

**DISTRICT COURT CLARK COUNTY NEVADA**

**PROOF OF CLAIM**

IN THE MATTER OF:

Case No. A-14-709484-P

BUSINESS, VN, INC., a Nevada Corporation

Department IX

**1A. NAME AND ADDRESS OF CLAIMANT**

Name

Business Entity

Street Address

City, State Zip Code

Telephone Number

Email

Tax ID or SSN (Primary Claimant)

Tax ID or SSN (Co-Claimant)

**1B. KNOWN ALIASES OF CLAIMANT**

Aliases

**2. PENDING LEGAL ACTION**

Please provide date commenced, court and case number.

**3A. TOTAL AMOUNT OF CLAIM SINCE 5/6/2015**

\$ \_\_\_\_\_

Provide Details in Section 3b,c.

**3B. DATE & AMOUNT OF MONEY OR SERVICES PROVIDED SINCE 5/6/2015**

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**3C. DATE & AMOUNT OF ANY DISTRIBUTIONS OR PAYMENTS RECEIVED SINCE 5/6/2015**

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**ADMIN USE ONLY - DO NOT WRITE IN THIS BOX**

**DATE RECEIVED STAMP**

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**4A. BASIS OF CLAIM**

- Goods Sold
- Services Performed
- Money Loaned
- Taxes
- Wages, Salaries, or Compensation (explain below)
- Other (explain below)

Explanation from Above:

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**4B. ATTACH SUPPORTING DOCUMENTATION**

Please attach copies of supporting documents, such as cancelled checks (front and back), account ledgers, bank statements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, evidence of lien perfection, etc. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, please explain through attaching a narration to this claim form.

**4C. DATE STAMPED COPY**

To receive an acknowledgment of the filing of your Proof of Claim form, enclose a stamped, self-addressed envelope and copy of this Proof of Claim form when filing your original Proof of Claim.

**5. SIGNATURE AND DATE**

Please sign and print your name, title, if any, and date of all claimants or other persons authorized to file this claim. If the signer is not the claimant, please attach copies of the appropriate documents (power of attorney, death certificate, or other documents as needed). **BY SIGNING YOUR NAME BELOW, YOU ATTEST, UNDER THE PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED IN THIS CLAIM FORM IS ACCURATE TO THE BEST OF YOUR KNOWLEDGE.**

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Claimant Printed Name

\_\_\_\_\_  
Claimant Date

\_\_\_\_\_  
Claimant Title

\_\_\_\_\_  
Co-Claimant Signature

\_\_\_\_\_  
Co-Claimant Printed Name

\_\_\_\_\_  
Co-Claimant Date

\_\_\_\_\_  
Co-Claimant Title

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**INSTRUCTIONS FOR COMPLETING THE PROOF OF CLAIM FORM****GENERAL INFORMATION**

On January 20, 2023 the District Court Clark County Nevada appointed Geoff Winkler of American Fiduciary Services, LLC, as a Successor Receiver, to take charge of the receivership estates for Blockchain Industries Inc. (a/k/a Ketcher Industries LLC, a/k/a Business, VN, Inc.) by close of business on January 27, 2023.

Since then, the Successor Receiver has been working with the former receiver, analyzing data, communicating with relevant parties, and developing the claims process. Although that process is not complete, the Receiver is holding funds to make a distribution to claimants. **If your proof of claim is not received by April 15, 2024, you will lose your right to receive any distributions from the Receiver or the receivership estate and your claim will be barred.**

**WHO MUST FILE A PROOF OF CLAIM FORM?**

You must file a Proof of Claim form if you believe that you are owed money by Defendant Blockchain Industries, Inc., Ketcher Industries LLC., or any of its subsidiaries and affiliates (collectively, the "receivership entities"), arising out of or based upon (a) any investment with, through, or in the receivership entities; (b) any interest in the receivership entities or any of its assets or any claim against the receivership entities or any entity under its control based on primary, secondary, direct, or indirect, secured, or unsecured, or contingent liabilities; or (c) any claim of any sort against the receivership entities or any entity under its control whether such claim is based upon contract, tort, contributions, indemnity, reimbursement, subrogation theories or other legal or equitable theory. If you are both an investor and creditor or are an investor with or through more than one of the receivership entities, you must file a single Proof of Claim form for all claim(s) or interests(s) you allege to have against the receivership entities, collectively and individually. Note that failure to submit a signed Proof of Claim form and supporting documentation, will result in the denial of your claim.

