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*Attorneys for Receiver Jonathan O. Hafen*

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**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF UTAH, CENTRAL DIVISION**

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COMMODITY FUTURES TRADING  
COMMISSION, and STATE OF UTAH  
DIVISION OF SECURITIES, through  
Attorney General Sean D. Reyes,

Plaintiffs,

vs.

RUST RARE COIN INC., a Utah corporation,  
and GAYLEN DEAN RUST, an individual,  
DENISE GUNDERSON RUST, an individual,  
JOSHUA DANIEL RUST, an individual,

Defendants;

and

ALEESHA RUST FRANKLIN, an individual,  
R LEGACY RACING INC, a Utah  
corporation, R LEGACY ENTERTAINMENT  
LLC, a Utah limited liability company, and R  
LEGACY INVESTMENTS LLC, a Utah  
limited liability company.

Relief Defendants.

**SUBMISSION LODGING NONPARTY  
OBJECTIONS TO RECEIVER'S  
CLAIMS REGISTRY**

Civil No. 2:18-cv-00892-TC

Judge Tena Campbell

Magistrate Judge Dustin Pead

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Jonathan O. Hafen, the Court-Appointed Receiver (the "Receiver") for the assets of Rust Rare Coin Inc. ("RRC"), Gaylen Dean Rust, R Legacy Racing Inc., R Legacy Entertainment

LLC, R Legacy Investments LLC, Gaylen Dean Rust, Denise Gunderson Rust, Joshua Daniel Rust, and Aleesha Rust Franklin (collectively, “Receivership Defendants”), hereby lodges all objections timely received by the Receiver’s counsel and not resolved pursuant to this Court’s Order Granting Approval of Claims Objection Resolution Procedures and Claims Bar Date.<sup>1</sup>

On March 27, 2023, the Receiver filed a Notice of Filing Claims Registry Instructions, Claims Bar Date, and Claims Registry.<sup>2</sup> The Receiver also sent those documents to all claimants via first class U.S. Mail, email, and by posting the documents on the Receiver’s website at <https://rustrarecoinreceiver.com> on March 27, 2023. As set forth in the Response Bar Date Notice, the deadline to file any response to the Receiver’s determination was May 17, 2023. The Receiver received approximately 115 responses to the claims registry. Pursuant to the Court’s Order Granting Approval of Claims Objection Resolution Procedures and Claims Bar Date, the Receiver and his team endeavored to reach a consensual resolution with Claimants.<sup>3</sup> The Receiver and his team were able to reach a consensual resolution with the vast majority of the Claimants. The Receiver was unable to come to a resolution with two Claimants.<sup>4</sup> Pursuant to the Order Granting Approval of Claims Objection Resolution Procedures and Claims Bar Date, the Receiver hereby lodges the materials relied upon by the Receiver in objecting to the Claim and the materials submitted by the Claimant with the Response.

### **UNRESOLVED RESPONSES**

The Receiver was unable to resolve two objections that concern seven Claimants. The

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<sup>1</sup> See Dkt. No. 460.

<sup>2</sup> See Dkt. No. 497.

<sup>3</sup> See Dkt. No. 460.

<sup>4</sup> In addition to the claims discussed herein, there are five claims that have not been resolved because they are involved in clawback actions or stayed by the Court.

concerns raised by the responses fall into two separate categories: (1) objections to the classifications and relative priority of claims and (2) objections to treatment of parties who invested through an intermediary. Both of the responses received are summarized below and the Receiver provides his position and the support for his analysis for each of the claims.

**OBJECTIONS TO THE CLASSIFICATION AND RELATIVE PRIORITY OF CLAIMS**

Claims 360 and 361 - Be Part of the Music and Scott Lang

Be Part of the Music, which is owned by Scott Lang, submitted a claim to the Receiver based upon a sponsorship agreement between Be Part of the Music and R Legacy Entertainment.<sup>5</sup> Be Part of the Music alleged it was owed \$359,999.00, which included \$47,499 for September 2018 – November 2018 it had not been paid, and \$312,500 for the remaining term of the contract from December 2018 through December 2020.

After reviewing the claim, the Receiver approved a claim for Be Part of the Music through November 20, 2018, which is when the Receiver furloughed all employees and terminated contracts of Receivership Entities. The claim was reflected as follows in the claims registry:

<b>Claim Number</b>	<b>Claimant Name</b>	<b>Claimed Amount</b>	<b>Allowed Claim</b>	<b>Percent Recovery</b>	<b>Claim Class</b>
CL0360	Be Part of the Music	\$359,999.00	\$42,222.21	0.00%	4

Scott Lang submitted a claim based upon a consulting agreement between Scott Lang and Musicians Toolkit, a dba of R Legacy Entertainment.<sup>6</sup> Scott Lang alleged he was owed \$40,000,

<sup>5</sup> Be Part of the Music's claim, CL0360, is attached hereto as Exhibit 1.

<sup>6</sup> Scott Lang's claim, CL0361, is attached hereto as Exhibit 2.

which constituted \$15,000 of unpaid services for September – November of 2018, and \$25,000 for the remainder of the contract, ending in April 2019.

After reviewing the claim, the Receiver approved a claim for Scott Lang through November 20, 2018, which is when the Receiver furloughed all employees and terminated contracts of Receivership Entities. The claim was reflected as follows in the claims registry:

Claim Number	Claimant Name	Claimed Amount	Allowed Claim	Percent Recovery	Claim Class
CL0361	Scott Lang	\$40,000.00	\$13,333.33	0.00%	4

Mr. Lang and his entity Be Part of the Music objected to the Receiver's handling of their claims because vendors and employees were given the same priority as investors and Mr. Lang and his entity Be Part of the Music will not be paid all payments under the contract with RRC.<sup>7</sup> The response alleges the detrimental effects the loss of the sponsorship had on Be Part of the Music. It also states that "it is disheartening to see that (some) investors are qualified (but will not receive) full compensation while non-investors and employees are cast aside and only eligible for partial compensation."<sup>8</sup>

#### Receiver's Response to Be Part of the Music and Scott Lang's Objections

While the Receiver acknowledges the detrimental effect the Ponzi scheme had on numerous parties, including Be Part of the Music, it does not change the Receiver's analysis. The Court has already ruled on the priority of the class of claims in this matter.<sup>9</sup> Mr. Lang and his

<sup>7</sup> The response form to the Receiver's objections is attached hereto as Exhibit 3.

<sup>8</sup> *Id.*

<sup>9</sup> *See* Order and Memorandum Decision Overruling Objections and Granting Receiver's Motion to Approve Distribution Plan, Dkt. No. 341, filed August 20, 2020.

entity Be Part of the Music did not object to the proposed classes of claims. Additionally, although other parties timely raised the same objections that Mr. Lang and Be Part of the Music now assert, the Court overruled those objections.

The Court found:

Ultimately, the court agrees with the Receiver's view that equity is best served by treating the unsecured creditors and defrauded investors as being part of the same class. On the one hand, it is true that the unsecured creditors were, in some sense, less blameworthy than the defrauded investors. They did not engage in risky behavior like the investors did. On the other hand, the only reason any funds are available to pay the unsecured creditors is because of the unlawful investments Rust Rare Coin obtained. If Rust Rare Coin had simply been a normal enterprise that had gone out of business, the unsecured creditors likely would have had no recovery at all. A recovery is possible here because this was a Ponzi scheme and the Receiver was empowered to claw back distributions made to earlier investors. Accordingly, in some sense, the defrauded investors are subsidizing the recovery of the unsecured creditors.

Additionally, the Receiver notes that if the unsecured creditors were placed in a class below the investors, none of the unsecured creditors would receive any recovery. The Receiver's goal is to ensure that as many victims as possible receive at least some compensation for their losses and this goal is best accomplished by treating unsecured creditors and defrauded investors as part of the same class.

Weighing all of these factors—the relative innocence of the unsecured creditors, the fact that the recovery is built on funds contributed by defrauded investors, and the need to help as many victims as possible—the court agrees with the Receiver that these groups should be treated the same. Accordingly, all of the above objections are overruled.<sup>10</sup>

Mr. Lang and Be Part of the Music waived any objections to the priority of the claims by not raising them in response to the Receiver's prior motion and they present no basis for the Court to change her prior decision on the matter. The Court should overrule the objection regarding claim class priority.

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<sup>10</sup> *Id.* at 7–8.

Mr. Lang and Be Part of the Music are also not entitled to payments for compensation beyond when the Receiver furloughed employees and took control of the assets of the Receivership Entities. Mr. Lang and Be Part of the Music did not provide any consulting services or other value to the Receivership Entities after this date for which they could be entitled to compensation. Additionally, the sponsorship agreement with Be Part of the Music expressly terminated when “Musician’s Toolkit becomes insolvent, ceases to exist with products and/or services intended for the music education marketplace.”<sup>11</sup> This occurred no later than November 20, 2018, when the Receiver furloughed all employees. Based on this, the Receiver approved payment to Mr. Lang and Be Part of the Music through November 20, 2018. The Receiver’s handing of Mr. Lang and Be Part of the Music’s claims should be approved by the Court as consistent with the Court’s previous determinations.

**OBJECTIONS TO TREATMENT OF INTERMEDIARY PARTIES**

Claim 461 – Larry Michael Smith and Rae Ellen Smith

Claim 462 – Camryn C. Broderick

Claim 463 – Tracesa Lavon Eckert

Claim 464 – Brayden Henderson Watson

Claim 465 – Shawn Wyatt Smith

Each of the above-named individuals submitted a claim to the Receiver. Larry Michael Smith and Rae Ellen Smith (“Mike Smith”) submitted a claim for \$1,391.68, asserting they had invested \$142,051.75 and received distributions from RRC of \$140,660.07.<sup>12</sup> Camryn Broderick’s claim stated they paid \$5,000 to Mike Smith, who then invested the \$5,000 with RRC.<sup>13</sup> Camryn stated Mike Smith had the documentation for the \$5,000 investment. Tracesa

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<sup>11</sup> See Exhibit 1, Sponsorship Agreement at section 3.4.

<sup>12</sup> Mike Smith’s claim, CL0461, is attached hereto as Exhibit 4.

<sup>13</sup> Broderick’s claim, CL0462, is attached hereto as Exhibit 5.

Eckert's claim indicated the invested \$20,000 which was "payable to Mike Smith as group investment."<sup>14</sup> Tracesa provided a copy of a check she made out directly to Mike Smith, not to RRC.<sup>15</sup> Tracesa also claimed she received a distribution in the form of a check from Shawn Smith, to whom she allegedly transferred an equal amount of silver.<sup>16</sup> Tracesa claims "this was all done by Mike Smith in group paperwork."<sup>17</sup> Brayden Watson states he invested \$10,000 "through Mike Smith Jr."<sup>18</sup> Brayden also asserts that \$6,000 in payouts were received by Amy Henderson Watson.<sup>19</sup> Finally, Shawn Smith submitted a claim for \$26,500.<sup>20</sup> Shawn stated his investments were made through payments to Mike Smith.<sup>21</sup> Shawn also noted that he invested through his father because Gaylen was no longer accepting small accounts.<sup>22</sup>

After reviewing the claims, it was clear to the Receiver that Mike Smith served as an intermediary with Rust Rare Coin through whom the other claimants invested. Each of the third-party claimants made their payments to Mike Smith, who was the sole person in this group who had a direct relationship with RRC. Additionally, based on the submission, it appears that Mike Smith kept his own group paperwork. Based upon the Court's ruling denying as a matter of law "[c]laims associated with third-party investors who invested in the silver pool through intermediaries,"<sup>23</sup> the Receiver resolved the claims as follows in the claims registry:

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<sup>14</sup> Tracesa's claim, CL0463, is attached hereto as Exhibit 6.

<sup>15</sup> *Id.* at 15.

<sup>16</sup> *Id.* at 4.

<sup>17</sup> *Id.*

<sup>18</sup> Brayden's claim, CL0464, is attached hereto as Exhibit 7.

<sup>19</sup> *Id.* at 4.

<sup>20</sup> Shawn's claim, CL0465, is attached hereto as Exhibit 8.

<sup>21</sup> *Id.* at 3.

<sup>22</sup> *Id.* at 8.

<sup>23</sup> Dkt. no. 375 at 2, filed January 7, 2021.

<b>Claim Number</b>	<b>Claimant Name</b>	<b>Claimed Amount</b>	<b>Allowed Claim</b>	<b>Percent Recovery</b>	<b>Claim Class</b>
CL0461	Larry Michael Smith and Rae Ellen Smith	\$1,391.68	\$1,391.68	98.95%	4
CL0462	Camryn C. Broderick	\$5,000.00	\$0.00	0.00%	4
CL0463	Tracesa Lavon Eckert	\$17,000.00	\$0.00	0.00%	4
CL0464	Brayden Henderson Watson	\$4,000.00	\$0.00	0.00%	4
CL0465	Shawn Wyatt Smith	\$26,500.00	\$0.00	0.00%	4

To Mike Smith, the Receiver provided the following explanation regarding his analysis, informing Mike Smith that based on the books and records of RRC he had invested additional amounts and should revise his claim:

The books and records of Receivership Defendants suggest Claimant may have invested additional amounts. Claimant should consider reviewing and revising their claim. The claim fails to include certain disbursements made to the claimant and reflected in the books and records of Receivership Defendants. The allowed amount reflects the total disbursements made to claimant from Receivership Defendants.

The Receiver informed the other claimants their claims were rejected because the funds they claimed were invested through an intermediary and must be claimed by the intermediary that directly invested the funds:

Pursuant to the Court's Order Sustaining Receiver's Objections to Certain Categories of Claims, Dkt. No. 375, claims for funds invested through an intermediary are not allowed. Such funds must be claimed by the intermediary that directly invested the funds with Receivership Defendants.



Mike Smith submitted a response to the Receiver's objections.<sup>24</sup> Smith, as the intermediary the other claimants invested through, amended his claim to include the amounts previously claimed by the other claimants. Thus, instead of only claiming \$1,391.68, Smith included the \$52,500 he invested directly with RRC as an intermediary for the other claimants. Mike Smith's response was consistent with the Receiver's objections and this Court's prior ruling. After reviewing the Smith's response, the Receiver approved Mike Smith's claim as submitted, giving Mike Smith full credit for all amounts he directly invested with RRC. Because the other claimants did not object to the Receiver's handling of their claims the Receiver did not change his response to their claims:

<b>Claim Number</b>	<b>Claimant Name</b>	<b>Claimed Amount</b>	<b>Allowed Claim</b>	<b>Percent Recovery</b>	<b>Claim Class</b>
CL0461	Larry Michael Smith and Rae Ellen Smith	\$53,891.68	\$53,891.68	68.87%	4
CL0462	Camryn C. Broderick	\$5,000.00	\$0.00	0.00%	4
CL0463	Tracesa Lavon Eckert	\$17,000.00	\$0.00	0.00%	4
CL0464	Brayden Henderson Watson	\$4,000.00	\$0.00	0.00%	4
CL0465	Shawn Wyatt Smith	\$26,500.00	\$0.00	0.00%	4

Although the Receiver approved Mike Smith's claim as amended, Mike Smith objects to

<sup>24</sup> Smith's response is attached hereto as Exhibit 9.

the Receiver's handling of the claims because, given Mike Smith's current percent recovery of 68.87%, it is unlikely Mike Smith will recover additional funds under the Court-approved rising tide methodology.<sup>25</sup> Mike Smith wants the other third-party claimants to be able to claim the funds, even though they invested those funds through Mike Smith as an intermediary, because their percent recovery is at 0% and they would recover funds under the Court-approved rising tide methodology.

Receiver's Response to Mike Smith's Objections

The Receiver does not agree with Mike Smith's continued objections. The Receiver approved Mike Smith's claim as submitted and none of the other claimants submitted objections to the Receiver's handling of their claims. Based upon this alone, Mike Smith's objection should be denied.

Additionally, the Receiver's analysis is consistent with the prior rulings of the Court. Upon receiving over 600 claims, the Receiver objected to various categories of claims.<sup>26</sup> One of the categories of claims the Receiver objected to were claims associated with third-party investors that invested through intermediaries. As the Receiver previously explained:

Although the Receiver recognizes the very real harms suffered by these third-party investors, these are not harms that can be remedied through the Receivership Estate. It would impose enormous administrative burdens on the Estate to evaluate these third-party transactions that are not reflected in the books and records of the Receivership Defendants. The Receiver's forensic accountants would essentially be forced to conduct the same type of analysis of the intermediaries' financial records as they have already conducted of the Receivership Defendants'.

