

EXHIBIT A

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

SECURITIES AND EXCHANGE COMMISSION v. JCS ENTERPRISES INC. d/b/a
JCS ENTERPRISES SERVICES, INC., T.B.T.I, INC., JOSEPH SIGNORE, and PAUL L. SCHUMACK, II.
CASE NO. 14-CV-80468-MIDDLEBROOKS/BRANNON

From:
JAMES D. SALLAH, ESQ., RECEIVER FOR: JCS ENTERPRISES INC. d/b/a
JCS ENTERPRISES SERVICES, INC., T.B.T.I, INC., MY GEE BO, INC.,
JOLA ENTERPRISE, INC., and PSCS HOLDINGS, LLC (collectively, the "Receivership Entities")

PROOF OF CLAIM FORM

As you have been previously informed, the Honorable Donald M. Middlebrooks of the United States District Court for the Southern District of Florida issued an Amended Receiver Order on April 7, 2014 appointing James D. Sallah, Esq. as the Receiver over JCS Enterprises Inc., d/b/a JCS Enterprises Services, Inc. ("JCS") and T.B.T.I. Inc. On April 14, 2014, the Court then expanded the Receivership over My Gee Bo, Inc. ("Gee Bo"). On December 12, 2014, the Court further expanded the Receivership over JOLA Enterprises, Inc. ("JOLA") and PSCS Holdings, LLC ("PSCS"). In a December 12, 2014 Order Reappointing James D. Sallah, Esq. as Receiver, the Court obligated the Receiver to take immediate possession of the Receivership Entities' assets.

The Receiver will ultimately, subject to Court approval, distribute money to investors and other creditors of the Receivership Entities holding allowed claims. The Receivership Court has since issued another Order approving this Proof of Claim Form and fixing the deadline for investors and creditors to submit to the Receiver this claim form. **In order to be eligible to receive a distribution of the Receivership Entities' assets, including, without limitation, the settlement proceeds of actions brought by the Receiver to recover the Receivership Entities' assets, you must complete this Proof of Claim Form (including the sworn oath on the last page) and return it, with the requested documentation, so that it is received on or before 5:00 p.m. on _____, to: Tracy Hyde, Sallah Astarita & Cox, LLC, 2255 Glades Rd, Ste. 300E, Boca Raton, Florida 33431.**

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

IF YOU ARE A PERSON AND/OR ENTITY (collectively, "YOU" or "CLAIMANT") WHO INVESTED WITH, OR ARE A CREDITOR OF, ANY OR ALL OF THE RECEIVERSHIP ENTITIES, YOU ARE A CLAIMANT OF THE RECEIVERSHIP ENTITIES AND YOU MAY BE ELIGIBLE TO RECEIVE MONEY FROM FUTURE COURT-APPROVED DISTRIBUTIONS BY THE RECEIVER. EACH CLAIMANT MUST SUBMIT A SEPARATE AND COMPLETE PROOF OF CLAIM FORM. IF YOU ARE A CREDITOR OF, OR INVESTED WITH, ANY OR ALL OF THE RECEIVERSHIP ENTITIES, YOU MAY BE ENTITLED TO RECEIVE A PAYMENT FROM FUNDS RECOVERED.

EVEN IF YOU BELIEVE YOU ARE NOT ELIGIBLE FOR AN INITIAL DISTRIBUTION, YOU SHOULD STILL FILE A CLAIM NOW TO BE ELIGIBLE FOR ANY SUBSEQUENT DISTRIBUTION.

ANY PERSON AND/OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF FLORIDA PRESIDING OVER THE ABOVE-CAPTIONED CASE FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, AND/OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY OR ASSET. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL CONCERNING SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

IF THIS COMPLETED FORM IS NOT RECEIVED SIGNED UNDER PENALTY OF PERJURY AT THE ABOVE-REFERENCED ADDRESS BY 5:00 P.M. ON _____, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST ASSETS COLLECTED BY THE RECEIVER OR OTHER ASSETS TRANSFERRED TO THE RECEIVERSHIP, INCLUDING, WITHOUT LIMITATION, THE SETTLEMENT PROCEEDS OF ACTIONS BROUGHT BY THE RECEIVER TO RECOVER THE RECEIVERSHIP ENTITIES' ASSETS, AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY MONEY FROM THE RECEIVER.