**CONSENT TO JURISDICTION OF THE COURT AND THE CONSEQUENCES THEREOF:**

If you submit a Proof of Claim form in this case, you consent to the jurisdiction of District Court Clark County Nevada ("District Court") for all purposes, agree to be bound by its decisions, including a determination, among other things, as to the validity and amount of your claim against the receivership entities, or other persons as identified above. In submitting a Proof of Claim, you agree to be bound by the actions of the District Court, including the District's Court approval of limiting or denying your claim, if any. By submitting a Proof of Claim, you further agree that your participation in any distribution of the receivership estate may exclude or prevent you from pursuing any other remedies.

**WHERE MUST THE PROOF OF CLAIM FORM BE SENT?**

The completed Proof of Claim form, along with all supporting documentation, must either be (1) completed and sent by email (bciclaims@americanfiduciaryservices.com); or (2) mailed to the address below. Do not do both or it will result in duplicate claims. Claims submitted by mail can be mailed to:

Geoff Winkler, Receiver  
c/o Blockchain Industries Claims  
PO Box 4364  
Portland, OR 97208-4364

**WHAT IS THE DEADLINE TO FILE THIS PROOF OF CLAIM FORM?**

The Proof of Claim form **must be received by the Receiver** no later than April 15, 2024. Please note that any late filed claim will be objected to and denied in its entirety.

**SUPPORTING DOCUMENTS.**

You must attach to the Proof of Claim form, copies of all documents that show that the receivership entities owe the debts or amounts claimed. If supporting documents are not available, you must attach an explanation of why they are not available. Failure to provide such documents may result in the denial of your claim.

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**INFORMATION ON COMPLETING THE PROOF OF CLAIM FORM****1A. Name and Address of Claimant**

Complete this section giving the name, business entity, address, and telephone number, email and tax ID or Social Security Number of the claimant and, if applicable, co-claimant to whom the receivership entities allegedly owes money. This information is required and your claim may be objected to if it is incomplete.

**1B. Known Aliases of Claimant**

Please list any known aliases of the claimant or co-claimant if used in business with the receivership entities.

**2. Pending Legal Action**

If you have commenced legal action against the Company, provide the details of said legal action here. Attach any additional pages of description and supporting documentation. Also, please provide any information regarding court judgments obtained against any of the above captioned defendants.

**3A. Total Claim Amount as of 5/6/2015**

Please provide the total amount of your claim, which should be calculated as the total amount sent to the receivership entities less the total amount you received back from the receivership entities.

**3B. Date & Amount of Money or Services Provided Since 5/6/2015**

Please provide the dates and amounts of any money or services that were provided to the receivership entities since 5/6/2015. Please attach an additional sheet if necessary.

**3C. Date & Amount of any Distributions or Payments Received Since 5/6/2015**

Please provide the dates and amounts of any distributions or payments you have received from the receivership entities since 5/6/2015.

**4A. Basis of Claim**

Please check the box that most accurately describes the basis for your claim. Please only select one box.

**4B. Attach Supporting Documentation**

Note that in addition to filling out the Proof of Claim form, you must provide supporting documentation evidencing your claim. Supporting documentation may include, but need not be limited to, documents such as canceled checks, bank statements, account ledgers, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, mortgages, security agreements, or evidence of perfection of liens. Furthermore, feel free to provide any additional pages of explanations or narrative discussing your claim and claim amount.

**4C. Date Stamped Copy**

To receive an acknowledgment of the filing of your Proof of Claim form, enclose an additional copy of the Proof of Claim form, along with a self-addressed, stamped envelope when filing the original form.

**5. Signature, Printed Name, Title and Date.**

The claimant, and if applicable, the co-claimant, sign, print their name, list their title(s), if applicable, and insert the date on which you completed and signed the Proof of Claim form. Please note that this form is signed up the penalty of perjury and any fraudulent claims or false information submitted are subject to prosecution.

**Questions?**

Any questions should be directed to the Receiver's office via email: [bciclaims@americanfiduciaryservices.com](mailto:bciclaims@americanfiduciaryservices.com) or via phone: (503) 912-9787.