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<sup>25</sup> See Email from Mike Smith, attached hereto as Exhibit 10.

<sup>26</sup> See Motion to Sustain Receiver's Objections to Certain Categories of Claims and to Approve Objection Procedure, dkt. no. 363, filed November 2, 2020.

The Receiver respectfully requests that the claims of third-party investors be denied to the extent such claims are not reflected in the books and records of the Receivership Defendants. The Receiver proposes to calculate the intermediary's allowed claim amount by relying on the books and records of the Receivership Defendants, which would not take into account any contributions from or disbursements to third-party investors. The Receiver notes that third-party investors will not be barred from seeking to recover any losses sustained through the intermediary.<sup>27</sup>

The Court agreed and sustained the Receiver's objections to third-party investors who invested through intermediaries.<sup>28</sup> The court denied as a matter of law "[c]laims associated with third-party investors who invested in the silver pool through intermediaries, to the extent that these claims are not reflected in the books and records of the Receivership Defendants."

The facts of these claims further highlight the sound reasoning of the Court's ruling. The Receiver and his counsel would have been required to conduct the same analysis of the Smith group's records as they already conducted of the Receivership Defendants. Intra-group transfers allegedly occurred between the parties, checks and other payments were made directly to Mike Smith, and distributions were claimed by persons other than those identified as the payee on the check. None of this, however, was reflected in the books and records of RRC. Rather, the records of RRC show the contributions coming in through Mike Smith.<sup>29</sup> For example, Shawn Smith alleges he invested \$26,500 on the following dates:<sup>30</sup>

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<sup>27</sup> Dkt. no. 363 at 10.

<sup>28</sup> Dkt. no. 375 at 2, filed January 7, 2021.

<sup>29</sup> The relevant books and records of RRC are attached hereto as Exhibit 11 and 12.

<sup>30</sup> See Exhibit 8 at 3.

Date	Amount/Value	Type	Additional Notes
5/7/18	\$6,000.00	Bill Pay check	- made out to L. Mike Smith
6/1/18	\$5,000.00	Bill Pay check	- " " "
6/29/18	\$4,000.00	Bill Pay check	- " " "
7/30/18	\$6,500.00	Bill Pay check	- " " "
8/28/18	\$2,000.00	Personal check	- #3197 made out to L. Mike Smith
10/18/18	\$3,000.00	Personal check	- #4065 made out to Tracy Eckert whose shares were transferred to my account. (Both of our accounts under L. Mike Smith)

The records of RRC show deposits that may correspond with four of the checks outlined by Shawn Smith in time and amount, but from checks directly from Mike Smith.<sup>31</sup> Based on Shawn's claim and the records of RRC, no funds were paid directly from Shawn to RRC. The same is true of the other claimants who invested through Mike Smith. The Receiver has approved Mike Smith's claim as submitted. The claimants must resolve their losses and claims internally as an investment group, not through the Receiver.<sup>32</sup>

That the Smith group may recover more money under the Court-approved rising tide methodology if treated in accordance with the group's internal accounting is not a reason to change the Court's prior ruling. The Court's decisions, whatever they may be, will undoubtedly result in real financial impacts for the victims of RRC's Ponzi scheme. The Court, however, established rules that result in efficient and fair determinations and the Receiver has applied these rules to the claims in this matter. To change the rules for only this claimant would be unfair and inequitable, and to change the rules for all claimants would require significant additional work on behalf of the Receiver, Receiver's counsel, and Receiver's forensic accountant. For

<sup>31</sup> See Exhibit 11 at 2023. No payment was received by RRC from Mike Smith for the amount of \$6,500.00.

<sup>32</sup> Dkt. No. 375, at 2 n.3.

these reasons, the Court should approve the Receiver's handling of the claims.

**CONCLUSION**

For the reasons set forth above, the Court should overrule the objections made by the identified parties to the Receiver's claims registry and approve the claims registry and determinations in their current form.

DATED this 5th day of October 2023.

**PARR BROWN GEE & LOVELESS, P.C.**

By: /s/ Joseph M.R. Covey

Joseph M.R. Covey

Jeffery A. Balls

Walter O. Peterson

*Attorneys for Receiver Jonathan O. Hafen*

**CERTIFICATE OF SERVICE**

IT IS HEREBY CERTIFIED that service of the above **SUBMISSION LODGING NONPARTY OBJECTIONS TO RECEIVER'S CLAIMS REGISTRY** was (1) electronically filed with the Clerk of the Court through the CM/ECF system on October 5, 2023, which sent notice of the electronic filing to all counsel of record, (2) posted on the Receiver's website (rustrarecoinreceiver.com), and (3) emailed to all those on the Receiver's master mailing matrix.

/s/ Lori Stumpf

**EXHIBIT 1**

**EXHIBIT 1**

**EXHIBIT 1**

### CLAIM FORM

Commodity Futures Trading Commission, et al.,

v.

Rust Rare Coin Inc.; Gaylen Dean Rust; Denise Gunderson Rust; Joshua Daniel Rust; Aleesha Rust Franklin; R Legacy Racing Inc.; R Legacy Entertainment LLC; R Legacy Investments LLC\*

#### RECEIVER USE ONLY:

Date Form received:

10/3/2019

Claim Number:

CL0360

#### STEP ONE: General Information

**Claimant Name(s)** (The person or entity owed money by one of the Receivership Defendants. Claims for a company must be made by the company, not by the individual members or shareholders. See Claim Form Instructions for more details.):

BE PART OF THE MUSIC LLC  
SCOTT LANS, PRESIDENT

**Contact Information:**

Address: 505 S. CAMPELLIA TERRACE, CHANDLER, AZ 85225  
Telephone Number: 480-577-5264  
Email: SCOTT@SCOTTLANS.NET

**Social Security Number or Federal Employer Identification Number**

(If claimant is a married couple, list the social security numbers for both partners.):

82-4736591

**Attorney Information** (If claimant is represented by an attorney.):

Attorney Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: NONE  
Email: \_\_\_\_\_

\* The "Receivership Defendants" also include Torque Entertainment LLC, The Writer's Den LLC, Den of Music, Alrighty Den, Den What Music, and the following dba's of R Legacy Entertainment LLC: Huge Studios, Sage and Thistle, Youridsmusic.com, Legacy Studio, The Brick Room, Refinement Records, Big Door Entertainment, Hugesound Music International, Hugesound Music Unlimited, Sage and Thistle Collective, S&T Collective, Youldradio.com, Sage and Thistle Rentals, R Music Store, Sputnik, Big Door Video, Sage and Thistle Events, Hugesound Post Production, Big Door Network, Positive Music and Downloads, Inspire My Life, Sounds of Zion Music, Musician's Toolkit, Torque Media, Soundcheck, Big Door Booking, Huge Sound, Chance Thomas Music, Hugesound Music Worldwide, and Denise Entertainment Rust.



**Distributions:** Distributions, if any, will be made to the claimant identified above at the address listed. Please fill in this section ONLY if you would like all or part of any distribution made to a retirement custodian or other person. If this portion is completed, all distributions will be made as directed unless instructed otherwise in writing:

Company Name	Retirement Acct. Name	Acct. Number	% of Dist.
	None		
Other Payee Name	Address	Acct. Number	% of Dist.
	None		

**Related Claims**

Please check the following box if you answer YES to any of the following questions:

Yes, my claim is related to other claims.

- Are you filing multiple Claim Forms in this matter? If so, please list the name(s) of the other claimant(s): SCOTT LARS LEADERSHIP
- Did you make any investment through a trust or company (i.e. LLC, corporation, partnership, etc.)? If so, please list the name(s) of these entities: \_\_\_\_\_
- Did you invest as part of an investor group? If so, please list the name of that group: \_\_\_\_\_
- Did anyone else invest money for you on your behalf? If so, please list the names of those persons: \_\_\_\_\_

**STEP TWO: Categorize Your Claim (continues on next page)**

*Using the information below, determine the correct category of your claim based on the facts surrounding your debt. Please then skip to the corresponding Section listed below. If your claim(s) fall under more than one category, please fill out all relevant Sections.*

<b>INVESTOR</b> [SKIP TO SECTION 3A]	Generally, this category includes all investors. Specifically, this category includes all persons or entities that provided assets of any kind to Gaylen Dean Rust, Denise Gunderson Rust, or Rust Rare Coin Inc. for the purpose of investing in the silver pool investment scheme or any other investment opportunity.
<b>VENDOR</b> [SKIP TO SECTION 3B]	A merchant, supplier, tradesman, or similar provider who provided goods or services to a Receivership Defendant in exchange for payment. This category also includes any customer who sold goods or services to a Receivership Defendant.
<b>CUSTOMER</b> [SKIP TO SECTION 3C]	A person or entity that purchased goods or services of any kind from any of the Receivership Defendants and failed to receive any portion of those goods or services.

<p><b>EMPLOYEE/ INDEPENDENT CONTRACTOR/ JOINT VENTURE PARTNER</b> [SKIP TO SECTION 3D]</p>	<p>A person or entity that was entitled to receive wages or a salary from any of the Receivership Defendants but was not paid such wages or salary. This also includes all persons or entities who had a joint venture, partnership or other contractual arrangement with any of the Receivership Defendants to run or own a business.</p>
<p><b>ROYALTY RECIPIENT</b> [SKIP TO SECTION 3E]</p>	<p>A person or entity that entered into an agreement with any of the Receivership Defendants for the sole purpose of receiving royalty payments.</p>
<p><b>LENDER/ SECURED CREDITOR</b> [SKIP TO SECTION 3F]</p>	<p>A person or entity that lent money secured by a lien on any specific assets owned by any of the Receivership Defendants.</p>
<p><b>LANDLORD</b> [SKIP TO SECTION 3G]</p>	<p>A person or entity that acted as a landlord to any of the Receivership Defendants.</p>
<p><b>OTHER</b> [SKIP TO SECTION 3H]</p>	<p>This category is for a person or entity that does not fit within any of the other categories listed above. <i>Please review the categories above carefully before selecting this category for your claim.</i></p>

**STEP THREE: Claim Information & Supporting Documentation**

*Please skip to the Section corresponding with your selected claim category/categories above.*

**SECTION 3A: Investor (continues on next page)**

**IMPORTANT NOTE:** *If this is a claim for a COMPANY, only payments made by or to the COMPANY should be listed below. DO NOT include payments made by or to the members or shareholders.*

<p><b>Investment Contribution Information</b> Identify the date and amount of each and every payment made by you to a Receivership Defendant.</p>	<p><b>Type of Investment</b> Please identify the type and/or form of your investment(s) by checking the applicable boxes below:  <input type="checkbox"/> Cash    <input type="checkbox"/> Check    <input type="checkbox"/> Wire Transfer    <input type="checkbox"/> Physical Metals    <input type="checkbox"/> Other (list below) _____</p>		
<p>Date</p>	<p>Amount/Value</p>	<p>Type</p>	<p>Additional Notes</p>
<p>—</p>	<p>None</p>	<p></p>	<p>—</p>

**Investment Payout/Distribution Information**

Identify the date and amount of each and every payment you received or that was paid on your behalf to another party from a Receivership Defendant for any reason, including the payment of interest, principal, return of capital, profit from sale of a property, fees, reimbursement of expenses, commissions, mortgages, charitable donations, etc.

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**Type of Payout/Distribution**

Please identify the type and/or form of any investment payout/distribution by checking the applicable boxes below:

Cash   
  Check   
  Wire Transfer   
  Physical Metals   
  Other (list below)

Date	Amount/Value	Type	Name of Payout Recipient
_____	_____	NONE	_____

Did you receive a commission, finder's fee, referral fee, or similar payment from any third party or Receivership Defendant related to any investment?

Yes     No

If yes, please state the total amount of these fees received by you.

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

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**TOTAL CLAIM:**

A. Total payments and value given by claimant TO Receivership Defendants:  
\$ \_\_\_\_\_

B. Total payouts and value received by claimant FROM Receivership Defendants (including commissions):  
\$ \_\_\_\_\_ *NONE*

Subtract Line B from Line A: \$ \_\_\_\_\_

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Confirm that you have attached to this Claim Form all correspondence, agreements, or other records evidencing your arrangement with the Receivership Defendants, along with all statements or accountings you received concerning your investment, including copies of all checks, wire transfer records, bank statements, receipts, etc.

Yes

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If the claimant is a COMPANY, not an individual, please provide the following information:

Type of organization: \_\_\_\_\_ *NONE*

State of organization: \_\_\_\_\_

Principals of Company and percentage of ownership:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3B: Vendor**

Your responses below should be based on the date the goods were delivered or the services provided, NOT the date of the invoice. If any goods or services were provided AFTER November 15, 2018 (the "Appointment Date"), identify the unpaid amounts which are for goods or services provided BEFORE the Appointment Date and which are for goods and services provided AFTER the Appointment Date.

Date	Amount Owed	Explain the general nature of the goods/services provided
9-18/11-18	47,499. <sup>00</sup>	Completed Services/Sponsorship Unpaid
12/18-12/20	312,500 -	Contractual Sponsorship Agreement

State the terms upon which payment was to be made:

Monthly Payments of 12,500 on 15,633.<sup>00</sup>

Confirm that you have attached to this Claim Form a copy of all outstanding invoices for goods delivered or services provided by you to any Receivership Defendant for which you were not paid. Please also verify you have attached a completed W-9 Form to this Claim Form.

Yes

State the total amount of your claim: \$ 359,999.<sup>00</sup>

**SECTION 3C: Customer**

Briefly describe the good(s) or service(s) that you purchased from any Receivership Defendant that you have not yet received:

Transaction Date	Amount Paid	Identify the specific goods or services purchased

Confirm that you have attached to this Claim Form a copy of all receipts, order forms, confirmations, correspondence, payment records, or other documentation evidencing the above transactions.

Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3D: Employee/Independent Contractor/Joint Venture Partner  
(continues on next page)**

Identify the dates during which you provided employment services to or had a business relationship with any Receivership Defendant:

2018

Identify the general nature of your employment services or your business arrangement with any Receivership Defendant:

Explain your rate of payment (e.g. hourly wage amount, yearly salary amount, etc.) or other compensation details:

Identify the amount of any unpaid wages/payments owed to you: \$ None

Identify whether you have any additional claims other than wages, such as leave benefits (e.g. PTO):

Identify the value of these benefits: \$ \_\_\_\_\_  
 Please provide a breakdown of how this value was calculated:

Confirm that you have attached to this Claim Form a copy of all employment agreements, joint venture agreements, contracts, pay stubs, checks, correspondence, or other employment records documenting your employment services and rate of pay. *Please also verify you have attached a completed W-9 Form (contractor or joint venture partner) or W-4 Form (employee) to this Claim Form.*

Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3E: Royalty Recipient**

Identify the general nature of your agreement(s) with any Receivership Defendant:

None

Unpaid Royalties Due Date	Amount Owed	Confirm that you have attached to this Claim Form a copy of the royalty arrangement, agreement, or contract you had with any of the Receivership Defendants and any other correspondence or documents evidencing the same. <i>Please also verify you have attached a completed W-9 Form to this Claim Form.</i>	
			<input type="checkbox"/> Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3F: Lender/Secured Creditor (continues on next page)**

Identify the relevant terms surrounding your transaction(s) with any Receivership Defendant in the chart below. *\*Please note that if you invested in Mr. Rust's silver investment pool and were told your investment was backed by silver and/or other physical metals, please fill out Section 3A for investors above, not this Section.\**

Transaction Date	Amount	Collateral (Specific Property Securing Loan)

Confirm that you have attached to this Claim Form a copy of all loan documents, security agreements, and other contracts or correspondence with any of the Receivership Defendants evidencing the above transactions. *Please also verify you have attached a completed W-9 Form to this Claim Form.*

Yes

*None*

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3G: Landlord**

Address of Leased Property:

\_\_\_\_\_  
\_\_\_\_\_  
*None*

Monthly Rent Amount: \$ \_\_\_\_\_

**Amount of Unpaid Rent BEFORE November 15, 2018:** \$ \_\_\_\_\_

From \_\_\_\_\_ (DD/MM/YYYY) to \_\_\_\_\_ (DD/MM/YYYY)

**Amount of Unpaid Rent AFTER November 15, 2018:** \$ \_\_\_\_\_

From \_\_\_\_\_ (DD/MM/YYYY) to \_\_\_\_\_ (DD/MM/YYYY)

State the total amount of your claim: \$ \_\_\_\_\_

If the total amount of your claim includes any charge(s) other than rent (e.g. utilities, fees, damages, etc.), please provide a breakdown of those amounts below:

*None*

Confirm that you have attached to this Claim Form a copy of all lease agreements, payment records, and other correspondence or documentation regarding the Receivership Defendants' lease of the property above. *Please also verify you have attached a completed W-9 Form to this Claim Form.*

Yes

**SECTION 3H: Other (continues on next page)**

Please provide a brief explanation of why your claim does not fall within one of the categories listed above:

Explain your agreement with the Receivership Defendant(s):

*Exclusive Sponsorship of BE Part of the Music*

Provide a breakdown and explanation of your claim:

State the total amount of your claim: \$ \_\_\_\_\_

Confirm that you have attached to this Claim Form a copy of all receipts, contracts, agreements, records, tax forms (e.g. W-9, W-4), and other documents or correspondence regarding the Receivership Defendants evidencing your claim.

