

## **INVESTOR PROOF OF CLAIM DECLARATION**

**For Investors in Zamindari Capital, LLC; Lexington International Fund, LLC a/k/a Lexington International Fund, Inc.; and Oxford Adams Capital, LLC**

This form is to be submitted by investors who invested in programs offered by Weston Rutledge Financial Services, Inc.; Zamindari Capital, LLC; Lexington International Fund, LLC a/k/a Lexington International Fund, Inc.; and Oxford Adams Capital, LLC (referred to as the "Receivership Companies"). **Important Note: Only those investors who submit this form and do so accurately can become eligible to receive distributions from the recoveries and liquidation of assets of the Receivership Companies.**

**THE BAR DATE FOR INVESTOR CLAIMS IS APRIL 27, 2007. THIS FORM MUST BE SUBMITTED TO THE RECEIVER'S OFFICE (AT THE ADDRESS INDICATED IN NO. 15 BELOW) ON OR BEFORE APRIL 27, 2007. IF YOUR CLAIM FORM IS NOT RECEIVED ON OR BEFORE APRIL 27, 2007 YOU WILL NOT BE ABLE TO SHARE IN DISTRIBUTIONS FROM THE RECEIVERSHIP ESTATE.**

### **INSTRUCTIONS**

Instructions for completing this form (Please read these instructions carefully and follow them closely):

1. You must complete and submit a separate Investor Proof of Claim Declaration form for each "account" that you maintained with each of the Receivership Companies. If you need additional copies of the form, please photocopy this form or print additional copies from the Receiver's website [www.westonrutledgereceiverships.com](http://www.westonrutledgereceiverships.com).
2. Complete all sections of this form and provide copies of all supporting documents such as check copies (front and back), wire transfer documents, bank statements, and correspondence that show the amounts you invested and any funds you received back with respect to your investment. Please note:
  - You must mail your completed to us with your original signature and copies of supporting documents—please do not send it by e-mail.
  - Do not send your original records to the Receiver.
  - You do not need to submit copies of contracts, program descriptions or account statements at this time; do keep all documents relating to your investment for your records because we may need copies at a later time.
3. Initial each page of the documents you submit, including this form.
4. If a particular item does not apply to you, write "not applicable." If you do not know the answer to a particular item, write "not known." Please do not leave a question blank.

5. You must certify the accuracy of the Investor Proof of Claim Declaration and sign it under penalties of perjury in the space provided on the final page.
6. The Proof of Claim Declaration must be signed by the person or persons who own or have legal authority over the investment and account with the Receivership Companies.
  - If you are signing on behalf of another person (e.g. pursuant to a power of attorney) or on behalf of an entity (e.g., as an officer), you must provide the Receiver with documentation (e.g., a copy of the power of attorney) to show that you have the authority to file this claim on behalf of the other person or the entity and to bind that person or entity.
7. The Investor Proof of Claim Declaration consists of seven (7) pages, not counting these instructions. If you did not receive all 7 pages, please notify the Receiver at (404) 572-6834, by e-mail at [WestonRutledgeReceiver@pogolaw.com](mailto:WestonRutledgeReceiver@pogolaw.com) or go to [www.westonrutledgereceiverships.com](http://www.westonrutledgereceiverships.com) to reprint these instructions and the form.
8. Please note that claims will be measured in terms of the cash you invested and the cash you received, if any, in connection with your investment. While many of you received payments that may have been characterized as interest or earnings and while you received account statements that appeared to show interest, earnings or appreciation in your investment, the Receiver intends to honor only claims for the amount of cash you invested, net of any cash returns or withdrawals you received, however they may have been labeled. Also, you must list any referral fees, commissions or other compensation paid to you for investors you referred to the Receivership Companies or sales you made.
9. The Receiver reserves the right to request additional information from you.
10. The Receiver may reject any claim that has not been completed accurately, legibly or completely or that is not supported by documentation.
11. In the event that any information provided in this Investor Proof of Claim Declaration changes or becomes inaccurate or incomplete, you are obligated to so advise the Receiver and revise and update your Investor Proof of Claim Declaration. Failure to do so would make your Investor Proof of Claim Declaration inaccurate or misleading. It is your responsibility to notify the Receiver if your address changes.
12. The fact that you have received this Investor Proof of Claim Declaration from the Receiver, or that the Receiver accepts your return of the form, does not constitute a determination by the Receiver that you are in fact an eligible claimant to share in any distributions from the Receivership Estate. The Receiver will review the claims received and compare the information you submit to the