FAILURE TO FULLY RESPOND TO ANY QUESTION AND/OR TO PROVIDE THE REQUESTED DOCUMENTATION WILL RESULT IN THE RECEIVER'S RECOMMENDATION TO DENY THE PROOF OF CLAIM FORM. ALTERED FORMS WILL NOT BE ACCEPTED.

General Instructions:

On the following pages, you must answer all questions as fully as possible, subject to the following explanatory limitations. If the section is designated "All Claimants," you are required to answer all questions in that section. If the section is designated "Investors Only," and if you are an investor submitting a claim, you are required to answer all questions in that section. If the section is designated "Creditors Only," and if you are a trade creditor or vendor submitting a claim, you are required to answer all questions in that section.

If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." Do NOT write "NA," "N/A" or the like. If the answer to the question is "no" or "none," please answer as such.

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY
IN ORDER FOR THE RECEIVER TO PROCESS YOUR CLAIM.
(PLEASE PRINT OR TYPE)**

I. GENERAL INFORMATION (ALL CLAIMANTS)

1. _____
Claimant's Full Name

2. _____
If you are completing this form on the behalf of the Claimant identified in question 1, please provide your full name and if on behalf of a corporation or other legal entity, your position and/or title. If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, please provide documentation reflecting your legal authority to be able to do so.

3. _____
If the Claimant is a corporation or other legal entity, please write the full names of the entity's officers, directors, members, trustees, partners, shareholders, beneficiaries, and/or any party with an interest in the entity. Please provide a copy of the entity's articles of incorporation or organization, and if a foreign legal entity, proof that the foreign entity has been authorized to conduct business in the State of Florida as a foreign corporation, including the entity's certificate of authority under Section 607.1501 of the Florida Statutes.

4. _____
If this form is being completed on behalf of a corporation or other entity, please provide the employer identification number (EIN) and identify any previous or other name(s) used by the corporation or other entity.

5a. _____
List Claimant’s current address. Please provide one (1) physical address where you authorize the receipt of all future communications relating to this claim, including any possible distribution in the future. It is your responsibility to advise the Receiver of any change to the address after the submission of this form.

5b. _____
List Claimant’s current telephone number. It is your responsibility to advise the Receiver of any change to the phone number after the submission of this form.

5c. _____
List Claimant’s current email address. Please provide one (1) email address where you authorize the receipt of all future communications relating to this claim, including any possible distribution in the future. It is your responsibility to advise the Receiver of any change to the email address after the submission of this form.

5d. _____
Current address of person filling out this form if other than Claimant. Please provide one (1) physical address where you authorize the receipt of all future communications relating to this claim, including any possible distribution in the future. It is your responsibility to advise the Receiver of any change to the address after the submission of this form.

5e. _____
Current telephone number of person filling out this form if other than Claimant. It is your responsibility to advise the Receiver of any change to the phone number after the submission of this form.

5f. _____
Current email address of person filling out this form if other than Claimant. Please provide one (1) email address where you authorize the receipt of all future communications relating to this claim, including any possible distribution in the future. It is your responsibility to advise the Receiver of any change to the email address after the submission of this form.

6. _____
Passport Number or Personal Identification Number, and country where issued. Please provide a complete copy of your passport and if you do not have a current passport, please provide a copy of a valid, state-issued driver’s license or personal identification card with a photograph listing your full name and date of birth.

_____ Date of Birth
(Day/Month/Year)

II. YOUR REQUESTED CLAIM AMOUNT (ALL CLAIMANTS)

7. How much money in total are you requesting as your total claim amount to be reimbursed by the Receiver and explain how you computed that amount?

III. INVESTMENT INFORMATION (INVESTORS ONLY)

8. Did you invest any monies in the Receivership Entities?

_____ Yes _____ No

9. If the answer to question 8 is “Yes,” how much in total did you invest?

Using the tabulation sheets on the next page, please provide information regarding your total investment, or interest, in the Receivership Entities. Please identify the particular Receivership Entity you invested with, date(s) on which payments/investments were made, the amount(s), and the payee (financial institution) to which the payments/investments were made. Attach copies of all investment contracts, agreements, checks, bank statements, credit card statements, invoices, wire transfer confirmations, and other documents relating to your answer. If an individual or an entity made a payment to a Receivership Entity on your behalf, please include such documentation as well. **If you do not have the supporting documentation, your claim will be determined exclusively by the records in the Receiver’s possession to the extent such records are available.**