Yes

**STEP FOUR: Additional Information**

If there is any additional information the Receiver needs to know, please provide an explanation here:

BE PART OF THE MUDRA WAS SPONSORED BY 14 INDUSTRIAL PARTNERS. CAULEN RUST ASKED THAT THEY TERMINATE THEIR AGREEMENT IN EXCHANGE FOR A THREE YEAR EXCLUSIVE DEAL. HE PAID EIGHT MONTHS OF THAT DEAL AND NOW WE ARE LEFT WITH NOTHING

*If any additional space is needed to respond to any of the questions above, you may attach additional sheets to this Claim Form. State the claimant's name in the upper right-hand corner of each sheet and the question(s) to which you are responding.*

**Signature and Verification is on the following page.**

### SIGNATURE & VERIFICATION

This Claim Form must be signed by each person making the claim to be valid, or by an authorized agent of the claimant(s). *I declare under penalty of perjury that the information provided in and with this Claim Form is true and correct to the best of my knowledge, information, and reasonable belief.*

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: 10-1-19  
President, The Port of Phoenix

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

**SUBMIT YOUR COMPLETED CLAIM FORM TO THE RECEIVER**  
**DO NOT FILE YOUR CLAIM FORM WITH THE COURT**

*This Form may be completed and submitted via U.S. Mail, overnight mail or hand delivery addressed to the following: Parr Brown Gee & Loveless, Attn: Claim Form, 101 South 200 East, Suite 700, Salt Lake City, Utah 84111; or submitted by email at: [rustclaims@parrbrown.com](mailto:rustclaims@parrbrown.com).*

**COMPLETED CLAIM FORM MUST BE RECEIVED BY THE RECEIVER**  
**ON OR BEFORE OCTOBER 4, 2019.**

**[Questions? See Attached Claim Form Instructions.]**



# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial <i>JUSTIN</i>		Last name <i>URAS</i>		2 Your social security number [REDACTED]	
Home address (number and street or rural route) <i>505 O. CAMELIA TERRACE</i>				3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code <i>Chandler, AZ 85225</i>				4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here.				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Justin Uras</i>				Date ▶ <i>10-2-19</i>	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) <i>Be Root of the Music</i>			9 First date of employment		10 Employer Identification number (EIN) <i>82-4136591</i>

Form **W-9**  
 (Rev. November 2017)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Be Part of the Music**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **S**

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
**505 S. Camellia Drive**

**6** City, state, and ZIP code  
**Chandler, Arizona 85225**

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Social security number**

				-			-			
--	--	--	--	---	--	--	---	--	--	--

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**or**

**Employer identification number**

8	2	-	4	7	3	6	5	9	1
---	---	---	---	---	---	---	---	---	---

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**      Signature of U.S. person ▶ *[Handwritten Signature]*      Date ▶ **3/2/18**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Form W-4 (2019)

*I don't know how to answer the*  
**Personal Allowances Worksheet (Keep for your records.)**

Page 3

- A Enter "1" for yourself . . . . . **A** \_\_\_\_\_
- B Enter "1" if you will file as married filing jointly . . . . . **B** \_\_\_\_\_
- C Enter "1" if you will file as head of household . . . . . **C** \_\_\_\_\_
- D Enter "1" if:
  - You're single, or married filing separately, and have only one job; or
  - You're married filing jointly, have only one job, and your spouse doesn't work; or
  - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.**D** \_\_\_\_\_
- E **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
  - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.
  - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.
  - If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.
  - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . **E** \_\_\_\_\_
- F **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.
  - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.
  - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
  - If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . . **F** \_\_\_\_\_
- G **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . . **G** \_\_\_\_\_
- H Add lines A through G and enter the total here . . . . . **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have **more than one job at a time or are married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- 1 Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_
- 2 Enter:
  - \$24,400 if you're married filing jointly or qualifying widow(er)
  - \$18,350 if you're head of household
  - \$12,200 if you're single or married filing separately**2** \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, above . . . . . **9** \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . **10** \_\_\_\_\_

Income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

Form **W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see Instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>																				
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

*I don't know how to answer this* Page 4

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
- 6 Subtract line 5 from line 4 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 116,000	11				
95,001 - 125,000	12	116,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

## SPONSORSHIP AGREEMENT

This Agreement ("Agreement") is entered into this 18 day of December, 2017, by and between Musician's Toolkit (Sponsor), a division and dba of R Legacy Entertainment, a Utah limited liability company and Be Part of the Music (BPOTM), an Arizona ??? (Service Provider). Sponsor and Service Provider are collectively referred to hereinafter as the "Parties."

### RECITALS

**WHEREAS**, Musician's Toolkit desires to secure exclusive and sole sponsorship of Be Part of the Music for a period of three years commencing on January 1, 2018 and ending on December 31, 2020; and

**WHEREAS**, Musician's Toolkit desires said sponsorship to include other associated and related Service Provider titles, products and services including *Be Part of the Band*, *Be Part of the Orchestra*, *Be Part of the Choir*, and other similar titles in the music, music education and music performance genres; and

**WHEREAS**, Be Part of the Music desires to accept said sponsorship from Sponsor on a sole and exclusive basis;

**NOW, THEREFORE**, in consideration of the mutual promises set forth herein, the Parties hereby covenant and agree as follows:

### SECTION ONE SPONSORSHIP DETAILS

- 1.1 Be Part of the Music is a total recruitment and retention solution for music educators in K-12 schools. Musician's Toolkit will serve as the sole and exclusive sponsor of Be Part of the Music for a term of three years.
- 1.2 The TERM of this Sponsorship Agreement shall commence on January 1, 2018 and end on December 31, 2020 unless terminated earlier under the conditions and terms outlined in Sections 3.1, 3.2 and/or 3.3 of this Agreement.
- 1.3 In consideration of Service Provider's performance of the Services and obligations hereunder, Sponsor shall pay the sole and exclusive sponsorship fee of **Four Hundred Fifty Thousand Dollars (\$450,000)** total for the three-year sponsorship period, unless sponsorship is terminated earlier as outlined in Sections 3.1, 3.2 and/or 3.3 of this Sponsorship Agreement, to be paid in monthly installments over the thirty-six (36) month sponsorship period. Monthly installments will be **Twelve Thousand Five Hundred Dollars (\$12,500.00)**, to be paid in arrears at the end of each month during the sponsorship term.

- 1.4 As exclusive and sole sponsor, Musician's Toolkit will receive exclusive branding privileges on the BPOTM website(s) as well as physical and digital materials produced and distributed by BPOTM. Co-branding with Sponsor and BPOTM will further extend to BPOTM videos and all official publicity, product packaging and educational materials with a mutually agreed upon tagline such as "Powered by Musician's Toolkit."
- 1.5 As exclusive and sole sponsor, Musician's Toolkit will also be granted unrestricted access and usage of the BPOTM membership database. Sponsor shall have access to all current and future BPOTM registrant contact information and email addresses with rights to contact registrants to provide special offers to BPOTM registrants.
- 1.6 As exclusive and sole sponsor, Musician's Toolkit will receive recurring promotional campaigns. Promotional campaigns are defined by Service Provider as ???????
- 1.7 In recognizing Musician's Toolkit as the exclusive and sole sponsor of BPOTM, all previous sponsor logos will be removed from the BPOTM website and be replaced with Musician's Toolkit approved logo(s) and video elements as jointly agreed by the Parties, agreement which shall not be unreasonably withheld by either of the Parties. Additionally, Service Provider will introduce current sponsors to Musician's Toolkit enabling Musician's Toolkit to invite current sponsors to continue their sponsorship of the Musician's Toolkit/BPOTM offering. In the event that current or future sponsors choose to participate as sponsors of the offering going forward, all sponsorship revenues will be solely retained by Musician's Toolkit. Musician's Toolkit is likewise permitted to seek additional sponsorships and retain those sponsorship revenues entirely with no revenue sharing with Service Provider. Should Musician's Toolkit secure existing or future sponsors, the additional sponsor's logo(s) will be included under the Musician's Toolkit title sponsorship logo on the BPOTM website(s) and in all marketing, promotional and educational materials at the request of Musician's Toolkit. Additional exposure may be granted to sponsors, including but not limited to logos/signage at BPOTM/Musician's Toolkit speaking engagements and events, public/verbal recognition of sponsors at speaking engagements/events, or by other means—the other means subject to mutual agreement and approval by both Parties. Service Provider is prohibited from offering additional sponsorships without the express written consent of Musician's Toolkit.
- 1.8 Sponsor shall likewise have rights to use Be Part of the Music logos in ways that it feels, in its sole discretion, strengthen the Musician's Toolkit brand, i.e., on its website, trade show booth signage, marketing materials, etc. But under no circumstances is Sponsor required to use the BPOTM logo if it chooses not to do so.
- 1.9 Sponsor shall have unlimited access to physical product produced by BPOTM at actual production cost to use at Sponsor's discretion (i.e., as gifts, incentives, promotional offerings, etc.) but Sponsor shall be prohibited from selling BPOTM product without prior written consent and agreement on sales price, revenue share and terms from BPOTM.



- 1.10** Service Provider shall send dedicated Sponsor email announcements a minimum of once per month with additional email announcements to be considered upon request by Sponsor (i.e., if specials or timely announcements are considered by BPOTM and Sponsor to be in the best interest of the Parties).
- 1.11** As the exclusive title sponsor, Musician's Toolkit shall receive an written annual report from Service Provider on the efficacy of the product and perceived or real results/value of the sponsorship.

## **SECTION TWO**

### **MUSIC EDUCATION ASSOCIATION EVENTS**

- 2.1** Service Provider will identify essential events to attend in key states and schedule and attend said events in a minimum of twenty (20) states each year beginning no later than first quarter of 2019. Currently scheduled (as of the date of this agreement) and where possible, additional events will also be scheduled in 2018. The purpose of attendance at these events is to introduce Musician's Toolkit as the title and exclusive sponsor of BPOTM and provide attendees at the events an understanding of the Musician's Toolkit offering and a special discount to them to subscribe to the Musician's Toolkit offering because of their attendance at a BPOTM presentation. Where possible, Service Provider will utilize other presenters in order to maximize the number of events attended as described in Section 2.4 of this Agreement.
- 2.2** Service Provider personnel will wear shirts with the "Be Part of the Music—Powered by Musician's Toolkit" logo on the breast of the shirt whenever BPOTM personnel are appearing or speaking or participating (including as an attendee) at music, education or similar tradeshows, conferences, events and so forth during the term of this sponsorship.
- 2.3** Service Provider, under the direction of Scott Lang personally, will likewise recruit, work and coordinate with and train key Musician's Toolkit Advisory Board members who will then assist Service Provider in attending and speaking at key events around the country. Service Provider will be responsible to develop all presentation materials for said events and approved speakers.
- 2.4** Event travel-related costs and other event-related expenses for Musician's Toolkit Advisory Board Members will be paid for by Sponsor, however, all travel expenses, including airfare, ground transportation, hotel, and per diem expenses must be approved by Sponsor in advance of the commencement of the travel. For clarity, if the originator of the travel requests comes to Service Provider, the originator of the request will pay for all travel expenses. If the originator of the travel request is the Sponsor or made on behalf of the Sponsor, the Sponsor will pay the travel expenses.
- 2.5** Service Provider acknowledges that time is of the essence with respect to the exposure expected by Musician's Toolkit, inclusion of Musician's Toolkit as the exclusive sponsor, and participation in speaking and educational events around the country. Service

Provider acknowledges that equally important to the exposure for Musician's Toolkit is the offering of a promotional discount to BPOTM membership as well as event attendees encouraging their subscription to Musician's Toolkit offerings and specials.

### **SECTION THREE DEFAULT -- TERMINATION**

- 3.1** In the event that Service Provider shall materially breach or become in default of performance of any material term, condition, or covenant contained in this Agreement, and shall fail to cure, correct or remedy such material breach or default of performance of a material term, condition, or covenant within twenty (20) days after service of a written notice specifying the nature of the breach or default, or in the event that Service Provider shall: (i) be adjudged bankrupt or file a petition for bankruptcy relief under any bankruptcy laws of any jurisdiction; (ii) make any assignment for the benefit of creditors, or appoint any receiver for the purpose of liquidation or the payment of debts, or if any portion of the services associated with this agreement is liened or levied upon or attached and such lien, levy, or attachment is not released within (30) thirty days; or (iii) abandon the performance of services as outlined in this agreement without extensions granted by Sponsor, which extensions shall not be unreasonably withheld, then in any of said events Sponsor may, at its sole discretion, terminate this Agreement in its entirety and be relieved of any further obligations hereunder.
- 3.2** In the event that Scott Lang becomes unable to perform his duties as the principal of BPOTM or direct the work to be performed by Service Provider Team Members, including the event of death, physical incapacity resulting in Lang's inability to direct the work, declined mental capacity as defined by a licensed physician, or refusal to perform agreed upon duties, Musician's Toolkit may, at its sole discretion, terminate this Agreement in its entirety and be relieved of any further obligations hereunder.
- 3.3** Sponsor reserves the right to review the results of this Sponsorship Agreement 20 months into the Sponsorship, commencing on August 1, 2019 with a review period of 30 days, said review period ending on August 30, 2019. In the event that Sponsor deems, in its sole discretion, the results of the Sponsorship are proving to not be financially advantageous to Sponsor or beneficial from a business standpoint, Sponsor may terminate the Sponsorship Agreement effective December 31, 2019 with the total payments to Service Provider by Sponsor ending on that date. To exercise this termination clause, Sponsor must provide written notice to Service Provider that it will exercise the early termination clause no later than August 30, 2019 with the effective date of the termination being December 31, 2019. In the event Sponsor exercises this early termination clause, Sponsor will have paid Service Provider a total \$300,000 during the sponsorship period covering the first 24 months of the Term and will have no further payment or other financial obligations to Service Provider after December 31, 2019.
- 3.4** In the event that Sponsor or its parent organization, R Legacy Entertainment, is adjudged bankrupt or files a petition for bankruptcy relief under any bankruptcy laws of any jurisdiction, or in the event that Musician's Toolkit becomes insolvent, ceases to exist

with products and/or services intended for the music education marketplace, or in the event Sponsor's principal, namely Gaylen Rust, dies or becomes physically or mentally unable to act in behalf of Sponsor in the judgement of a qualified physician licensed to practice in the state of Utah, this Sponsorship Agreement shall terminate upon the date of said event, as outlined in this section 3.4, occurred.

