antonio, TX 78205.
- Sending an email to the Receiver at [heartlandreceivership@dykema.com](mailto:heartlandreceivership@dykema.com).



## INVESTOR PROOF OF CLAIM FORM

### PART I – GENERAL INSTRUCTIONS

**IF YOU AGREE WITH THE RECEIVER’S NET TRANSACTION AMOUNT, YOU DO NOT NEED TO SUBMIT THIS FORM.**

**IF YOU DISAGREE WITH THE RECEIVER’S NET TRANSACTION AMOUNT AND/OR DISPUTE ANY TRANSACTIONS HEREIN:**

**To be eligible to receive any payment from the Receivership Parties (as defined below) on account of an allowed claim, you must: complete and return the entire Proof of Claim form and provide documentation supporting your claim to the Receiver’s claims agent, Stretto, so that the Proof of Claim is actually received on or before February 5, 2024, at 11:59 p.m. (prevailing Central Time) by: (a) electronic submission via <https://cases.stretto.com/heartland/file-a-claim>, or (b) overnight mail, courier service, hand delivery, or first class mail addressed to Heartland Receivership Claims, c/o Stretto, 410 Exchange, Suite 100, Irvine, CA 92602.**

### PART II – CLAIMANT IDENTIFICATION

- 1. Name of individual (last, first) or entity submitting the claim (“Claimant”):**

\_\_\_\_\_

- 2. If Claimant is an entity, name (last, first), title and relationship to Claimant of individual completing form on behalf of entity:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

- 3. Claimant Street Address:**

\_\_\_\_\_

\_\_\_\_\_

**City**

**State**

**Zip Code**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Foreign Province**

**Foreign Postal Code**

**Foreign Country Name**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone number                      Alternate Telephone Number      Email address  
\_\_\_\_\_  
\_\_\_\_\_

Please check this box if the address above differs from the Claimant address to which this form was mailed.

Please check this box if payments should be made to a different address and complete the below:

Claimant Payment Address:

\_\_\_\_\_  
\_\_\_\_\_

City    State    Zip Code

Foreign Province                      Foreign Postal Code                      Foreign Country Name

\_\_\_\_\_  
\_\_\_\_\_

Telephone number                      Alternate Telephone Number      Email address  
\_\_\_\_\_  
\_\_\_\_\_

**PART II – CLAIM**

1. Please refer to the Transaction Schedule on Exhibit A attached to this document. The Transaction Schedule provides the following information: (1) the total amount invested by the Claimant with the Receivership Parties; (2) the Receivership Parties in which such investment(s) were made; (3) the total payments/disbursements made to the Claimant from the Receivership Parties; (4) the Receivership Parties from which any payments were made; and (5) the Net Transaction amount (i.e., the total amount invested with the Receivership Parties less any payments made to the Claimant from the Receivership Parties).

**IF YOU AGREE WITH THE RECEIVER’S NET TRANSACTION AMOUNT, YOU DO NOT NEED TO SUBMIT THIS FORM.**

**IF YOU DISAGREE WITH THE RECEIVER’S NET TRANSACTION AMOUNT AND/OR DISPUTE ANY TRANSACTIONS, YOU MUST CONTINUE COMPLETING THIS FORM OR YOU WILL NOT HAVE AN OPPORTUNITY TO DISPUTE THE RECEIVER’S NET TRANSACTION AMOUNT.**

Please identify, by checking the appropriate box(es) below, the Receivership party or parties (collectively, the “Receivership Parties”) against which this claim is asserted:

- THE HEARTLAND GROUP VENTURES, LLC
- HEARTLAND PRODUCTION AND RECOVERY LLC
- HEARTLAND PRODUCTION AND RECOVERY FUND LLC
- HEARTLAND PRODUCTION AND RECOVERY FUND II LLC
- THE HEARTLAND GROUP FUND III, LLC
- HEARTLAND DRILLING FUND I, LP
- CARSON OIL FIELD DEVELOPMENT FUND II, LP

2. What is the Net Transaction amount you believe is owed? \$ \_\_\_\_\_

3. For each investment in a Receivership Party list the date, principal amount of your investment, and the Receivership Party in which you invested. Use separate lines for each investment. If you made more than 10 separate investments, please use the attached Schedule 1 to list those additional investments.