Receivership Entity	Investment Date(s)	Name of Party that Made the Payment to Receivership Entity	Method of Payment*	Paid To (Financial Institution with Account #)	Amount(s) Paid/ Invested	36-Month or 48-Month Investment Contract

*C = Cash CC = Credit Card CK = Check CCK = Cashier’s Check WT = Wire Transfer

10. If you obtained an interest in the Receivership Entities from another individual, indicate the name, address, phone number, email address and, if possible, the tax identification number and/or personal identification number and country to which he/she pays taxes, of the individual from whom you obtained your interest.

IV. MONIES REDEEMED/REFUNDED/RECEIVED/CHARGEBACKS (INVESTORS ONLY)

11. Have you received a redemption, return, refund, distribution, chargeback, or any other money (regardless of how it was characterized) from the Receivership Entities, any of their principals including Joseph Signore, Paul L. Schumack, II or anyone acting on their behalf, a credit card company or other banking or any financial institution in connection with any or all of your investment(s) identified in questions 7-10?

_____ Yes _____ No

12. If the answer to question 11 is “Yes,” how much in total did you receive back?

13. Have you ever received any other monies or anything else of value from the Receivership Entities, any of their principals including Joseph Signore, Paul L. Schumack, II or anyone acting on their behalf, either as a distribution on your investment or for any other reason, including payments for services, compensation and/or commission payments?

_____ Yes _____ No

14. If you answered “Yes” to either questions 11 or 13, please provide the following information for each receipt, and attach copies of all checks, bank or financial statements, credit card statements (for chargebacks received), wire transfer confirmations, and other documents relating to your answers:

	<u>Date</u>	<u>Amount</u>	<u>Payor and Payee of check/wire/credit card/etc.</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If additional funds were received from the Receivership Entities, any of their principals including Joseph Signore, Paul L. Schumack, II or anyone acting on their behalf, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

15. If you received anything of value other than money from the Receivership Entities, any of their principals including Joseph Signore, Paul L. Schumack, II or anyone acting on their behalf, please identify what you received, from whom, and the date on which you received it:

16. Have you sued, threatened suit, or do you currently have a lawsuit pending against the Receivership Entities and/or their principals Joseph Signore and/or Paul L. Schumack, II; and/or any other third party regarding the Receivership Entities?

_____ Yes _____ No

17. Have you received any monies as the result of the efforts described in question 16?

_____ Yes _____ No

18. If you answered “Yes” to questions 16 or 17, please provide the date you received the recovery, from whom the recovery was received, the total amount of the recovery, and the net amount you received:

	<u>Date</u>	<u>Amount</u>	<u>From Whom Did You Receive the Recovery</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

19. Please identify any and all recoveries, whether monetary or otherwise, that you have received from any person or entity other than the entities or people identified above that relate to, or were a result of your investment in the Receivership Entities. Such recoveries would include, but not be limited to, refunds that you received from agents or others, recoveries from claims and/or lawsuits that you threatened or filed, or any other source. For each recovery, provide the date you received the recovery, from whom the recovery was received, the total amount of the recovery, and the net amount you received:

	<u>Date</u>	<u>Amount</u>	<u>From Whom Did You Receive the Recovery</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

20. If you invested monies in the Receivership Entities and those monies were received from a third-party, identify the third party from whom you received the monies, state the reason the monies were given to you, and attach copies of any cancelled checks, bank account statements, credit card statements, or other documentation confirming the source and amount of such monies:

21. Please identify with specificity the nature and status of any lawsuits, arbitrations, or actions that you have filed, demands that you have made, or other proceedings that you have commenced, against any person or entity, relating in any way to your investment with the Receivership Entities including against (i) financial institutions; (ii) employees, officers, directors, representatives, or shareholders of the Receivership Entities; (iii) brokers, agents, or consultants; (iv) attorneys for the Receivership Entities; (v) credit card companies and/or processing companies (chargebacks); or (vi) any other person or entity:

In addition, please provide:

Name and location of court or forum in which the action was filed: _____

Case or reference number of such action: _____

Name of the attorney and/or firm who filed such action: _____

V. AGENTS/SUB-AGENTS/BROKERS (ALL CLAIMANTS)

22. Were you an agent/sub-agent, broker or recipient of fees, compensation, and/or commissions on behalf of the Receivership Entities, Joseph Signore and/or Paul L. Schumack, II?