## **INDEPENDENT RELATIONSHIP**

### **AND CONFIDENTIALITY CLAUSE**

- 4.1** In entering into this Agreement, the Parties expressly state that it is not their intent to form, and the Parties expressly disclaim and disavow, any partnership, joint venture, agency, or fiduciary status and/or relationship between them, and the Parties intend that their relationship and agreement are to be in all respects an "arm's length" transaction/sponsorship. In particular, the Parties acknowledge that Service Provider is solely providing Sponsor a sponsorship opportunity and as such and is in no way are Service Provider, its agent or team members deemed to be an employee(s), agent(s), joint-venturer(s), partner(s) or legal representative of Sponsor for any purpose whatsoever other than those outlined in this sponsorship agreement. As a result of this Agreement, Service Provider and its agents may not assume or create any obligation or responsibility express or implied, on behalf of or in the name of Musician's Toolkit or to bind Musician's Toolkit or its parent entity, R Legacy Entertainment, in any manner or thing whatsoever. No agent, employee, servant, or subcontractor of Service Provider, including host talent of video content, presenters, or other representatives, shall be the employee, agent, or servant of Sponsor, unless specified in writing by Sponsor. Service Provider shall be solely responsible for its acts and for the acts of its agents, employees, servants, and subcontractors during the performance of the Services described in this Agreement.
- 4.2** Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employer and employee between Sponsor and Service Provider or any employee or agent of Service Provider. The Parties acknowledge that Service Provider is not an employee of Sponsor for state or federal tax purposes. Furthermore, Service Provider is not entitled to any of the benefits that Sponsor provides its employees.
- 4.3** Service Provider shall retain the right to perform services for others during the term of this Agreement. Hence, it is understood that Sponsor and Service Provider consider the relationship to be non-exclusive, excepting that the nature of the sponsorship as outlined in Section 1 of this agreement shall be exclusive.
- 4.4** In addition to federal and state taxes as described in Section 4.1.a of this Sponsorship Agreement, under no circumstances will Sponsor be responsible to pay additional sums

to cover any obligations, financial or otherwise, Service Provider may incur as a result of accepting Sponsor's payments as outlined in this Sponsorship Agreement.

- 4.5** Service Provider hereby validates the truthfulness and honest representation of any and all information provided to Sponsor with regards to Service Provider's existing business, qualifications, experience, expertise, including the validity of any and all answers provided to Sponsor in the process of determining that they, do in fact, represent themselves and or their assigned agents, as meeting the criteria thereby designating their classification to be independent contractor and not employee.
- 4.6** The entirety of this Agreement supersedes any and all discussions, communications, and mutual promises, past, present or future, whether oral or written, regarding any working relationship between the parties, including additional agreements, compensation, or services.
- 4.7** All information, documents or materials disclosed by Sponsor to Service Provider that is not in the public domain or otherwise published, now or in the future, without breach of this Agreement or breach of a similar agreement by a third party and that relates or refers, directly or indirectly, to the work or services and/or business operations of Sponsor, including the terms of this Agreement, shall be deemed confidential ("Confidential Information"). Service Provider agrees that it is prohibited from disclosing, disseminating, sending, delivering, conveying (in any form or through any media), publishing, sharing, or discussing (either verbally or in writing) any Confidential Information, or any portion thereof, with any person or entity that is not an employee, agent or officer of Sponsor, without express permission by Sponsor, and Service Provider understands and agrees that the disclosure of such Confidential Information to anyone outside of Sponsor could irreparably damage Sponsor. These confidentiality obligations are subject to the following exceptions: if disclosure is required by the government, court order, or subpoena, if disclosure is required by law or if disclosure is required to enforce rights under this Agreement; provided, Service Provider first gives Sponsor sufficient prior notice to enable Sponsor to seek a protective order, and reasonable steps are taken to maintain the confidentiality of this Agreement. The obligations of this Section 4.7 shall survive termination or expiration of this Agreement.

## **SECTION FIVE INDEMNIFICATION, RELEASE AND INSURANCE**

- 5.1** Service Provider shall, at all times and at its sole expense, indemnify, defend, save and hold harmless Sponsor and its officers, directors, employees, affiliates and agents, and their successors, licensees, sub-distributors and assigns, from and against any and all claims, liability, losses, judgments, damages, cause of action, penalties, costs and expenses (including reasonable attorneys' fees), incurred or sustained by reason of, or resulting directly from Service Provider's material breach of any of the material warranties, representations or agreements herein. In the event that an entity shall make any claim or institute any suit or proceeding alleging any facts, which, if true, would constitute a breach by Service Provider of any warranty, representation or agreement

herein made, Service Provider shall give written notice to Sponsor within seven (7) days. Service Provider may also undertake, at its own cost and expense, defense thereof by retaining competent counsel to defend any suit or proceeding on behalf of Service Provider. Sponsor shall have the right to select counsel of its choice to defend Sponsor against such a claim, suit or proceeding. This provision shall survive the termination of this Agreement.

## SECTION SIX

### NOTICES

- 6.1 All notices and statements which either party is required to provide the other shall be in writing and shall be personally delivered or mailed by certified mail, return receipt requested, to such party at the following addresses.

#### SPONSOR

Denise Rust  
242 E 300 S  
Salt Lake City, UT 84111

#### SERVICE PROVIDER

Scott Lang  
505 S. Camellia Drive  
Chandler, AZ 85225

Invoices shall be sent to Musician's Toolkit electronically to:

Denise Rust: [drust@rlegacyentertainment.com](mailto:drust@rlegacyentertainment.com)

Either Party may change its address for the purpose of receiving notices or demands as herein provided by a written notice given in the manner aforesaid to the other Party, which notice of change of address shall not become effective, however, until the actual receipt thereof by the other Party.

## SECTION SEVEN

### MISCELLANEOUS AND SEVERABILITY CLAUSE

- 7.1 Nothing contained in this Agreement shall be construed to require the commission of any act contrary to the law, and where there is a conflict between any provision of this Agreement and a material statute, law, ordinance, order or regulation contrary to which the Parties hereto have no legal right to contract, the latter shall prevail, but in such event any provision of this Agreement so affected shall be curtailed or limited only to the extent necessary to bring it within the legal requirements; provided, however, no other provision of this Agreement shall be affected thereby, and each such other provision shall continue in full force and effect.

- 7.2** Subject to the rights of termination specified in Section 5, neither Party has nor will without the other's prior written consent: (i) enter into any agreement, commitment or other arrangement, grant any rights or do any act or thing that could reasonably interfere with the production and completion of the terms of this Agreement or prevent or impede the performance of all of the respective party's obligations hereunder; (ii) do or fail to do any act that could reasonably interfere with or otherwise prevent such party from fully complying with all of the terms hereof; or (iii) engage in any conduct inconsistent with this Agreement or the other party's rights hereunder.
- 7.3** Each of the Parties shall execute and deliver such further instruments, documents and agreements and do such further acts and things as may be useful or required to carry out the purpose and intent of this Agreement and that are not inconsistent with the provisions hereof.
- 7.4** Anything herein contained to the contrary, notwithstanding, neither party shall be liable to the other in damages or otherwise because of any failure to perform hereunder because of any fire, earthquake, flood, epidemic, accident, explosion, casualty, strike, lockout, riot, civil disobedience, act of public enemy, embargo, war, act of God, by any municipal, state or federal ordinance or law, by any legally constituted authority, whether municipal, state or federal or by the issuance of any executive or judicial order. In no event shall inclement weather be deemed or constitute an event of force majeure for any purpose of this Agreement.
- 7.5** No waiver of any default or breach of this Agreement by either party shall be deemed a continuing waiver or waiver of any other breach or default, no matter how similar. All remedies and rights contained in this Agreement shall be cumulative and none of them shall be in limitation of any other right or remedy.
- 7.6** This Agreement shall be governed by and construed in accordance with the laws of the State of Utah without regard to conflict of law principles. The parties agree that any dispute arising from or relating to this Agreement shall be brought exclusively in the state courts sitting in Salt Lake County, Utah, or in the federal courts of Utah.
- 7.7** This Agreement may be signed by faxed or electronically scanned signature, which shall be deemed to be an original signature. This Agreement may be executed in counterparts, each of which shall be deemed to be an original, and all of which shall be deemed to constitute one and the same instrument.

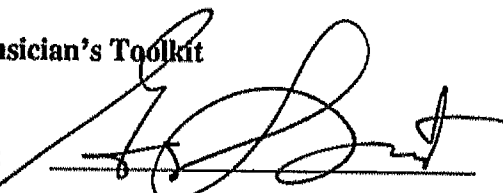
**7.8** This Agreement, including any attached addendum, constitutes and contains the entire agreement between the Parties with respect to the subject matter hereof and supersedes any prior or contemporaneous agreement whether oral or in writing. This Agreement cannot be modified except in writing signed by both parties. Paragraph or section headings are for the convenience of the Parties only and shall have no legal effect whatsoever.

**7.9** In the event that any term of this Agreement is found in any extent to be invalid, illegal, or incapable of being enforced, such term shall be excluded to the extent of such invalidity, illegality or unenforceability; and all other terms hereof shall remain in full force and effect.

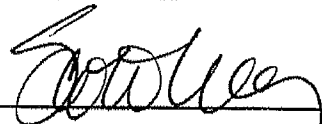

***[Signature page follows]***

**IN WITNESS WHEREOF**, the Parties, intending to be legally bound hereby, have each caused to be affixed hereto its or his/her hand and seal the day indicated above.

**Musician's Toolkit**

By:   
Name: Gaylen Rust  
Title: CEO, R Legacy Entertainment

**Be a Part of the Music**

By:   
Name: Scott Lang  
Title: 

By: \_\_\_\_\_  
Name: Bart Graser  
Title: COO, R Legacy Entertainment





**Be Part of the Music**  
505 South Camellia Drive  
Chandler, Arizona 85225  
(480) 577-5264

December 1, 2018

### **Musician's Toolkit Invoice**

Sponsorship Agreement — November 2018	\$12,500.00
Marketing Consulting Services — November 2018	\$ 3,333.33
<b>Total</b>	<b>\$15,833.33</b>

Checks should be made to:

Be Part of the Music  
505 South Camellia Drive  
Chandler, Arizona 85225

EIN: 82-4736591



**Be Part of the Music**  
505 South Camellia Drive  
Chandler, Arizona 85225  
(480) 577-5264

October 1, 2018

### **Musician's Toolkit Invoice**

Sponsorship Agreement — September 2018	\$12,500.00
Marketing Consulting Services — September 2018	\$ 3,333.33
<b>Total</b>	<b>\$15,833.33</b>

Checks should be made to:

Be Part of the Music  
505 South Camellia Drive  
Chandler, Arizona 85225

EIN: 82-4736591



**Be Part of the Music**  
505 South Camellia Drive  
Chandler, Arizona 85225  
(480) 577-5264

November 1, 2018

### **Musician's Toolkit Invoice**

Sponsorship Agreement — October 2018	\$12,500.00
Marketing Consulting Services — October 2018	\$ 3,333.33
<b>Total</b>	<b>\$15,833.33</b>

Checks should be made to:

Be Part of the Music  
505 South Camellia Drive  
Chandler, Arizona 85225

EIN: 82-4736591



**Be Part of the Music**  
505 South Camellia Drive  
Chandler, Arizona 85225  
(480) 577-5264

December 1, 2018

## **Musician's Toolkit Invoice**

Remainder of Sponsorship Agreement — \$12,500.00 per month  
November 2018 - December 2020

**Total** **\$312,500.00**

Checks should be made to:

Be Part of the Music  
505 South Camellia Drive  
Chandler, Arizona 85225

EIN: 82-4736591

# **EXHIBIT 2**

# **EXHIBIT 2**

# **EXHIBIT 2**

## CLAIM FORM

<p style="text-align: center;">Commodity Futures Trading Commission, et al.,</p> <p style="text-align: center;">v.</p> <p style="text-align: center;">Rust Rare Coin Inc.; Gaylen Dean Rust; Denise Gunderson Rust; Joshua Daniel Rust; Aleesha Rust Franklin; R Legacy Racing Inc.; R Legacy Entertainment LLC; R Legacy Investments LLC*</p>	<p><b>RECEIVER USE ONLY:</b></p> <p>Date Form received: <u>10/3/2019</u></p> <p>Claim Number: <u><del>CL0360</del> CL0361</u></p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------

### STEP ONE - General Information

**Claimant Name(s)** *(The person or entity owed money by one of the Receivership Defendants. Claims for a company must be made by the company, not by the individual members or shareholders. See Claim Form Instructions for more details.):*

Scott Law, President Be Part of the Music

**Contact Information:**

Address: 505 S. CAMELLIA DRIVE, CHANDLER AZ 85225

Telephone Number: 480-577-5264

Email: SCOTT@SCOTTLAW.NET

**Social Security Number or Federal Employer Identification Number**  
*(If claimant is a married couple, list the social security numbers for both partners.):*

~~80-478859~~ | 20-1453385

**Attorney Information** *(If claimant is represented by an attorney.):*

Attorney Name: NONE

Address: NONE

Telephone Number: NONE

Email: NONE

\* The "Receivership Defendants" also include Torque Entertainment LLC, The Writer's Den LLC, Den of Music, Alrighty Den, Den What Music, and the following dba's of R Legacy Entertainment LLC: Huge Studios, Sage and Thistle, Yourldsmusic.com, Legacy Studio, The Brick Room, Refinement Records, Big Door Entertainment, Hugesound Music International, Hugesound Music Unlimited, Sage and Thistle Collective, S&T Collective, Youldradi.com, Sage and Thistle Rentals, R Music Store, Sputnik, Big Door Video, Sage and Thistle Events, Hugesound Post Production, Big Door Network, Positive Music and Downloads, Inspire My Life, Sounds of Zion Music, Musician's Toolkit, Torque Media, Soundcheck, Big Door Booking, Huge Sound, Chance Thomas Music, Hugesound Music Worldwide, and Denise Entertainment Rust.

**Distributions:** Distributions, if any, will be made to the claimant identified above at the address listed. Please fill in this section ONLY if you would like all or part of any distribution made to a retirement custodian or other person. If this portion is completed, all distributions will be made as directed unless instructed otherwise in writing:

Company Name	Retirement Acct. Name	Acct. Number	% of Dist.
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>
Other Payee Name	Address	Acct. Number	% of Dist.
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>

**Related Claims**

Please check the following box if you answer YES to any of the following questions:

Yes, my claim is related to other claims.

- Are you filing multiple Claim Forms in this matter? If so, please list the name(s) of the other claimant(s): SCOTT LANS LEADERSHIP / Be Part of the MUSE
- Did you make any investment through a trust or company (i.e. LLC, corporation, partnership, etc.)? If so, please list the name(s) of these entities: NO
- Did you invest as part of an investor group? If so, please list the name of that group: NO
- Did anyone else invest money for you on your behalf? If so, please list the names of those persons: NO

**STEP TWO: Categorize Your Claim (continues on next page)**

Using the information below, determine the correct category of your claim based on the facts surrounding your debt. Please then skip to the corresponding Section listed below. If your claim(s) fall under more than one category, please fill out all relevant Sections.

<b>INVESTOR</b> [SKIP TO SECTION 3A]	Generally, this category includes all investors. Specifically, this category includes all persons or entities that provided assets of any kind to Gaylen Dean Rust, Denise Gunderson Rust, or Rust Rare Coin Inc. for the purpose of investing in the silver pool investment scheme or any other investment opportunity.
<b>VENDOR</b> [SKIP TO SECTION 3B]	A merchant, supplier, tradesman, or similar provider who provided goods or services to a Receivership Defendant in exchange for payment. This category also includes any customer who sold goods or services to a Receivership Defendant.
<b>CUSTOMER</b> [SKIP TO SECTION 3C]	A person or entity that purchased goods or services of any kind from any of the Receivership Defendants and failed to receive any portion of those goods or services.