Date of Investment	Principal Amount Invested	Receivership Party In Which You Invested	Check Number / Wire Detail Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



4. For each payment or disbursement you received from a Receivership Party list the date, amount of the payment, and the Receivership Party that provided the payment. Use separate lines for each payment. If you received more than 10 separate payments, please use the attached Schedule 2 to list those additional payments.

Date of Payment	Amount of Payment	Receivership Party that Provided the Payment	Check Number / Wire Detail Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. If you received a referral fee *from* anyone in connection with your investment or otherwise, please identify the referral fee below:

Date of Referral Fee	Amount of Referral Fee	Receivership Party, Entity, or Individual that Provided the Referral Fee
----------------------	------------------------	--

_____	_____	_____
_____	_____	_____
_____	_____	_____

6. If you paid a referral fee *to* anyone in connection with your investment or otherwise, please identify the referral fee below:

Date of Referral Fee	Amount of Referral Fee	Receivership Party, Entity, or Individual that Received the Referral Fee
----------------------	------------------------	--

_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If this Proof of Claim amends or supersedes a previously filed claim, please indicate the specifics in the space below:

- Amends
- Supersedes

Original claim number: \_\_\_\_\_

Filing date of original claim: \_\_\_\_\_

8. If you are aware of another person or entity filing a Proof of Claim on your behalf or that otherwise incorporates the claim asserted in this form, please identify the person or entity filing such a Proof of Claim with contact information (if available) below:

\_\_\_\_\_

\_\_\_\_\_

Please attach to this Proof of Claim documents evidencing an agency relationship to and your legal authority to act on behalf of the Claimant.

**IF YOU DISAGREE WITH THE RECEIVER'S NET TRANSACTION AMOUNT AND/OR DISPUTE ANY TRANSACTIONS, YOUR ONLY OPPORTUNITY TO DISPUTE THE RECEIVER'S NET TRANSACTION AMOUNT IS TO FULLY COMPLETE AND TIMELY SUBMIT THIS FORM.**

**BEFORE SUBMITTING THIS FORM, YOU MUST READ AND SIGN UNDER PENALTY OF PERJURY. FAILURE TO SIGN UNDER PENALTY OF PERJURY WILL RESULT IN A DELAY IN PROCESSING AND/OR THE REJECTION OF YOUR SUBMITTED CLAIM.**

SUPPORTING DOCUMENTATION: Please attach to your Proof of Claim documents (including copies of emails and other electronic data) that support your Proof of Claim. Such documentation may include, but is not limited to: copies of personal checks, cashier's checks, wire transfer advices; account statements, and other documents evidencing the investment or payment of funds; any written contract or agreement made in connection with any investment in or with any Receivership Party or feeder fund; a chronological accounting of all money received by the Claimant from any Receivership Party or feeder fund, whether such payments are denominated as the return of principal, interest, commissions, finder's fees, sponsor payments, or otherwise; copies of all documentation and records reflecting or regarding any withdrawals ever made by or payments received by the Claimant from any Receivership Party; evidence supporting an agency relationship to the Claimant, if applicable, including, for example, documents evidencing power of attorney, appointment as executor, trustee, counsel, or other fiduciary; and any other documents evidencing the amount and basis of the Claim. **DO NOT SEND ORIGINAL DOCUMENTS.** If such documentation is not available, please attach an explanation of why the supporting documents are not available.

Please do **not** submit the following types of materials with a Proof of Claim unless requested by the Receiver: (1) marketing brochures and other marketing materials received from the Receivership Parties; (2) routine or form correspondence received from the Receivership Parties; (3) copies of pleadings on file in any case involving the Receiver or the Receivership Parties; and (4) other documents received from Receivership Parties that do not reflect Claimant specific information concerning the existence or value of a Claim.