records of the Receivership Companies. Final approval of claims and distributions, if any, are dependent upon the procedures established by, and orders of, the Court. You will receive notice from the Receiver if your claim is rejected or disputed in whole or in part. If the Receiver rejects the validity or amount of your claim, you will be given an opportunity to provide additional information or evidence and to obtain a hearing from the Court.

13. Privacy. The information submitted in this form will only be used to verify claims, for any tax reporting required, to comply with any other legal reporting requirements and for other permissible legal uses regarding your investment and dealings with the Receivership Companies.
14. The Receiver and his attorneys cannot give you personal legal advice concerning your Investor Proof of Claim Declaration; any such advice must come from *your own attorney* or other advisor. Likewise, information communicated by you to the Receiver or his attorneys is not confidential and will be utilized by the Receiver in administering the Receivership Estate, including the resolution of any claim you may make against the Receivership Estate.
15. Upon completion, please sign and return this form and supporting documents to the Receiver addressed as follows:

Thomas S. Richey, Receiver  
Powell Goldstein LLP  
1201 West Peachtree Street  
Fourteenth Floor  
Atlanta, Georgia 30309
16. You do not need to return the instructions with your completed form.
17. Please keep a copy of your completed form for your file.

**INVESTOR PROOF OF CLAIM DECLARATION FORM**

**This is a Claim for an Account with:**  
**(Check only one; Submit separate forms for each company and account)**

- Zamindari Capital, LLC**
- Lexington International Fund**
- Oxford Adams Capital**

**I. INVESTOR INFORMATION** (please print or type)

**a. Your Full Name(s)/Account Name:** \_\_\_\_\_ If this is an IRA Account, Please Check Here \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Business): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

U.S. Social Security or Taxpayer I.D. Number: \_\_\_\_\_

**b. Ownership Information** (if Account is Held Jointly, Through an IRA or as a Fiduciary):

Information on Joint Owners (if any) (Attach Additional Pages if Needed):

Names of Joint Owners, if any: \_\_\_\_\_

Addresses, if Different \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Information of Other Joint Owners, if Different: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

U.S. Social Security or Taxpayer I.D. Number for Joint Owners: \_\_\_\_\_

IRA Accounts:

Custodian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ IRA Account Number: \_\_\_\_\_

Fiduciary Accounts: Type of Fiduciary Relationship (Trustee; Executor; Legal Guardian; Power of Attorney; Other – Describe): \_\_\_\_\_

Name of Fiduciary: \_\_\_\_\_

Names of Beneficiaries (include age for Minors): \_\_\_\_\_

**c. Attorney Information** (if applicable):

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

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**II. INVESTMENT, RETURNS AND CLAIM INFORMATION**

**A. Amount Invested in This Account:**

DATE	AMOUNT	PAYEE/ RECIPIENT (e.g., Zamindari)	PAYOR/ INVESTOR (e.g., your name)	PAYMENT METHOD (wire/check)	SOURCE OF FUNDS (e.g. your bank name & name on the bank account)
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

**TOTAL CASH INVESTED IN THIS ACCOUNT \$** \_\_\_\_\_

**B. Funds Withdrawn By You or Paid in Cash to You from This Account**

DATE	AMOUNT	PAYEE (e.g., you)	PAYOR (e.g., Zamindari)	PAYMENT METHOD (wire/check)	SOURCE OF FUNDS (e.g. Wachovia)
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