<p><b>EMPLOYEE/ INDEPENDENT CONTRACTOR/ JOINT VENTURE PARTNER [SKIP TO SECTION 3D]</b></p>	<p>A person or entity that was entitled to receive wages or a salary from any of the Receivership Defendants but was not paid such wages or salary. This also includes all persons or entities who had a joint venture, partnership or other contractual arrangement with any of the Receivership Defendants to run or own a business.</p>
<p><b>ROYALTY RECIPIENT [SKIP TO SECTION 3E]</b></p>	<p>A person or entity that entered into an agreement with any of the Receivership Defendants for the sole purpose of receiving royalty payments.</p>
<p><b>LENDER/ SECURED CREDITOR [SKIP TO SECTION 3F]</b></p>	<p>A person or entity that lent money secured by a lien on any specific assets owned by any of the Receivership Defendants.</p>
<p><b>LANDLORD [SKIP TO SECTION 3G]</b></p>	<p>A person or entity that acted as a landlord to any of the Receivership Defendants.</p>
<p><b>OTHER [SKIP TO SECTION 3H]</b></p>	<p>This category is for a person or entity that does not fit within any of the other categories listed above. <i>Please review the categories above carefully before selecting this category for your claim.</i></p>

**STEP THREE: Claim Information & Supporting Documentation**

*Please skip to the Section corresponding with your selected claim category/categories above.*

**SECTION 3A: Investor (continues on next page)**

**IMPORTANT NOTE:** *If this is a claim for a COMPANY, only payments made by or to the COMPANY should be listed below. DO NOT include payments made by or to the members or shareholders.*

<p><b>Investment Contribution Information</b> Identify the date and amount of each and every payment made by you to a Receivership Defendant.</p>		<p><b>Type of Investment</b> Please identify the type and/or form of your investment(s) by checking the applicable boxes below:  <input type="checkbox"/> Cash    <input type="checkbox"/> Check    <input type="checkbox"/> Wire Transfer    <input type="checkbox"/> Physical Metals    <input type="checkbox"/> Other (list below) _____</p>	
Date	Amount/Value	Type	Additional Notes
<i>NONE</i>			<i>3-18-19</i>  <i>3-18-19</i>



<b>Investment Payout/Distribution Information</b>			
Identify the date and amount of each and every payment you received or that was paid on your behalf to another party from a Receivership Defendant for any reason, including the payment of interest, principal, return of capital, profit from sale of a property, fees, reimbursement of expenses, commissions, mortgages, charitable donations, etc.			
<b>Type of Payout/Distribution</b> Please identify the type and/or form of any investment payout/distribution by checking the applicable boxes below:			
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Physical Metals <input type="checkbox"/> Other (list below)			
Date	Amount/Value	Type	Name of Payout Recipient
<del>None</del>			
Did you receive a commission, finder's fee, referral fee, or similar payment from any third party or Receivership Defendant related to any investment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please state the total amount of these fees received by you. \$ _____			
<b>TOTAL CLAIM:</b>			
A. Total payments and value given by claimant TO Receivership Defendants: \$ _____			
B. Total payouts and value received by claimant FROM Receivership Defendants (including commissions): \$ _____			
Subtract <u>Line B</u> from <u>Line A</u> : \$ _____			
Confirm that you have attached to this Claim Form all correspondence, agreements, or other records evidencing your arrangement with the Receivership Defendants, along with all statements or accountings you received concerning your investment, including copies of all checks, wire transfer records, bank statements, receipts, etc.			
<input type="checkbox"/> Yes <span style="float: right;">None</span>			
If the claimant is a COMPANY, not an individual, please provide the following information:			
Type of organization: _____			
State of organization: _____			
Principals of Company and percentage of ownership: _____			
_____			
_____			

**SECTION 3B: Vendor**

Your responses below should be based on the date the goods were delivered or the services provided, NOT the date of the invoice. If any goods or services were provided AFTER November 15, 2018 (the "Appointment Date"), identify the unpaid amounts which are for goods or services provided BEFORE the Appointment Date and which are for goods and services provided AFTER the Appointment Date.

Date	Amount Owed	Explain the general nature of the goods/services provided

State the terms upon which payment was to be made:

Confirm that you have attached to this Claim Form a copy of all outstanding invoices for goods delivered or services provided by you to any Receivership Defendant for which you were not paid. *Please also verify you have attached a completed W-9 Form to this Claim Form.*

Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3C: Customer**

Briefly describe the good(s) or service(s) that you purchased from any Receivership Defendant that you have not yet received:

Transaction Date	Amount Paid	Identify the specific goods or services purchased

Confirm that you have attached to this Claim Form a copy of all receipts, order forms, confirmations, correspondence, payment records, or other documentation evidencing the above transactions.

Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3D: Employee/Independent Contractor/Joint Venture Partner  
(continues on next page)**

Identify the dates during which you provided employment services to or had a business relationship with any Receivership Defendant: *I had no actual consulting agreement from April, 2017 through April of 2019*

Identify the general nature of your employment services or your business arrangement with any Receivership Defendant:

Explain your rate of payment (e.g. hourly wage amount, yearly salary amount, etc.) or other compensation details: \$5,000 PER MONTH

Identify the amount of any unpaid wages/payments owed to you: \$15,000 UNPAID FROM SEPT - NOVEMBER

Identify whether you have any additional claims other than wages, such as leave benefits (e.g. PTO): \$25,000 FOR REMAINDER OF CONTRACT

Identify the value of these benefits: \$40,000  
Please provide a breakdown of how this value was calculated:

- Q 15,000 UNPAID FROM SEPT - NOVEMBER 2018
- Q 25,000 PER FOR REMAINDER OF CONTRACT

Confirm that you have attached to this Claim Form a copy of all employment agreements, joint venture agreements, contracts, pay stubs, checks, correspondence, or other employment records documenting your employment services and rate of pay. *Please also verify you have attached a completed W-9 Form (contractor or joint venture partner) or W-4 Form (employee) to this Claim Form.*  
 Yes

State the total amount of your claim: \$40,000.00

**SECTION 3E: Royalty Recipient**

Identify the general nature of your agreement(s) with any Receivership Defendant:

Unpaid Royalties Due Date	Amount Owed	Confirm that you have attached to this Claim Form a copy of the royalty arrangement, agreement, or contract you had with any of the Receivership Defendants and any other correspondence or documents evidencing the same. <i>Please also verify you have attached a completed W-9 Form to this Claim Form.</i> <input type="checkbox"/> Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3F: Lender/Secured Creditor (continues on next page)**

Identify the relevant terms surrounding your transaction(s) with any Receivership Defendant in the chart below. *\*Please note that if you invested in Mr. Rust's silver investment pool and were told your investment was backed by silver and/or other physical metals, please fill out Section 3A for investors above, not this Section.\**

Transaction Date	Amount	Collateral (Specific Property Securing Loan)

Confirm that you have attached to this Claim Form a copy of all loan documents, security agreements, and other contracts or correspondence with any of the Receivership Defendants evidencing the above transactions. *Please also verify you have attached a completed W-9 Form to this Claim Form.*

Yes None

---

State the total amount of your claim: \$ None

---

**SECTION 3G: Landlord**

---

Address of Leased Property:

\_\_\_\_\_

\_\_\_\_\_ None

---

Monthly Rent Amount: \$ \_\_\_\_\_

---

**Amount of Unpaid Rent BEFORE November 15, 2018:** \$ \_\_\_\_\_

From \_\_\_\_\_ (DD/MM/YYYY) to \_\_\_\_\_ (DD/MM/YYYY)

**Amount of Unpaid Rent AFTER November 15, 2018:** \$ None

From \_\_\_\_\_ (DD/MM/YYYY) to \_\_\_\_\_ (DD/MM/YYYY)

---

State the total amount of your claim: \$ \_\_\_\_\_

---

If the total amount of your claim includes any charge(s) other than rent (e.g. utilities, fees, damages, etc.), please provide a breakdown of those amounts below:

None

---

Confirm that you have attached to this Claim Form a copy of all lease agreements, payment records, and other correspondence or documentation regarding the Receivership Defendants' lease of the property above. *Please also verify you have attached a completed W-9 Form to this Claim Form.*

Yes None

---

**SECTION 3H: Other (continues on next page)**

---

Please provide a brief explanation of why your claim does not fall within one of the categories listed above:

None

---

Explain your agreement with the Receivership Defendant(s):

None

Provide a breakdown and explanation of your claim:  <p style="text-align: center;">NONE</p>
State the total amount of your claim: \$ _____
Confirm that you have attached to this Claim Form a copy of all receipts, contracts, agreements, records, tax forms (e.g. W-9, W-4), and other documents or correspondence regarding the Receivership Defendants evidencing your claim. <input type="checkbox"/> Yes <p style="text-align: center;">NONE</p>

<b>STEP FOUR: Additional Information</b>
If there is any additional information the Receiver needs to know, please provide an explanation here:          

*If any additional space is needed to respond to any of the questions above, you may attach additional sheets to this Claim Form. State the claimant's name in the upper right-hand corner of each sheet and the question(s) to which you are responding.*

**Signature and Verification is on the following page.**

### SIGNATURE & VERIFICATION

This Claim Form must be signed by each person making the claim to be valid, or by an authorized agent of the claimant(s). *I declare under penalty of perjury that the information provided in and with this Claim Form is true and correct to the best of my knowledge, information, and reasonable belief.*

Print Name: SCOTT LARSON  
Signature: [Handwritten Signature]  
Title: \_\_\_\_\_

10-7-2019  
Date

Print Name: \_\_\_\_\_  
Signature: [Handwritten Signature]  
Title: \_\_\_\_\_

\_\_\_\_\_  
Date

**SUBMIT YOUR COMPLETED CLAIM FORM TO THE RECEIVER  
DO NOT FILE YOUR CLAIM FORM WITH THE COURT**

*This Form may be completed and submitted via U.S. Mail, overnight mail or hand delivery addressed to the following: Parr Brown Gee & Loveless, Attn: Claim Form, 101 South 200 East, Suite 700, Salt Lake City, Utah 84111; or submitted by email at: [rustclaims@parrbrown.com](mailto:rustclaims@parrbrown.com).*

**COMPLETED CLAIM FORM MUST BE RECEIVED BY THE RECEIVER  
ON OR BEFORE OCTOBER 4, 2019.**

**[Questions? See Attached Claim Form Instructions.]**

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filters with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2019</b>
1 Your first name and middle initial SCOTT		Last name LAND		2 Your social security number [REDACTED]
Home address (number and street or rural route) 505 S. CAMELIA DRIVE			3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code. CHARLOTTE, NC 28225			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶				7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶			Date ▶ 10-2-19	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p><b>Scott Lang LLC</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <p><b>505 S. Camellia Drive</b></p> <p><b>6</b> City, state, and ZIP code</p> <p><b>Chandler, Arizona 85225</b></p>	<p><b>7</b> List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
2	0	-	1	4	5	3	3	8	5

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ _____
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*





*I don't know how to answer this* Page 4

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6 Subtract line 5 from line 4 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 85,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form **W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>
	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>
	<p>Requester's name and address (optional)</p>

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					
<b>or</b>								
<b>Employer identification number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505. If you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

*I don't know how to answer this*

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b> _____
<b>D</b>	Enter "1" if: { • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	<b>D</b> _____
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .	<b>E</b> _____
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .	<b>F</b> _____
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b> _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have **more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b> \$ _____
<b>2</b>	Enter: { \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	<b>2</b> \$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b> \$ _____
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b> \$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b> \$ _____
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b> \$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b> \$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b> _____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b> _____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b> _____



**Scott Lang Leadership**  
505 South Camellia Drive  
Chandler, Arizona 85225  
(480) 577-5264

October 1, 2018

## **Musician's Toolkit Invoice**

Consulting Agreement — September 2018	\$5,000.00
<b>Total</b>	<b>\$5,000.00</b>

Checks should be made to:

Scott Lang  
505 South Camellia Drive  
Chandler, Arizona 85225

EIN: 20-1453385



**Scott Lang Leadership**  
505 South Camellia Drive  
Chandler, Arizona 85225  
(480) 577-5264

November 1, 2018

## **Musician's Toolkit Invoice**

Consulting Agreement — October 2018	\$5,000.00
<b>Total</b>	<b>\$5,000.00</b>

Checks should be made to:

Scott Lang  
505 South Camellia Drive  
Chandler, Arizona 85225

EIN: 20-1453385



**Scott Lang Leadership**  
505 South Camellia Drive  
Chandler, Arizona 85225  
(480) 577-5264

December 1, 2018

## **Musician's Toolkit Invoice**

Consulting Agreement — November 2018	\$5,000.00
<b>Total</b>	<b>\$5,000.00</b>

Checks should be made to:

Scott Lang  
505 South Camellia Drive  
Chandler, Arizona 85225

EIN: 20-1453385





**Scott Lang Leadership**  
505 South Camellia Drive  
Chandler, Arizona 85225  
(480) 577-5264

April 1, 2019

## **Musician's Toolkit Invoice**

Remainder of Consulting Agreement — December 2018 through April 2019	\$25,000.00
-------------------------------------------------------------------------	-------------

<b>Total</b>	<b>\$25,000.00</b>
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Checks should be made to:

Scott Lang  
505 South Camellia Drive  
Chandler, Arizona 85225

EIN: 20-1453385

## **CONSULTING AGREEMENT**

**THIS CONSULTING AGREEMENT (the "Agreement") dated this 21ST day of April, 2017**

**BETWEEN:**

Musicians Toolkit of Salt Lake City, Utah,  
(the "Client")

**AND -**

Scott Lang Leadership of 505 S. Camellia Drive, Chandler, Arizona, 85225  
(the "Contractor"),

**BACKGROUND:**

The Client is of the opinion that the Contractor has the necessary qualifications, experience and abilities to provide services to the Client.

The Contractor is agreeable to providing such services to the Client on the terms and conditions set out in this Agreement.

**IN CONSIDERATION OF** the matters described above and of the mutual benefits and obligations set forth in this Agreement, the receipt and sufficiency of which consideration is hereby acknowledged, the Client and the Contractor (individually the "Party" and collectively the "Parties" to this Agreement) agree as follows:

**Services Provided**

The Client hereby agrees to engage the Contractor to provide the Client with services (the "Services") consisting of:

Services will include analyzing Client needs and current business obstacles, identifying projects, scoping potential business solutions, developing content, and implementing marketing strategies.

The Services will also include any other tasks which the Parties may agree on. The Contractor hereby agrees to provide such Services to the Client.

**Term of Agreement**

The term of this Agreement (the "Term") will begin on the date of this Agreement and will remain in full force and effect until April 21, 2018, subject to earlier termination as provided in this Agreement. The Term of this Agreement may be extended with the written consent of the Parties.

In the event that either Party breaches a material provision under this Agreement, the non-defaulting Party may terminate this Agreement and require the defaulting Party to indemnify the non-defaulting Party against all reasonable damages.

**Performance**

The Parties agree to do everything necessary to ensure that the terms of this Agreement take effect.

**Compensation**

For the services rendered by the Contractor as required by this Agreement, the Client will provide compensation (the "Compensation") to the Contractor of \$5,000.00 per month.

Invoices submitted by the Contractor to the Client are due within 30 days of receipt.

**Reimbursement of Expenses**

The Contractor will be reimbursed from time to time for reasonable and necessary travel expenses incurred by the Contractor in connection with providing the Services under this Agreement.

All expenses must be pre-approved by the Client.

**Confidentiality**

Confidential information (the "Confidential Information") refers to any data or information relating to the business of the Client which would reasonably be considered to be proprietary to the Client including, but not limited to, accounting records, business processes, and Client records and that is not generally known in the industry of the Client and where the release of that Confidential Information could reasonably be expected to cause harm to the Client.

The Contractor agrees that they will not disclose, divulge, reveal, report or use, for any purpose, any Confidential Information which the Contractor has obtained, except as authorized by the Client or as required by law. The obligations of confidentiality will apply during the term of this Agreement and will survive indefinitely upon termination of this Agreement.

All written and oral information and material disclosed or provided by the Client to the Contractor under this Agreement is Confidential Information regardless of whether it was provided before or after the date of this Agreement or how it was provided to the Contractor.

#### **Ownership of Intellectual Property**

All intellectual property and related material (the "Intellectual Property") that is developed or produced under this Agreement for Musician's Toolkit, will be "Work for Hire" as defined in copyright law. Title, copyright, intellectual property rights and distribution rights of the Intellectual Property belong to the Client.

#### **Return of Property**

Upon the expiry or termination of this Agreement, the Contractor will return to the Client any property, documentation, records, or Confidential Information which is the property of the Client.

#### **Capacity/Independent Contractor**

In providing the Services under this Agreement it is expressly agreed that the Contractor is acting as an independent contractor and not as an employee. The Contractor and the Client acknowledge that this Agreement does not create a partnership or joint venture between them, and is exclusively a contract for service. The Client is not required to pay, or make any contributions to, any social security, local, state or federal tax, unemployment

compensation, workers' compensation, insurance premium, profit-sharing, pension or any other employee benefit for the Contractor during the Term. The Contractor is responsible for paying, and complying with reporting requirements for, all local, state and federal taxes related to payments made to the Contractor under this Agreement.

### **Notice**

All notices, requests, demands or other communications required or permitted by the terms of this Agreement will be given in writing and delivered to the Parties of this Agreement as follows:

Musicians Toolkit  
242 East 300 South  
Salt Lake City, UT 84111

Scott Lang Leadership  
505 S. Camellia Drive, Chandler, Arizona, 85225

or to such other address as any Party may from time to time notify the other, and will be deemed to be properly delivered (a) immediately upon being served personally, (b) two days after being deposited with the postal service if served by registered mail, or (c) the following day after being deposited with an overnight courier.

