

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
CASE NO. 5:15-cv-02387-svw

SECURITIES AND EXCHANGE COMMISSION
vs.
ROBERT YANG, et al., Defendants; and
YANROB'S MEDICAL, INC., et al., Relief Defendants

CLAIM FORM

THIS SPACE RESERVED FOR ADMINISTRATIVE USE ONLY

Note: EB-5 Investors who have received an Investor Claim Letter should not submit this Claim Form unless they dispute the Claim Amount.

Check this box if this claim amends a previously filed claim, dated _____

1. NAME AND ADDRESS OF CLAIMANT

Name

Address

City / State / Zip Code/ Country

If Claimant is an entity, name of contact person for Claimant: _____

Telephone No. of Claimant: _____

Email address of Claimant: _____

Last four digits of Tax I.D. No. or SSN: _____ Account or Reference No: _____

2. CLAIM

2a. Basis of Claim:

- Investment [EB-5 or other]
- Goods Sold
- Services Performed
- Money Loaned
- Taxes
- Wages, salaries or compensation (fill out below)
Unpaid compensation for services performed
from _____ to _____ (dates);
Job Title: _____
- Benefits (attach a detailed explanation)
- Owner, partner, member, equity or other non-EB-5
investment interest (attach a detailed explanation)
- Other (attach a detailed explanation)

2d. Date Claim was Incurred: _____

2e. Total Claim as of March 15, 2017: \$ _____

2f. Identify any other party who you claim may be liable to
you for repayment of your claim:

2g. If Legal Action Pending, Date Commenced, Court & Case No.:

If Court Judgment, Date Obtained: _____

2h. Check this box if your claim includes a security interest.
Attach copies of all security agreements and other
documents that evidence the claim of secured status.

2i. Check this box if claim includes interest or other charges,
such as attorney's fees, lost profits, or late fees in addition to
the principal amount of the claim. Attach itemized statement
of all interest or additional charges.

2b. Which company did you contract with or owes you
money?

Check here if you are a contractor, subcontractor,
material supplier, engineering/design firm or similar for
a project and identify the company that engaged you:

2c. Entity or Project to which your claim relates: [If you
have claims against multiple projects, you must submit
separate Claim Form for each project claim].

- SunCor Fontana LLC SunCor Care Lynwood LLC
- SunCor Hesperia LLC Mentone Project, Redlands
- Other:

3. CLAIMS BAR DATE: You must submit this Claim Form by the Claims Bar Date of **March 15, 2017**. Any and all claims not submitted by the Claims Bar date will be forever barred.

4. Supporting Documents: Investors should attach their subscription agreement or evidence of payment (i.e. wire transfer instructions showing the amount). All other claimants should attach copies of supporting documents, such as canceled checks (front and back), account ledgers, bank statements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of lien perfection. DO NOT SEND