_____ Yes _____ No

23. If you indicated “Yes” to question 22, and if you received – or were promised – any fees, compensation and/or commissions from any party (for example, the Receivership Entities; Joseph Signore and/or Paul L. Schumack, II; agents, directors, or officers of the Receivership Entities; or any other person or entity) as a result of securing one or more persons or entities to invest in the Receivership Entities, please identify the amount that you were promised or received, the person(s) who made such promise or payment, the date on which you were promised and/or received it, and the reason you were promised and/or received such amount:

Amount of Fees, Compensation, and/or Commissions Promised or Received	Who Promised or Paid Such Fees, Compensation, and/or Commissions	Date(s) Fees, Compensation, and/or Commissions Paid or Promised	Reason(s) Fees, Compensation, and/or Commissions Were Promised and/or Paid

24. If you indicated “Yes” to question 22, please also identify any investors that you helped bring to invest in (or sell investments for) the Receivership Entities, how much money each investor invested, and how much you received in fees, compensation and/or commissions for each investor, agent and/or other source:

Name of Investor	Amount Invested by Investor(s)	Fees, Compensation, and/or Commissions Promised or Received for each Investor

VI. TRADE OR GENERAL CREDITORS/VENDORS (CREDITORS ONLY)

25. If you were not an investor in the Receivership Entities, indicate how you claim an interest in any distribution by the Receiver (for example, did you provide services to the Receivership Entities for which you have not been paid, etc.):

26. If you were a vendor of, or provided services or goods to, the Receivership Entities, please state: (i) the nature of your claim (i.e., services rendered, goods provided, value provided, etc.); (ii) the date(s) when services were rendered, the goods were provided, or the debt was incurred; (iii) the total amount of your claim; (iv) whether your claim is secured by collateral; and (v) to which Receivership Entity you provided goods, services, or value. Attach copies of all documents supporting same (including invoices, statements, or other documentation that will support the amount being claimed). **If you do not have the supporting documentation, your claim will be determined exclusively by the records in the Receiver’s possession to the extent such records are available.**

27. Have you ever received any monies from the Receivership Entities, any of their principals including Joseph Signore, Paul L. Schumack, II or anyone acting on their behalf, either as payment on account of your claim or for any other reason?

_____ Yes _____ No

28. If you answered “Yes” to either question 27, please provide the following information for each payment, and attach copies of all checks, bank or financial statements, wire transfer confirmations, and other documents relating to your answers:

	<u>Date</u>	<u>Amount</u>	<u>Payor and Payee of check/wire/credit card/etc.</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If additional amounts were received from the Receivership Entities, any of their principals including Joseph Signore, Paul L. Schumack, II or anyone acting on their behalf, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the checks, wire transfers, etc.

29. If you received anything of value or other money not reflected in question 28 from the Receivership Entities, any of their principals including Joseph Signore, Paul L. Schumack, II or anyone acting on their behalf, please identify what you received, from whom, the date on which you received it, and the reason (and please attach copies of all checks, bank or financial statements, wire transfer confirmations, and other documents relating to your answers):

30. Please identify any and all recoveries, whether monetary or otherwise, other than questions 27-29 that you have received from any person or entity other than the entities or people identified above that relate to, or were a result of your services to or goods sold to the Receivership Entities. For each recovery, provide the date you received the recovery, from whom the recovery was received, the total amount of the recovery, and the net amount you received:

	<u>Date</u>	<u>Amount</u>	<u>From Whom Did You Receive the Recovery</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

31. Have you sued, threatened suit, or do you currently have a lawsuit pending against the Receivership Entities, any of their principals including Joseph Signore, Paul L. Schumack, II or anyone acting on their behalf, and/or any other third party regarding the Receivership Entities?