**TOTAL CASH WITHDRAWN/RECEIVED \$** \_\_\_\_\_

**C. Transfers from Other Accounts into This Account**

DATE	AMOUNT	TRANSFERRED FROM (e.g., Lexington)	ACCOUNT HOLDER NAME (e.g., your name)
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

TOTAL TRANSFERS FROM OTHER ACCOUNTS INTO THIS ACCOUNT \$ \_\_\_\_\_

**D. Transfers to Other Accounts from This Account**

DATE	AMOUNT	TRANSFERRED TO (e.g., Lexington)	ACCOUNT HOLDER TRANSFERRED ACCOUNT
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

TOTAL TRANSFERS TO OTHER ACCOUNTS FROM THIS ACCOUNT \$ \_\_\_\_\_

**E. Referral Fees, Commissions and Other Payments You Received in Cash**

DATE	AMOUNT	PAYEE (e.g., you)	PAYOR (e.g., Zamindari)	PAYMENT METHOD (wire/check)	INVESTOR FOR WHOM FEE/ COMMISSION PAID
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

TOTAL REFERRAL FEES, COMMISSIONS AND OTHER PAYMENTS YOU RECEIVED IN CASH \$ \_\_\_\_\_

(Use supplemental sheet, if needed, to list all referral fees, commissions and payments)

**F. Money You Borrowed or that were Advanced to You from the Receivership Companies that You have not Repaid**

DATE	AMOUNT BORROWED /ADVANCED	BORROWER (e.g. your name)	LENDER (e.g., Zamindari)	HOW RECEIVED (wire/check)	AMOUNT REPAID	DATE REPAID
	\$				\$	
	\$				\$	
	\$				\$	
	\$				\$	
	\$				\$	
	\$				\$	
	\$				\$	
	\$				\$	
	\$				\$	

**TOTAL MONEY BORROWED/ADVANCED FROM THE RECEIVERSHIP COMPANIES THAT YOU HAVE NOT REPAID \$\_\_\_\_\_**

(Use supplemental sheet, if needed, to report all unpaid loans or advancements)

**G. Amount of claim for This Account**

1. Total cash invested in this account \$ \_\_\_\_\_
2. LESS: Total cash withdrawn /received from this account \$ \_\_\_\_\_
3. **Net Amount of your cash investment in this account** \$ \_\_\_\_\_
4. Total referral fees, commissions and other payments you received in cash\* \$ \_\_\_\_\_
5. Total borrowings/advancements outstanding from the Receivership Companies you have not repaid\* \$ \_\_\_\_\_
6. **I hereby claim this amount** \$ \_\_\_\_\_

**NOTES:**

Do not include accrued interest in your claim. Claims for accrued interest will not be allowed.

\*The Receiver will consider referral fees, commissions and other payments received and any money borrowed or advanced you have not repaid in deciding the amount of your claim to allow.

If the amount of your claim is different from the net cash invested, please explain the difference:

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**III. INFORMATION REGARDING OTHER ACCOUNT(S) AND INVESTMENT(S)**

A. Please identify all other accounts and investments which you made with or through Zamindari Capital, LLC; Lexington International Fund, LLC a/k/a Lexington International Fund, Inc.; Oxford Adams Capital, LLC., or Weston Rutledge Financial Services, Inc.

- Zamindari Capital, LLC**
- Lexington International Fund**
- Oxford Adams Capital**
- Other – Specify \_\_\_\_\_**

Please list your other accounts (including corporate accounts):

<u>Company</u> (e.g. Zamindari)	<u>Investor Name(s)</u>	<u>Account type (Individual, Joint, IRA, Fiduciary)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE: you will need to submit separate Claim Forms for each of these other accounts.**

B. Family Members. If members of your immediate family (parents, siblings, children) invested with or through the Receivership Companies, please list the names of those family members and their relationship to you (Attach Schedule if Needed):

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**NOTE: you or your family members will need to submit separate Claim Forms for each of these other accounts.**

C. Please also check any of the following, if you invested in or through them, own or owned an interest in any of them, or were employed by or represented them:

- |   |   |
|---|---|
| <input type="checkbox"/> Black Pearl Management, Inc.           | <input type="checkbox"/> San Marino Consulting                    |
| <input type="checkbox"/> Business Data Transfer Service, LLC    | <input type="checkbox"/> Santa Fe Trail Group, LLC                |
| <input type="checkbox"/> Champion Partners and Associates, Inc. | <input type="checkbox"/> Santa Fe Travel                          |
| <input type="checkbox"/> Champion Unisource                     | <input type="checkbox"/> Santa Monica, LLC                        |
| <input type="checkbox"/> Charleston Private Equity Fund, LLLP   | <input type="checkbox"/> Santa Fe Leasing                         |
| <input type="checkbox"/> Cortona Construction, LLC              | <input type="checkbox"/> Seven Star Wines of Moldova, Inc.        |
| <input type="checkbox"/> Cortona Construction Homes             | <input type="checkbox"/> Southwest Securities                     |
| <input type="checkbox"/> Currency Fund                          | <input type="checkbox"/> Sparrow Capital                          |
| <input type="checkbox"/> Cycle Country                          | <input type="checkbox"/> St. Augustine Capital, LLLP              |
| <input type="checkbox"/> Equity Link Investments                | <input type="checkbox"/> Triangle Capital LLC                     |
| <input type="checkbox"/> E-Smart                                | <input type="checkbox"/> Unisource Capital LLC                    |
| <input type="checkbox"/> FOREX                                  | <input type="checkbox"/> Waterways Management                     |
| <input type="checkbox"/> Giving Card                            | <input type="checkbox"/> Weston Rutledge & Co., Inc.              |
| <input type="checkbox"/> Kingsfield Trading Co., Inc.           | <input type="checkbox"/> Weston Rutledge Financial Services, Inc. |
| <input type="checkbox"/> Kingsfield Trading Corporation         | <input type="checkbox"/> Other (please specify):                  |
| <input type="checkbox"/> LCB Ministries                         | _____   |
| <input type="checkbox"/> Ledge, LLC                             | <input type="checkbox"/> Other (please specify):                  |
| <input type="checkbox"/> Majestic Capital Management            | _____   |
| <input type="checkbox"/> No Guilt Chocolate                     | <input type="checkbox"/> Other (please specify):                  |
| <input type="checkbox"/> Rivercrest Investments, LLC            | _____   |
| <input type="checkbox"/> Riverview Capital LLC                  |   |
| <input type="checkbox"/> River View Partners, LLC               |   |
| <input type="checkbox"/> Rothenburg Group, Inc.                 |   |
| <input type="checkbox"/> Rusa Cap, Inc.                         |   |

**IV. ADDITIONAL INFORMATION**

A. Please identify the person or persons who spoke to you about your investment, provided information to you about the investment, convinced you to invest, handled your investment, or otherwise caused you to make your investment(s) and/or with whom you dealt with regarding your investments:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

B. Please provide any additional information that may assist the Receiver in his duties, including information regarding how investor funds were used, sources of recovery, names of any persons, in addition to those listed above, who were involved the management or sales at Weston Rutledge, who were involved in the ventures in which investors' funds were spent or who received money from the Receivership Companies (Use a separate sheet if you need additional space):

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**SIGNATURE**

I, the undersigned, declare under penalty of perjury, pursuant to 28 USC § 1746, that the foregoing information provided in this Investor Proof of Claim Declaration and the supporting documents, regarding my investment and any returns I received, are true and correct. I will supplement this Investor Proof of Claim Declaration if any information given herein later becomes, or is determined to be, inaccurate or incomplete.

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

Print Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Reminder checklist:

- Remember to attach copies (not originals) of supporting documentation.
- Initial each page of this Investor Proof of Claim Declaration and each page of your supporting documentation and sign above.
- If you move, please send us your updated contact information.
- If you have questions about completing the form, call 404-572-6834 or e-mail the Receiver at [WestonRutledgeReceiver@pogolaw.com](mailto:WestonRutledgeReceiver@pogolaw.com)