VERIFICATION OF CLAIMS: All Proof of Claim Forms submitted are subject to verification by the Receiver. The Receiver reserves any and all rights to: (i) verify all submitted Proofs of Claim; and (ii) object to any submitted Proof of Claim on any and all substantive or administrative grounds. It is important to provide complete and accurate information to facilitate this effort. Claimants must be willing to submit to an interview and may be asked to supply additional information to complete the claims process.

CONSENT TO JURISDICTION: By submitting your Proof of Claim, you consent and submit to the jurisdiction of the United States District Court for the Northern District of Texas, Fort Worth Division for all purposes and agree to be bound by its decisions, including, without limitation, a determination as to the validity and amount of any Claims asserted against the Receivership Parties. In submitting your Proof of Claim, you agree to be bound by the actions of the United States District Court for the Northern District of Texas, Fort Worth Division even if that means your Claim is limited, reduced, or disallowed.

CERTIFICATION OF TRUTHFULNESS: Pursuant to 28 U.S.C. § 1746, I, the undersigned, hereby certify, **under penalty of perjury under the laws of the United States of America**, that: (1) all of the information provided in this Proof of Claim, including all schedules and attachments to the Proof of Claim, is true and correct; (2) that the claimant is authorized to submit this Proof of Claim; (3) that the claimant transferred funds to one or more Receivership Parties and has not already received a return of funds exceeding the amounts invested in the Receivership Parties; and (4) the claimant is not affiliated with any of the Receivership Parties.

Type or print your name here: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Capacity of person(s) signing

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

**Reminder Checklist:**

1. Please sign above under penalty of perjury.
2. Remember to attach documentation supporting your claim, if available. Please explain if you are not able to attach supporting documentation.
3. **DO NOT SUBMIT ORIGINAL DOCUMENTS.**
4. Keep a copy of your submitted claim form and all supporting documentation for your records.
5. If your contact information changes, please send the Receiver updated information.

**INSTRUCTIONS**

**IF YOU AGREE WITH THE RECEIVER'S NET TRANSACTION AMOUNT, YOU DO NOT NEED TO SUBMIT THIS FORM. Your Net Transaction amount will be deemed your allowed claim amount in the Claims Procedure.**

**IF YOU DISAGREE WITH THE RECEIVER'S NET TRANSACTION AMOUNT AND/OR DISPUTE ANY TRANSACTIONS HEREIN:**

On or before **February 5, 2024, at 11:59 p.m. Central** (the "Bar Date"), in order to receive any distribution on an allowed claim in the Heartland Receivership, you must submit your Proof of Claim and documentation supporting your claim to the Receiver's claims agent, Stretto: (1) by electronic submission via **<https://cases.stretto.com/heartland/file-a-claim>**, or (b) overnight mail, courier service, hand delivery, or mail addressed to Heartland Receivership Claims, c/o Stretto, 410 Exchange, Suite 100, Irvine, CA 92602.

**DO NOT SUBMIT YOUR PROOF OF CLAIM VIA EMAIL OR FACSIMILE. PROOFS OF CLAIM FORMS SUBMITTED BY EMAIL OR FACSIMILE WILL NOT BE ACCEPTED. CLAIMS SUBMITTED AFTER THE BAR DATE WILL NOT BE ACCEPTED AND YOU WILL BE DEEMED TO ACCEPT THE RECEIVER'S NET TRANSACTION AMOUNT.**



**SCHEDULE 2 – Additional List of Payments**

<b>Date of Payment</b>	<b>Amount of Payment</b>	<b>Receivership Party or Entity that Provided the Payments</b>	<b>Check Number / Wire Detail Information</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EXHIBIT A**

**TRANSACTION SCHEDULE**

***\*\*Stretto will provide directly to Known Investors\*\****