

**IN THE IOWA DISTRICT COURT FOR POLK COUNTY**

<p>STATE OF IOWA, ex rel., DOUG OMMEN, IOWA INSURANCE COMMISSIONER,</p> <p style="text-align: center;">Petitioner,</p> <p style="text-align: center;">v.</p> <p>BECKSTONE PARTNERS, LLC, DESFINED, LLC, AND EAST KING MANAGEMENT, LLC,</p> <p style="text-align: center;">Respondents.</p>	<p>Case No. CVCV067472</p>
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**PROOF OF CLAIM FORM**

**THIS FORM MUST BE COMPLETED BY ALL POTENTIAL CLAIMANTS WHO SEEK A RECOVERY IN THIS MATTER. YOUR CLAIM MAY BE PRECLUDED IF NOT RECEIVED BY THE RECEIVER'S OFFICE ON OR BEFORE OCTOBER 1, 2025. NO EXTENSIONS OF THIS DEADLINE WILL BE GRANTED. FAILURE TO SUBMIT A PROOF OF CLAIM FORM BY THIS DATE WILL FOREVER BAR YOU FROM FILING A PROOF OF CLAIM FORM, AND YOU WILL NOT HAVE ANOTHER OPPORTUNITY TO RECOVER ANY LOSS IN THIS RECEIVERSHIP.**

**ANSWER ALL SECTIONS COMPLETELY** (If additional space is required, please duplicate the page and staple it to this form. If a section does not apply to you please indicate on the form and return ALL pages to the Receiver's office.)

**Section 1 – Purchaser and Contact Information**

**Check all that apply:**    ☐ Beckstone Partners, LLC    ☐ Promissory Note    ☐ Other

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

Primary Purchaser Name: \_\_\_\_\_

Social Security Number (Federal Tax ID): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Alternate Contact/Attorney: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

**Section 2 – Money Invested** \*Please list all payments to Beckstone Partners, LLC and/or DesFined, LLC or related entities. Please list all payments individually by date. Please attach proof of payment hereto and copies of all documents received when the investment was made, such as a signed contract, prospectus, etc.

Check Number, if applicable or description of deposit, for example Wire, ACH, etc.	Date	Qualified, i.e. rolled over from IRA or 401k, OR UNQUALIFIED	PAYEE	AMOUNT

**Section 3 – Payments Received**– Please list any payments made to you or deposited into an account in your name from Beckstone Partners, LLC, DesFined, LLC, East King Management, LLC, or related entities. Please list all payments individually by date. Please attach proof of payment hereto.

CHECK NUMBER, if applicable, or description of payment, for example: Wire, ACH, etc.	Date	Amount

**Section 4 – Additional Information/Questions**

1. Did you claim a loss on your state or federal tax return with regard to your investment with Beckstone Partners, LLC, DesFined, LLC, or related entities? \_\_\_\_ Yes \_\_\_\_ No. If yes, please state the loss amount you claimed, the year claimed and whether state or federal.  

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2. Did you close out an account with Beckstone Partners, LLC, DesFined, LLC, or related entities at any time? If yes, please explain and list any money received.  

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3. Have you received any money from another source other than Beckstone Partners, LLC, DesFined, LLC, East King Management, LLC, or related entities, either during the life of the investment scheme or after Beckstone Partners, LLC, DesFined, LLC, or related entities ceased operating related to your investment with Beckstone Partners, LLC, DesFined, LLC, or related entities. If yes, please explain.  

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4. Have you participated in any lawsuits or legal proceedings related to this case? If yes, please provide the name and case number of the lawsuit or legal proceeding, the name of your attorney and where the lawsuit or legal proceeding is/was pending.  

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5. Have you received any payments or do you expect to receive payment related to this case or another related lawsuit/legal proceeding? If yes, please list where the payment is from, the name of the lawsuit/legal proceeding, if applicable, the amount of the payment and the date the payment was made.  

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6. If you have retained legal representation in this matter, please provide the name, address and telephone number of your attorney.  

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7. Have you ever been employed by Beckstone Partners, LLC, DesFined, LLC, or related entities or served as a subcontractor with business related to Beckstone Partners, LLC, DesFined, LLC, or related entities? \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain.  

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8. Did you sell your investment in Beckstone Partners, LLC, DesFined, LLC, or related entities to a third party?  

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9. Did you sell and receive commissions for selling any Beckstone Partners, LLC, DesFined, LLC, or related entities offerings? \_\_\_\_ Yes \_\_\_\_ No. If yes, please provide the dates of sale and amount of commission received.  

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10. Is there anything else related to the purchase of investments with Beckstone Partners, LLC, DesFined, LLC, or related entities that you would like the Receiver's office to know? \_\_\_\_\_
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### **Section 5 – Signature**

I, THE BELOW SIGNED PURCHASER(S), DO HEREBY STATE, ATTEST, AND DECLARE UNDER PENALTY OF PERJURY, THAT ALL STATEMENTS MADE AND ALL DOCUMENTS PROVIDED RELATED TO MY PROOF OF CLAIM FORM ARE ACCURATE AND TRUTHFUL AND THAT I (WE) HAVE NOT RECEIVED ANYTHING OF VALUE INCLUDING, BUT NOT LIMITED TO, REMUNERATION OR PAYMENTS REGARDING THAT AFORESAID CLAIM THAT ARE NOT HEREIN DISCLOSED. PAYMENTS WILL BE DETERMINED ON THE NUMBER AND DOLLAR AMOUNT OF CLAIMS RECEIVED, THE AMOUNT OF ASSETS RECOVERED BY THE DIVISION, LESS ANY FURTHER EXPENSES INCURRED. ADDITIONALLY, I (WE) ACKNOWLEDGE AND CONSENT TO THE JURISDICTION OF THE IOWA DISTRICT COURT FOR POLK COUNTY.

Purchaser Name (Please print) \_\_\_\_\_

Purchaser Signature \_\_\_\_\_ Date \_\_\_\_\_