### **Indemnification**

Except to the extent paid in settlement from any applicable insurance policies, and to the extent permitted by applicable law, each Party agrees to indemnify and hold harmless the other Party, and its respective directors, stockholders, affiliates, officers, agents, employees, and permitted successors and assigns against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, which result from or arise out of any act or omission of the indemnifying party, its respective directors, stockholders, affiliates, officers, agents, employees, and permitted successors and assigns that occurs in connection with this Agreement. This indemnification will survive the termination of this Agreement.

**Additional Clause**

Musicians Toolkit agrees that any original written/video content and or user database content shall be used with mutual agreement by both parties as long as the consultant agreement is in place. At the termination of the relationship it is the intent of the Client to license all content specific to Scott Lang and or Be Part of the Music for use by the Musicians Toolkit system.

**Modification of Agreement**

Any amendment or modification of this Agreement or additional obligation assumed by either Party in connection with this Agreement will only be binding if evidenced in writing signed by each Party or an authorized representative of each Party.

**Time of the Essence**

Time is of the essence in this Agreement. No extension or variation of this Agreement will operate as a waiver of this provision.

**Assignment**

The Contractor will not voluntarily, or by operation of law, assign or otherwise transfer its obligations under this Agreement without the prior written consent of the Client.

**Entire Agreement**

It is agreed that there is no representation, warranty, collateral agreement or condition affecting this Agreement except as expressly provided in this Agreement.

**Enurement**

This Agreement will enure to the benefit of and be binding on the Parties and their respective heirs, executors, administrators and permitted successors and assigns.

**Titles/Headings**

Headings are inserted for the convenience of the Parties only and are not to be considered when interpreting this Agreement.

**Gender**

Words in the singular mean and include the plural and vice versa. Words in the masculine mean and include the feminine and vice versa.

**Governing Law**

It is the intention of the Parties to this Agreement that this Agreement and the performance under this Agreement, and all suits and special proceedings under this Agreement, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of Utah, without regard to the jurisdiction in which any action or special proceeding may be instituted.

**Severability**

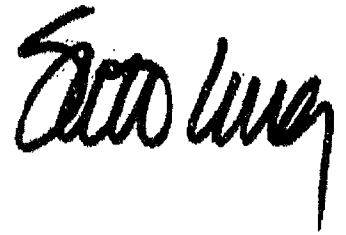
In the event that any of the provisions of this Agreement are held to be invalid or unenforceable in whole or in part, all other provisions will nevertheless continue to be valid and enforceable with the invalid or unenforceable parts severed from the remainder of this Agreement.

**Waiver**

The waiver by either Party of a breach, default, delay or omission of any of the provisions of this Agreement by the other Party will not be construed as a waiver of any subsequent breach of the same or other provisions.

**IN WITNESS WHEREOF** the Parties have duly affixed their signatures under hand and seal on this 4-26 day of April, 2017.

Musicjans Toolkit (Client)  
Per \_\_\_\_\_ (SEAL)

A handwritten signature in black ink, appearing to read "Scott Lang". The signature is written in a cursive, somewhat stylized font.

---

Scott Lang Leadership (Contractor)



# **EXHIBIT 3**

# **EXHIBIT 3**

# **EXHIBIT 3**

Scott Lang  
Be Part of the Music  
Claimant # CL 360

May 15th, 2023

Subject: Disputing Non-Receipt of Funds as a Contractor - Urgent Action Required

To whom it may concern,

I hope this email finds you well. I am writing to bring to your immediate attention a grave matter regarding my involvement as a contractor with the Gaylen Rust Ponzi scheme. I, Scott Lang, on behalf of Be part of the Music regret to inform you that despite fulfilling my contractual obligations, I have not received the agreed-upon compensation for my services. I kindly request your assistance and intervention in resolving this matter promptly.

To provide context, my three year exclusive contractual agreement with [Gaylen Rust] was entered into on [January of 2017]. I carried out my duties diligently and performed all tasks as outlined in our agreement. However, the promised funds that were to be disbursed to me have not been received. Given the circumstances, I believe it is imperative to invoke legal protections available under current U.S. law

As a part of the agreement, Musician's Toolkit agree to pay \$150,000 for exclusivity as a sponsor, requiring BPOTM to sever relationships and terminate sponsorships already in place worth approximately \$75,000 per annum. After just eight months, Musician's Toolkit stopped paying, leaving BPOTM with out an funding or ability to return to its previous sponsors.

BPOTM remained with out funding for 24 months, released employees, and stopped all operations, causing long-term and irreparable harm.

According to the Securities Exchange Act of 1934, Section 10(b) and Rule 10b-5, Gaylen Rust's fraudulent activities clearly fall within the scope of this provision, as they have induced me and numerous others into providing services based on false representations and promises of payment.

Furthermore, the Ponzi Scheme Exception to the Bankruptcy Code, as outlined in the U.S. Bankruptcy Code Section 548, is another relevant legal provision in this matter. It prohibits the transfer of property made by the debtor with the intent to hinder, delay, or defraud creditors. By failing to remit the funds owed to me, Rust Enterprises has effectively engaged in fraudulent transfers, hindering my rightful claim as a contractor.

In light of these legal violations, I kindly request your assistance in pursuing appropriate legal action against be eligible to receive the full value of my stated contract. It is crucial to act swiftly to protect the interests of contractors like myself who have been victims of this fraudulent scheme. I am open to discussing the necessary steps and collaborating with legal authorities to ensure a fair resolution to this matter.

I have already submitted copies of relevant documents, including my contract with Gaylen Rust and any communication demonstrating the assurances of payment. Additionally, please let me know if there are any further documents or evidence required to support my claim.

Frankly, it is disheartening to see that (some) investors are qualified (but will not receive) full compensation while non-investors and employees are cast aside and only eligible for partial compensation.

I sincerely appreciate your attention to this pressing matter. Given the gravity of the situation, I kindly ask for regular updates regarding the progress of the investigation and any actions taken. Thank you for your understanding, and I look forward to your prompt response.

Please confirm the receipt of this letter and claim of dispute.

Yours faithfully,

Scott Lang  
Be Part of the Music  
505 South Camellia Drive  
Chandler, Arizona 85225  
(480) 577-5264  
scott@scottlang.net

# **EXHIBIT 4**

# **EXHIBIT 4**

# **EXHIBIT 4**

CLAIM FORM

Commodity Futures Trading Commission, et al.,

v.

Rust Rare Coin Inc.; Gaylen Dean Rust; Denise Gunderson Rust; Joshua Daniel Rust; Aleesha Rust Franklin; R Legacy Racing Inc.; R Legacy Entertainment LLC; R Legacy Investments LLC\*

RECEIVER USE ONLY:

Date Form received:

10/4/2019

Claim Number:

~~CL0461~~  
CL0461

(H)  
(M)

STEP ONE: General Information

Claimant Name(s) (The person or entity owed money by one of the Receivership Defendants. Claims for a company must be made by the company, not by the individual members or shareholders. See Claim Form Instructions for more details.):

LARRY MICHAEL SMITH & RAE ELLEN SMITH  
aka - L. Mike Smith  
MIKE SMITH, SR.

Contact Information:

Address: 1314 S. 920 W. Hurricane, UT 84737  
Telephone Number: 480-309-0850  
Email: Lmsmithy2@gmail.com

Social Security Number or Federal Employer Identification Number

(If claimant is a married couple, list the social security numbers for both partners.):

[Redacted]

Attorney Information (If claimant is represented by an attorney.):

Attorney Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
N/A

\* The "Receivership Defendants" also include Torque Entertainment LLC, The Writer's Den LLC, Den of Music, Alrighty Den, Den What Music, and the following dba's of R Legacy Entertainment LLC: Huge Studios, Sage and Thistle, Yourldsmusic.com, Legacy Studio, The Brick Room, Refinement Records, Big Door Entertainment, Hugessound Music International, Hugessound Music Unlimited, Sage and Thistle Collective, S&T Collective, Youldsradio.com, Sage and Thistle Rentals, R Music Store, Sputnik, Big Door Video, Sage and Thistle Events, Hugessound Post Production, Big Door Network, Positive Music and Downloads, Inspire My Life, Sounds of Zion Music, Musician's Toolkit, Torque Media, Soundcheck, Big Door Booking, Huge Sound, Chance Thomas Music, Hugessound Music Worldwide, and Denise Entertainment Rust.

**Distributions:** Distributions, if any, will be made to the claimant identified above at the address listed. Please fill in this section ONLY if you would like all or part of any distribution made to a retirement custodian or other person. If this portion is completed, all distributions will be made as directed unless instructed otherwise in writing:

Company Name	Retirement Acct. Name	Acct. Number	% of Dist.
<b>Other Payee Name</b>	<b>Address</b>	<b>Acct. Number</b>	<b>% of Dist.</b>
<b>NOT APPLICABLE (NA)</b>			
<b>Related Claims</b>			

Please check the following box if you answer YES to any of the following questions:

Yes, my claim is related to other claims.

- Are you filing multiple Claim Forms in this matter? If so, please list the name(s) of the other claimant(s): MATTHEW WATSON, CHADD WATSON, CAMI SMITH, TRACY ECKERT, TYSON SMITH, SHAWNA SMITH
- Did you make any investment through a trust or company (i.e. LLC, corporation, partnership, etc.)? If so, please list the name(s) of these entities: NO
- Did you invest as part of an investor group? If so, please list the name of that group: YES MIKE SMITH (Self)
- Did anyone else invest money for you on your behalf? If so, please list the names of those persons: NO

*Brayden Watson*

**STEP TWO: Categorize Your Claim (continues on next page)**

Using the information below, determine the correct category of your claim based on the facts surrounding your debt. Please then skip to the corresponding Section listed below. If your claim(s) fall under more than one category, please fill out all relevant Sections.

<b>INVESTOR</b> [SKIP TO SECTION 3A]	Generally, this category includes all investors. Specifically, this category includes all persons or entities that provided assets of any kind to Gaylen Dean Rust, Denise Gunderson Rust, or Rust Rare Coin Inc. for the purpose of investing in the silver pool investment scheme or any other investment opportunity.
<b>VENDOR</b> [SKIP TO SECTION 3B]	A merchant, supplier, tradesman, or similar provider who provided goods or services to a Receivership Defendant in exchange for payment. This category also includes any customer who sold goods or services to a Receivership Defendant.
<b>CUSTOMER</b> [SKIP TO SECTION 3C]	A person or entity that purchased goods or services of any kind from any of the Receivership Defendants and failed to receive any portion of those goods or services.

<p><b>EMPLOYEE/ INDEPENDENT CONTRACTOR/ JOINT VENTURE PARTNER [SKIP TO SECTION 3D]</b></p>	<p>A person or entity that was entitled to receive wages or a salary from any of the Receivership Defendants but was not paid such wages or salary. This also includes all persons or entities who had a joint venture, partnership or other contractual arrangement with any of the Receivership Defendants to run or own a business.</p>		
<p><b>ROYALTY RECIPIENT [SKIP TO SECTION 3E]</b></p>	<p>A person or entity that entered into an agreement with any of the Receivership Defendants for the sole purpose of receiving royalty payments.</p>		
<p><b>LENDER/ SECURED CREDITOR [SKIP TO SECTION 3F]</b></p>	<p>A person or entity that lent money secured by a lien on any specific assets owned by any of the Receivership Defendants.</p>		
<p><b>LANDLORD [SKIP TO SECTION 3G]</b></p>	<p>A person or entity that acted as a landlord to any of the Receivership Defendants.</p>		
<p><b>OTHER [SKIP TO SECTION 3H]</b></p>	<p>This category is for a person or entity that does not fit within any of the other categories listed above. <i>Please review the categories above carefully before selecting this category for your claim.</i></p>		
<p><b>STEP THREE: Claim Information &amp; Supporting Documentation</b></p>			
<p><i>Please skip to the Section corresponding with your selected claim category/categories above.</i></p>			
<p><b>SECTION 3A: Investor (continues on next page)</b></p>			
<p><b>IMPORTANT NOTE:</b> <i>If this is a claim for a COMPANY, only payments made by or to the COMPANY should be listed below. DO NOT include payments made by or to the members or shareholders.</i></p>			
<p><b>Investment Contribution Information</b> Identify the date and amount of each and every payment made by you to a Receivership Defendant.</p>	<p><b>Type of Investment</b> Please identify the type and/or form of your investment(s) by checking the applicable boxes below:  <input type="checkbox"/> Cash    <input checked="" type="checkbox"/> Check    <input type="checkbox"/> Wire Transfer    <input checked="" type="checkbox"/> Physical Metals    <input type="checkbox"/> Other (list below)</p>		
<p><b>Date</b></p>	<p><b>Amount/Value</b></p>	<p><b>Type</b></p>	<p><b>Additional Notes</b></p>
<p>SEE Attached Spreadsheet Titled- Mike Smith Group- Rust Silver Pool</p>			

<b>Investment Payout/Distribution Information</b>			
Identify the date and amount of each and every payment you received or that was paid on your behalf to another party from a Receivership Defendant for any reason, including the payment of interest, principal, return of capital, profit from sale of a property, fees, reimbursement of expenses, commissions, mortgages, charitable donations, etc.			
<b>Type of Payout/Distribution</b>			
Please identify the type and/or form of any investment payout/distribution by checking the applicable boxes below:			
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Physical Metals <input type="checkbox"/> Other (list below)			
Date	Amount/Value	Type	Name of Payout Recipient
See Attached Spreadsheet titled Mike Smith Group - Group Dispersments			
Did you receive a commission, finder's fee, referral fee, or similar payment from any third party or Receivership Defendant related to any investment?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, please state the total amount of these fees received by you.			
\$ _____			
<b>TOTAL CLAIM:</b>			
A. Total payments and value given by claimant TO Receivership Defendants:			
\$ <u>See Attached</u> \$142,051.75			
B. Total payouts and value received by claimant FROM Receivership Defendants (including commissions):			
\$ <u>See Attached</u> - \$140,660.07			
Subtract <u>Line B</u> from <u>Line A</u> : \$ <u>1,391.68</u>			
Confirm that you have attached to this Claim Form all correspondence, agreements, or other records evidencing your arrangement with the Receivership Defendants, along with all statements or accountings you received concerning your investment, including copies of all checks, wire transfer records, bank statements, receipts, etc.			
<input checked="" type="checkbox"/> Yes <u>Most of the group have submitted their own Claims</u>			
If the claimant is a COMPANY, not an individual, please provide the following information:			
Type of organization: _____			
State of organization: _____			
Principals of Company and percentage of ownership: _____			
<div style="font-size: 2em; font-family: cursive;">N/A</div>			



**SECTION 3B: Vendor**

Your responses below should be based on the date the goods were delivered or the services provided, NOT the date of the invoice. If any goods or services were provided AFTER November 15, 2018 (the "Appointment Date"), identify the unpaid amounts which are for goods or services provided BEFORE the Appointment Date and which are for goods and services provided AFTER the Appointment Date.

Date	Amount Owed	Explain the general nature of the goods/services provided
	N/A	

State the terms upon which payment was to be made:

Confirm that you have attached to this Claim Form a copy of all outstanding invoices for goods delivered or services provided by you to any Receivership Defendant for which you were not paid. Please also verify you have attached a completed W-9 Form to this Claim Form.

Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3C: Customer**

Briefly describe the good(s) or service(s) that you purchased from any Receivership Defendant that you have not yet received:

Transaction Date	Amount Paid	Identify the specific goods or services purchased
	N/A	

Confirm that you have attached to this Claim Form a copy of all receipts, order forms, confirmations, correspondence, payment records, or other documentation evidencing the above transactions.

Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3D: Employee/Independent Contractor/Joint Venture Partner  
(continues on next page)**

Identify the dates during which you provided employment services to or had a business relationship with any Receivership Defendant:

Identify the general nature of your employment services or your business arrangement with any Receivership Defendant:

N/A

Explain your rate of payment (e.g. hourly wage amount, yearly salary amount, etc.) or other compensation details:

Identify the amount of any unpaid wages/payments owed to you: \$ \_\_\_\_\_

Identify whether you have any additional claims other than wages, such as leave benefits (e.g. PTO):

Identify the value of these benefits: \$ \_\_\_\_\_  
 Please provide a breakdown of how this value was calculated:

Confirm that you have attached to this Claim Form a copy of all employment agreements, joint venture agreements, contracts, pay stubs, checks, correspondence, or other employment records documenting your employment services and rate of pay. *Please also verify you have attached a completed W-9 Form (contractor or joint venture partner) or W-4 Form (employee) to this Claim Form.*

Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3E: Royalty Recipient**

Identify the general nature of your agreement(s) with any Receivership Defendant:

Unpaid Royalties Due Date	Amount Owed	Confirm that you have attached to this Claim Form a copy of the royalty arrangement, agreement, or contract you had with any of the Receivership Defendants and any other correspondence or documents evidencing the same. <i>Please also verify you have attached a completed W-9 Form to this Claim Form.</i>	
			<input type="checkbox"/> Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3F: Lender/Secured Creditor (continues on next page)**

Identify the relevant terms surrounding your transaction(s) with any Receivership Defendant in the chart below. *\*Please note that if you invested in Mr. Rust's silver investment pool and were told your investment was backed by silver and/or other physical metals, please fill out Section 3A for investors above, not this Section.\**

Transaction Date	Amount	Collateral (Specific Property Securing Loan)

Confirm that you have attached to this Claim Form a copy of all loan documents, security agreements, and other contracts or correspondence with any of the Receivership Defendants evidencing the above transactions. <i>Please also verify you have attached a completed W-9 Form to this Claim Form.</i> <input type="checkbox"/> Yes
State the total amount of your claim: \$ <u>N/A</u>
<b>SECTION 3G: Landlord</b>
Address of Leased Property: <u>N/A</u>
Monthly Rent Amount: \$ <u>N/A</u>
<b>Amount of Unpaid Rent BEFORE November 15, 2018:</b> \$ <u>N/A</u> From <u>N/A</u> (DD/MM/YYYY) to <u>N/A</u> (DD/MM/YYYY)
<b>Amount of Unpaid Rent AFTER November 15, 2018:</b> \$ <u>N/A</u> From <u>N/A</u> (DD/MM/YYYY) to <u>N/A</u> (DD/MM/YYYY)
State the total amount of your claim: \$ <u>N/A</u>
If the total amount of your claim includes any charge(s) other than rent (e.g. utilities, fees, damages, etc.), please provide a breakdown of those amounts below: <u>N/A</u>
Confirm that you have attached to this Claim Form a copy of all lease agreements, payment records, and other correspondence or documentation regarding the Receivership Defendants' lease of the property above. <i>Please also verify you have attached a completed W-9 Form to this Claim Form.</i> <input type="checkbox"/> Yes
<b>SECTION 3H: Other (continues on next page)</b>
Please provide a brief explanation of why your claim does <u>not</u> fall within one of the categories listed above: <u>N/A</u>
Explain your agreement with the Receivership Defendant(s): <u>N/A</u>

Provide a breakdown and explanation of your claim:
State the total amount of your claim: \$ _____
Confirm that you have attached to this Claim Form a copy of all receipts, contracts, agreements, records, tax forms (e.g. W-9, W-4), and other documents or correspondence regarding the Receivership Defendants evidencing your claim. <input type="checkbox"/> Yes

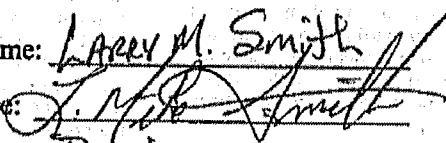
<b>STEP FOUR: Additional Information</b>
If there is any additional information the Receiver needs to know, please provide an explanation here:

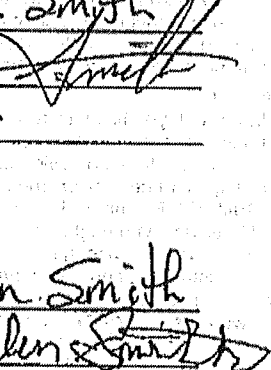
*If any additional space is needed to respond to any of the questions above, you may attach additional sheets to this Claim Form. State the claimant's name in the upper right-hand corner of each sheet and the question(s) to which you are responding.*

**Signature and Verification is on the following page.**

## SIGNATURE & VERIFICATION

This Claim Form must be signed by each person making the claim to be valid, or by an authorized agent of the claimant(s). *I declare under penalty of perjury that the information provided in and with this Claim Form is true and correct to the best of my knowledge, information, and reasonable belief.*

Print Name: Lacey M. Smith  
Signature:   
Title: Investor  
Date: 9/30/19

Print Name: Rae Ellen Smith  
Signature:   
Title: Investor  
Date: 9/30/19

**SUBMIT YOUR COMPLETED CLAIM FORM TO THE RECEIVER  
DO NOT FILE YOUR CLAIM FORM WITH THE COURT**

*This Form may be completed and submitted via U.S. Mail, overnight mail or hand delivery addressed to the following: Parr Brown Gee & Loveless, Attn: Claim Form, 101 South 200 East, Suite 700, Salt Lake City, Utah 84111; or submitted by email at: [rustclaims@parrbrown.com](mailto:rustclaims@parrbrown.com).*

**COMPLETED CLAIM FORM MUST BE RECEIVED BY THE RECEIVER  
ON OR BEFORE OCTOBER 4, 2019.**

**[Questions? See Attached Claim Form Instructions.]**

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1382, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>
Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Your first name and middle initial LARRY M		Last name SMITH		2 Your social security number [REDACTED]
Home address (number and street or rural route) 1314 S GROW				
City or town, state, and ZIP code Hurricane, UT 84737				
3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5 2
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.				
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. <input type="checkbox"/>				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) <i>Larry M. Smith</i> Date <i>10/1/19</i>				
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Director of New Hire.)			9 First date of employment	10 Employer identification number (EIN)

Form **W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <span style="font-size: 1.2em; font-family: cursive;">LARRY Michael Smith</span></p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC     <input type="checkbox"/> C Corporation     <input type="checkbox"/> S Corporation     <input type="checkbox"/> Partnership     <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> <p>5 Address (number, street, and apt. or suite no.) See instructions.  <span style="font-size: 1.2em; font-family: cursive;">1314 S. 920 W</span></p> <p>6 City, state, and ZIP code  <span style="font-size: 1.2em; font-family: cursive;">Hurricane, UT 84737</span></p> <p>7 List account number(s) here (optional)</p>	Requester's name and address (optional)
--------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>										

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 \_\_\_\_\_
  - 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet. 3 \_\_\_\_\_
- Note:** If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6 Subtract line 5 from line 4 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,000	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 33,000	3	27,501 - 32,000	3	173,901 - 328,950	1,000	81,701 - 158,225	1,000
33,001 - 40,000	4	32,001 - 40,000	4	328,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,650	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,651 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 185,000	17	180,001 and over	17				
185,001 - 205,000	18						
205,001 and over	19						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself	<b>A</b>	_____
<b>B</b>	Enter "1" if you will file as married filing jointly	<b>B</b>	_____
<b>C</b>	Enter "1" if you will file as head of household	<b>C</b>	_____
<b>D</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>D</b>	_____
<b>E</b>	<p><b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-"</li> </ul>	<b>E</b>	_____
<b>F</b>	<p><b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-"</li> </ul>	<b>F</b>	_____
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter the total here	<b>H</b>	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	<b>1</b>	\$ _____
<b>2</b>	Enter: <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul>	<b>2</b>	\$ _____
<b>3</b>	Subtract line 2 from line 1. If zero or less, enter "-0-"	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	<b>4</b>	\$ _____
<b>5</b>	Add lines 3 and 4 and enter the total	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	<b>6</b>	\$ _____
<b>7</b>	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	<b>7</b>	\$ _____
<b>8</b>	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	<b>8</b>	_____
<b>9</b>	Enter the number from the Personal Allowances Worksheet, line H, above	<b>9</b>	_____
<b>10</b>	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

Income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-B in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-B.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

From the desk of:

L. Mike & RaeEllen Smith  
1314 S. 920 W.  
Hurricane, UT 84737

Parr Brown, Gee & Loveless, Attorneys  
101 S 200 E  
Suite 700  
SLC, UT 84111

October 4, 2019

Subj: L. Mike Smith Rust Silver Investment

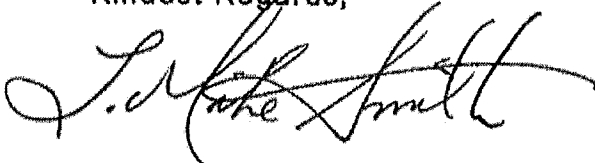
To Whom It May Concern;

Enclosed with this letter is my claim for the Rust Silver Investment as directed by your offices.

Hopefully I have provided all of the information you require. If not, please inform me of any deficiencies and I will remedy those as best I can.

Thank you for your efforts in recouping our losses.

Kindest Regards,

A handwritten signature in black ink, appearing to read "L. Mike Smith", written in a cursive style.

Larry M. (Mike) Smith

*MS*

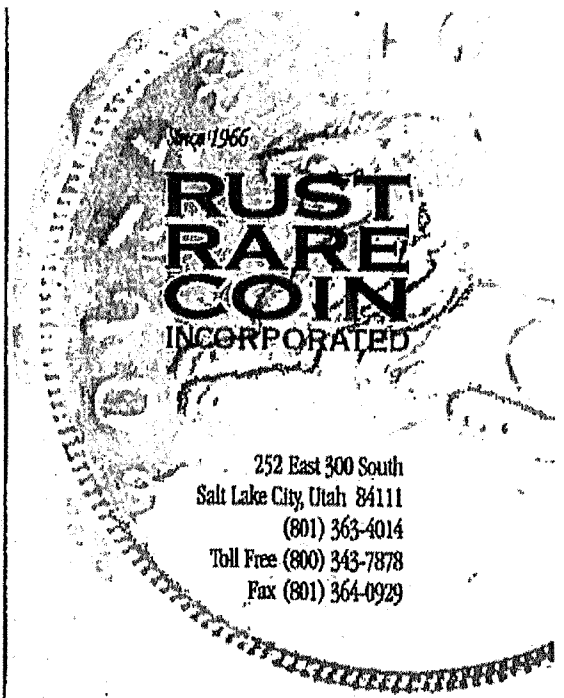
Name **Mike Smith**  
Date **9/4/2014**

Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
	1022	0	\$ -	19.56	1098		\$ 17.68	\$ 38,913.68
investment	9/15/2014 16 Krands				1103			
investment								
Draw								

\$ 38,913.68  
*9-23-2014*

**Sales**

Rollover/D	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
9/4/2014	500	\$ 19.25	\$ 9,625.00	9/4/2014	504	\$ 19.08	\$ 9,616.32	4
9/8/2014	500	\$ 19.22	\$ 9,610.00	9/8/2014	506	\$ 18.98	\$ 9,603.88	6
9/11/2014	500	\$ 18.85	\$ 9,425.00	9/11/2014	505	\$ 18.63	\$ 9,408.15	5
9/17/2014	1000	\$ 18.64	\$ 18,640.00	9/17/2014	1010	\$ 18.45	\$ 18,634.50	10
9/18/2014	1000	\$ 18.46	\$ 18,460.00	9/18/2014	1005	\$ 18.35	\$ 18,441.75	5
9/19/2014	1000	\$ 18.42	\$ 18,420.00	9/19/2014	1029	\$ 17.89	\$ 18,408.81	29
9/21/2014	1000	\$ 17.77	\$ 17,770.00	9/22/2014	1017	\$ 17.46	\$ 17,756.82	17
								76
								\$ 1,343.68



Mike S. 10-25-2014.xls

*MS*

Name Mike & Rea Eilten Smith  
Date 9/4/20104

Date	Beginning Onces	Fee	Price	Current Onces	Total	Current Price	Total Value
10/3/14	1022 V	\$ -	19.56	2360 V		\$ 17.21	\$ 73,280.18
Investment				1898 V			
Investment							
Draw				4258 V			\$ 73,280.18

Sales

Rollover/Date	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
9/30/14	1000	\$ 17.43	\$ 17,430.00	9/30/14	1012	\$ 17.21	\$ 17,416.52	12
9/30/14	1000	\$ 17.31	\$ 17,310.00	9/30/14	1020	\$ 16.97	\$ 17,309.40	20
10/2/14	1000	\$ 17.21	\$ 17,210.00	10/2/14	1011	\$ 17.02	\$ 17,207.22	11
10/3/14	1000	\$ 16.97	\$ 16,970.00	10/3/14	1014	\$ 16.73	\$ 16,964.22	14
10/7/14	2000	\$ 17.48	\$ 34,960.00	10/7/14	2019	\$ 17.31	\$ 34,948.89	19
10/8/14	2000	\$ 17.33	\$ 34,660.00	10/8/14	2019	\$ 17.16	\$ 34,646.04	19
10/9/14	2000	\$ 17.58	\$ 35,160.00	10/9/14	2016	\$ 17.44	\$ 35,159.04	16
10/14/14	2000	\$ 17.52	\$ 35,040.00	10/14/14	2017	\$ 17.37	\$ 35,035.29	17
10/22/14	2000	\$ 17.33	\$ 34,660.00	10/23/14	2019	\$ 17.16	\$ 34,646.04	19
10/23/14	2000	\$ 17.18	\$ 34,360.00	10/23/14	2012	\$ 17.07	\$ 34,344.84	12
					159	\$	2,736.39	159

EW

Name **Mike & Rea Ellen Smith**  
 Date 9/4/20104

Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
	1022	4258	\$ -	19.56	4565		\$ 16.42	\$ 74,957.30
Investment								
Investment								
Draw								
					4565			\$ 74,957.30

**Sales**

Rollover/ Dal	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
10/28/14	2000	\$ 17.33	\$ 34,660.00	10/29/14	2012	\$ 17.22	\$ 34,846.64	12
10/29/14	2000	\$ 17.20	\$ 34,400.00	10/30/14	2076	\$ 16.57	\$ 34,399.32	76
10/30/14	2000	\$ 16.60	\$ 33,200.00	10/30/14	2031	\$ 16.34	\$ 33,186.54	31
10/31/14	2000	\$ 16.25	\$ 32,500.00	10/31/14	2022	\$ 16.07	\$ 32,493.54	22
10/31/14	2000	\$ 16.04	\$ 32,080.00	10/31/14	2015	\$ 15.92	\$ 32,078.80	15
11/2/14	2000	\$ 16.08	\$ 32,160.00	11/2/14	2022	\$ 15.90	\$ 32,149.80	22
11/5/14	2000	\$ 15.66	\$ 31,320.00	11/5/14	2056	\$ 15.23	\$ 31,312.88	56
11/16/14	2000	\$ 16.33	\$ 32,660.00	11/17/14	2021	\$ 16.16	\$ 32,659.36	21
11/17/14	2000	\$ 16.24	\$ 32,480.00	11/17/14	2017	\$ 16.10	\$ 32,473.70	17
11/19/14	2000	\$ 16.21	\$ 32,420.00	11/19/14	2022	\$ 16.03	\$ 32,412.66	22
11/21/14	2000	\$ 16.47	\$ 32,940.00	11/21/14	2013	\$ 16.36	\$ 32,932.68	13
					307	\$	\$ 5,040.94	

Name	Date	Beginning	Last	Fee	Price	Current	Total	Current	Total	Current	Total
		Ounces	Statement			Ounces		Ounces		Price	Value
Mike & Rea Ellen Smith	9/4/2014	1022	4555	\$ -	19.56	5104		5104		\$ 16.08	\$ 82,072.32
Investment											
Investment											
Draw											
											\$ 82,072.32 ✓

Sales	Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
	11/28/14	2000	\$ 16.08	\$ 32,160.00	12/1/14	2213	\$ 14.53	\$ 32,154.89	213
	12/1/14	2000	\$ 15.88	\$ 31,760.00	12/1/14	2028	\$ 15.66	\$ 31,758.48	28
	12/1/14	2000	\$ 16.71	\$ 33,420.00	12/1/14	2031	\$ 16.45	\$ 33,409.95	31
	12/2/14	2000	\$ 16.40	\$ 32,800.00	12/2/14	2020	\$ 16.23	\$ 32,784.60	20
	12/3/14	2000	\$ 16.49	\$ 32,980.00	12/3/14	2014	\$ 16.37	\$ 32,969.18	14
	12/5/14	2000	\$ 16.43	\$ 32,860.00	12/5/14	2009	\$ 16.35	\$ 32,847.15	9
	12/10/14	2000	\$ 17.24	\$ 34,480.00	12/10/14	2021	\$ 17.06	\$ 34,478.26	21
	12/15/14	2000	\$ 16.77	\$ 33,540.00	12/16/14	2066	\$ 16.23	\$ 33,531.18	66
	12/16/14	2000	\$ 16.45	\$ 32,900.00	12/16/14	2100	\$ 15.66	\$ 32,886.00	100
	12/22/14	2000	\$ 15.93	\$ 31,860.00	12/22/14	2037	\$ 15.64	\$ 31,858.68	37
									530 ✓
									\$ 8,667.12 ✓