_____ Yes _____ No

32. Have you received any monies as the result of the efforts described in question 31?

_____ Yes _____ No

33. If you answered "Yes" to questions 31 or 32, please provide the date you received the recovery, from whom the recovery was received, the total amount of the recovery, and the net amount you received:

	<u>Date</u>	<u>Amount</u>	<u>From Whom Did You Receive the Recovery</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

34. Please identify with specificity the nature and status of any lawsuits, arbitrations, or actions that you have filed, demands that you have made, or other proceedings that you have commenced, against any person or entity, relating in any way to the services or goods provided to the Receivership Entities:

In addition, please provide:

Name and location of court in which the action was filed: _____

Case number of such action: _____

Name of the attorney and/or firm who filed such action: _____

35. If you obtained your claim against the Receivership Entities from another individual or entity, identify the name, and if applicable, the Social Security number, EIN, or tax identification number of same.

VII. OTHER INFORMATION (ALL CLAIMANTS)

36. _____
Your primary contact person(s) at the Receivership Entities.

37. _____
Any other employees/representatives of the Receivership Entities with whom you dealt.

38. _____
Number of times you visited the offices of the Receivership Entities.

39. _____
Employees or representatives of the Receivership Entities to whom you were introduced when you visited the offices of the Receivership Entities.

40. _____
Person(s) who accompanied you on visits to the offices of the Receivership Entities.

41. _____
Dates on which you visited the offices of the Receivership Entities.

42. _____
Any person(s) or entity that you introduced to the Receivership Entities.

43. _____
Identify the particular Receivership Entity visited or with which you dealt.

44. Please identify with specificity the way in which you came to learn about the Receivership Entities and thereafter invested with or provided services/goods to them, including the person who introduced you to the Receivership Entities, the statements made by that person, any documents provided by that person, meetings you had with the Receivership Entities' employees, information that you relied on, and any other information:

45. Please identify all documents that you received at any time from any person or entity relating in any way to your investment with or services/goods to the Receivership Entities, including documents received from (i) financial institutions in which the Receivership Entities maintained accounts; (ii) employees, officers, directors, representatives, or shareholders of the Receivership Entities; (iii) attorneys for the Receivership Entities; or (iv) any other source:

46. Please identify with specificity any other information that you believe may assist the Receiver in his efforts to locate assets for the benefit of investors and/or creditors of the Receivership Entities:

Again, if you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information.

IN ADDITION TO THE DOCUMENTS DESCRIBED ABOVE, PLEASE PROVIDE ANY DOCUMENTS OR OTHER MATERIAL THAT IS RELATED IN ANY WAY TO YOUR CLAIM REGARDING THE RECEIVERSHIP ENTITIES, INCLUDING COPIES OF YOUR INVESTMENT CONTRACTS, AGREEMENTS, CANCELLED CHECKS, BANK ACCOUNT STATEMENTS SHOWING THE TRANSFER OF FUNDS AND RECEIVED FUNDS, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR INVESTMENT OR SERVICES/GOODS PROVIDED. INCLUDE SUCH COPIES EVEN IF YOU HAVE PREVIOUSLY SUBMITTED SUCH ITEMS TO THE RECEIVERSHIP ENTITIES OR THE RECEIVER.

ONCE AGAIN, IF THIS COMPLETED PROOF OF CLAIM FORM IS NOT RECEIVED BY THE RECEIVER'S OFFICE AT THE ADDRESS SET FORTH BELOW BY 5:00 P.M. ON _____, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE ASSETS COLLECTED BY THE RECEIVER OR OTHER ASSETS TRANSFERRED TO THE RECEIVERSHIP, INCLUDING, WITHOUT LIMITATION, THE SETTLEMENT PROCEEDS OF ACTIONS BROUGHT BY THE RECEIVER TO RECOVER THE RECEIVERSHIP ENTITIES' ASSETS, AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY MONEY FROM THE RECEIVER.

SEND THIS PROOF OF CLAIM FORM WITH SUPPORTING DOCUMENTATION ON OR BEFORE 5:00 P.M. ON _____ TO: **Tracy Hyde, Sallah Astarita & Cox, LLC, 2255 Glades Rd, Ste. 300E, Boca Raton, Florida 33431.**

DECLARATION REQUIRED OF ALL CLAIMANTS:¹

I HEREBY DECLARE under penalty of perjury under the laws of the United States of America that all of the foregoing information contained on this Proof of Claim Form, which includes any attached documentation, is true and correct and that this form was executed on this _____ date of _____, 2017.

Signature of Claimant or of Authorized
Representative of Claimant Completing
Proof of Claim Form.

Print Name

¹ The making of false statements or representations on this claim form may subject the claimant to penalties under United States law.