Name Mike & Rea Ellen Smith  
Date 9/4/20104

Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
	1022	5104 ✓	\$ -	19.56	5289	\$ 18.01 ✓	\$ 95,254.89	

*EM*

Investment  
Investment  
Draw

5289 ✓

\$ 95,254.89  
1-28-2015  
*R*

Sales

Rollover/ Da	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
12/29/2014	2000	\$ 16.03	\$ 32,060.00	12/29/2014	2023	\$ 15.84	\$ 32,044.32	23
1/5/2015	2000	\$ 16.12	\$ 32,240.00	1/5/2015	2017	\$ 15.98	\$ 32,251.66	17
1/8/2015	2000	\$ 16.50	\$ 33,000.00	1/8/2015	2014	\$ 16.38	\$ 32,989.32	14
1/9/2015	2000	\$ 16.33	\$ 32,660.00	1/9/2015	2008	\$ 16.26	\$ 32,650.08	8
1/13/2015	2000	\$ 16.94	\$ 33,880.00	1/13/2015	2027	\$ 16.71	\$ 33,871.17	27
1/20/2015	2000	\$ 17.91	\$ 35,820.00	1/20/2015	2010	\$ 17.82	\$ 35,818.20	10
1/21/2015	2000	\$ 18.33	\$ 36,660.00	1/21/2015	2023	\$ 18.12	\$ 36,656.76	23
1/26/2015	2000	\$ 18.31	\$ 36,620.00	1/26/2015	2037	\$ 17.97	\$ 36,604.89	37
1/26/2015	2000	\$ 18.05	\$ 36,100.00	1/26/2015	2026	\$ 17.81	\$ 36,083.06	26
					185	\$	3,331.85 ✓	





Name		Mike & Rea Ellen Smith									
Date		8/4/20104									
	Date	Beginning	Last	Fee	Price	Current	Total	Current		Total	
		Ounces	Statement			Ounces		Price		Value	
Investment		1022	5289	\$0.00	18.58	5464		18.58	✓	90593.12	
Investment											
Raw						5464	✓			90,593.12	
Net											
Buyover/Date	Quantity	Price	Total		Purchases	Quantity	Price	Total	Diff		
2/3/15	2000	17.57	\$35,140.00		2/3/15	2040	17.22	\$35,128.80	40		
2/5/15	2000	17.3	\$34,600.00		2/5/15	2030	17.04	\$34,581.20	30		
2/6/15	2000	17.17	\$34,340.00		2/6/15	2041	16.82	\$34,320.62	41		
2/10/15	2000	16.98	\$33,920.00		2/10/15	2018	16.82	\$33,908.12	18		
2/19/15	2000	16.66	\$33,320.00		2/19/15	2028	16.43	\$33,320.04	28		
2/24/15	2000	16.38	\$32,780.00		2/24/15	2020	16.22	\$32,784.40	20		
									175		\$2,901.50

✓

Mike & Rea Ellen Smith										
Name										
Date										
	Date	Beginning	Last	Fee	Price	Current	Total	Current	Total	
		Ounces	Statement			Ounces		Price	Value	
		1022	5484 ✓	\$0.00	19.58	5885 ✓		17.1	109183	
Investment	2/27/15				18.64	700	\$11,848.00			
Investment										
Draw						8385 ✓			\$109,183	
Sales										
Rollover/ Date	Quantity	Price	Total	Purchases			Quantity	Price	Total	Diff
2/27/15	3000	18.72	\$50,160.00	2/28/15		3030	18.55	\$50,148.50	30	
2/28/15	3000	18.57	\$49,710.00	2/28/15		3020	18.48	\$49,709.20	20	
3/2/15	3000	18.38	\$49,140.00	3/2/15		3040	18.18	\$49,128.40	40	
3/3/15	3000	18.33	\$48,990.00	3/2/15		3022	18.21	\$48,988.82	22	
3/8/15	3000	18.02	\$48,060.00	3/9/15		3039	15.81	\$48,048.58	39	
3/11/15	3000	15.51	\$48,530.00	3/11/15		3027	15.37	\$48,524.99	27	
3/18/15	3000	15.66	\$48,980.00	3/18/15		3017	15.57	\$48,974.69	17	
3/26/15	3000	17.26	51780	3/26/15		3028	17.11	\$51,774.88	28	
									221	\$3,779

Name: Mike & Rea Ellen Smith  
 Date: 4/25/15

Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
	1022	6385 ✓	-	19.56	6631 ✓		\$ 15.76 ✓	\$ 104,504.56
					6631 ✓			\$ 104,504.56
<b>Sales</b>								
Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
3/27/15	3000	\$ 17.09	\$ 51,270.00	3/27/15	3019	\$ 16.98	\$ 51,262.62	19
3/31/15	3000	\$ 16.77	\$ 50,310.00	3/31/15	3028	\$ 16.61	\$ 50,295.08	28
4/8/15	3000	\$ 16.73	\$ 50,190.00	4/8/15	3069	\$ 16.35	\$ 50,178.15	69
4/9/15	3000	\$ 16.32	\$ 48,960.00	4/9/15	3020	\$ 16.21	\$ 48,954.20	20
4/16/15	3000	\$ 16.36	\$ 48,080.00	4/16/15	3025	\$ 16.22	\$ 49,065.50	25
4/20/15	3000	\$ 16.13	\$ 48,390.00	4/21/15	3026	\$ 16.02	\$ 48,476.52	26
4/21/15	3000	\$ 16.08	\$ 48,240.00	4/21/15	3020	\$ 15.97	\$ 48,229.40	20
4/22/15	3000	\$ 15.90	\$ 47,700.00	4/22/15	3024	\$ 15.77	\$ 47,688.48	24
4/23/15	3000	\$ 15.83	\$ 47,490.00	4/23/15	3015	\$ 15.75	\$ 47,486.25	15
					246		\$ 3,876.96 ✓	

Name <u>Mike &amp; Rea Eiken Smith</u>									
Date	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
	5/23/15	1022	6631	\$ -	19.56	8769		\$ 17.07	\$ 112,269.39
Investment									
Draw	4/28/15				\$ 16.56	-182	\$ (3,013.92)		
Draw	5/14/15				\$ 17.33	-10	\$ (173.30)		
						6577			\$ 112,269.39
<b>Sales</b>									
Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff	
5/7/15	3000	\$ 16.36	\$ 49,080.00	5/7/15	3016	\$ 16.27	\$ 49,070.32	16	
5/11/15	3000	\$ 16.42	\$ 49,260.00	5/12/15	3029	\$ 16.26	\$ 49,251.54	29	
5/18/15	3000	\$ 17.60	\$ 52,800.00	5/19/15	3632	\$ 17.41	\$ 52,787.12	32	
5/19/15	3000	\$ 17.33	\$ 51,990.00	5/19/15	3061	\$ 16.98	\$ 51,975.78	61	
								138	\$ 2,355.66



*JMS*

Mike & Rea Ellen Smith									
Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
	7/25/15	1022	6755 ✓	\$ -	19.56	6984 ✓		\$ 14.74 ✓	\$ 102,782.02
Investment Draw	7/14/15				\$ 15.34	-11	\$ (168.74)		\$ 102,782.02 ✓
						6973 ✓			
Sales									
Rollover/ Dai	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff	
6/30/15	3000	\$ 15.62	\$ 46,860.00	6/30/15	3013	\$ 15.55	\$ 46,852.15	13	
7/7/15	3000	\$ 15.53	\$ 46,590.00	7/7/15	3135	\$ 14.86	\$ 46,586.10	135	
7/13/15	3000	\$ 15.44	\$ 46,320.00	7/13/15	3013	\$ 15.37	\$ 46,309.81	13	
7/15/15	3000	\$ 15.26	\$ 45,780.00	7/15/15	3029	\$ 15.11	\$ 45,768.19	29	
7/23/15	3000	\$ 14.71	\$ 44,130.00	7/24/15	2889	\$ 14.52	\$ 44,126.28	39	
								229	\$ 3,375.46 ✓

Mike S. 8-22-2015.xls

*MS*

Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
Mike & Rea Ellen Smith	9/4/2010	1022	6973	\$ -	19.56	7135		\$ 15.35	\$ 109,353.40
Investment Draw	8/14/2015				\$ 15.24	-11	7124		\$ 109,353.40
									✓ (167.64)

Sales Rollover/ De	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
7/27/2015	3000	\$ 14.68	\$ 44,040.00	7/27/2015	3012	\$ 14.62	\$ 44,035.44	12
8/14/2015	3000	\$ 15.54	\$ 46,620.00	8/17/2015	3043	\$ 15.32	\$ 46,618.76	43
8/18/2015	3000	\$ 15.17	\$ 45,510.00	8/18/2015	3075	\$ 14.80	\$ 45,510.00	75
8/20/2015	3000	\$ 15.53	\$ 46,590.00	8/20/2015	3017	\$ 15.44	\$ 46,582.48	17
8/20/2015	3000	\$ 15.32	\$ 45,960.00	8/20/2015	3015	\$ 15.24	\$ 45,948.60	15
								162
								\$ 2,486.70



*MS*

Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
Mike & Rea Ellen Smith	9/4/2014	1022	7124	\$ -	19.56	7526		\$ 15.12 ✓	\$ 113,611.68
Investment	9/15/2015				14.37	-12	(172.44)		\$ 113,611.68 ✓
Draw						7514			

Sales	Rollover/ Da	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
8/23/2015	3000	\$ 15.26	\$ 45,780.00	8/24/2015	3080	\$ 14.96	\$ 45,777.60	60	
8/24/2015	3000	\$ 14.87	\$ 44,610.00	8/24/2015	3028	\$ 14.73	\$ 44,602.44	28	
8/25/2015	3000	\$ 14.78	\$ 44,340.00	8/25/2015	3014	\$ 14.71	\$ 44,335.94	14	
8/25/2015	3000	\$ 14.76	\$ 44,280.00	8/25/2015	3022	\$ 14.65	\$ 44,272.30	22	
8/26/2015	3000	\$ 14.42	\$ 43,260.00	8/26/2015	3070	\$ 14.09	\$ 43,256.30	70	
9/2/2015	3000	\$ 14.72	\$ 44,160.00	9/2/2015	3632	\$ 14.66	\$ 44,145.92	32	
9/3/2015	3000	\$ 14.85	\$ 44,550.00	9/3/2015	3024	\$ 14.73	\$ 44,543.52	24	
9/4/2015	3000	\$ 14.70	\$ 44,100.00	9/4/2015	3014	\$ 14.63	\$ 44,094.82	14	
9/11/2015	3000	\$ 14.53	\$ 43,590.00	9/11/2015	3022	\$ 14.42	\$ 43,577.24	22	
9/14/2015	3000	\$ 14.51	\$ 43,530.00	9/15/2015	3037	\$ 14.33	\$ 43,520.21	37	
9/18/2015	3000	\$ 15.36	\$ 46,080.00	9/21/2015	3029	\$ 15.21	\$ 46,071.09	29	
9/22/2015	3000	\$ 15.11	\$ 45,330.00	9/23/2015	3050	\$ 14.86	\$ 45,323.00	50	
								402	\$ 6,078.24 ✓



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*EM*

Name: Mike & Rea Ellen Smith  
 Date: 8/4/20104

Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
	1022	8224	\$ -	19.56	8747		14.20	\$ 124,037.00
Investment								
Draw	11/13/15		\$	14.28	-1204	(171.36)		
					8735			\$ 124,037.00
<b>Sales</b>								
Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
10/28/15	4000	\$ 16.23	\$ 64,920.00	10/28/15	4088	\$ 15.88	\$ 64,917.44	88
10/29/15	4000	\$ 15.84	\$ 63,360.00	11/2/15	4130	\$ 15.34	\$ 63,354.20	130
11/4/15	4000	\$ 15.25	\$ 61,000.00	11/9/15	4186	\$ 14.57	\$ 60,990.02	186
11/11/15	4000	\$ 14.44	\$ 57,760.00	11/12/15	4030	\$ 14.33	\$ 57,749.90	30
11/12/15	4000	\$ 14.41	\$ 57,640.00	11/17/15	4053	\$ 14.22	\$ 57,633.66	53
11/20/15	4000	\$ 14.31	\$ 57,240.00	11/20/20105	4036	\$ 14.16	\$ 57,230.48	36
					523		\$ 7,426.60	

Mike S. 12-26-2015.xls

Name	Mike & Rea Ellen Smith											
Date	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value			
	9/4/20104	1022	8735	\$ -	19.56	8985		\$ 14.38	\$ 129,031.74			
Investment	12/14/15			\$	13.83	-12	(165.98)					
Draw						8973			\$ 129,031.74			
Sales												
Rollover/ Dal	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff				
11/25/15	4000	\$ 14.13	\$ 56,520.00	11/27/15	4019	\$ 14.06	\$ 56,507.14	19				
12/2/15	4000	\$ 14.07	\$ 56,280.00	12/2/15	4025	\$ 13.98	\$ 56,269.50	25				
12/7/15	4000	\$ 14.48	\$ 57,920.00	12/7/15	4016	\$ 14.42	\$ 57,910.72	16				
12/8/15	4000	\$ 14.26	\$ 57,040.00	12/10/15	4109	\$ 13.88	\$ 57,032.92	109				
12/14/15	4000	\$ 13.83	\$ 55,320.00	12/14/15	4026	\$ 13.74	\$ 55,317.24	26				
12/17/15	4000	\$ 13.96	\$ 55,840.00	12/18/15	4055	\$ 13.77	\$ 55,837.35	55				
								250	\$ 3,585.00			

*AMJ*

Name	Date	Mike & Rea Ellen Smith	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
	8/4/2014		1022	8973	\$ -	19.56	9262		\$ 14.22	\$ 145,164.56
Investment	1/20/16				\$	13.86	757	\$ 10,482.02		
Investment	1/22/16				\$	14.00	201	\$ 2,814.00		
Draw	1/14/16				\$	13.84	-12	\$ (186.08)		
							10208			\$ 145,164.56
<b>Sales</b>										<i>\$ 145,157.76</i> ✓
Rollover/ Dal	12/28/15	4000	\$ 14.32	\$ 57,280.00		12/28/15	4100.2	\$ 13.97	\$ 57,280.00	100
	1/4/16	4000	\$ 14.04	\$ 56,160.00		1/4/16	4025.8	\$ 13.95	\$ 56,160.00	26
	1/8/16	4000	\$ 14.08	\$ 56,320.00		1/10/16	4034.4	\$ 13.96	\$ 56,320.00	34
	1/14/16	4000	\$ 14.04	\$ 56,160.00		1/15/16	4051.9	\$ 13.86	\$ 56,160.00	52
	1/21/16	4000	\$ 14.04	\$ 56,160.00		1/21/16	4025.8	\$ 13.95	\$ 56,160.00	26
	1/22/16	4000	\$ 14.21	\$ 56,840.00		1/25/16	4051.3	\$ 14.03	\$ 56,840.00	51
										289
										\$ 4,116.38
										<i>9,409.58</i> ✓

Mike S. 2-25-2016.xls

*AMS*

Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
Mike & Rea Ellen Smith	8/4/2014	1022	10208	\$ -	19.56	10601		\$ 15.10	\$ 159,909.00
Investment									
Investment	2/16/16				\$ 15.31	-11	(168.41)		
Draw						10590			\$ 159,909.00
<b>Sales</b>									
Rollover/ Dal	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff	
1/28/16	5000	\$ 14.33	\$ 71,650.00	1/29/16	5021	\$ 14.27	\$ 71,649.67	21	
2/5/16	5000	\$ 14.83	\$ 74,150.00	2/5/16	5020	\$ 14.77	\$ 74,145.40	20	
2/9/16	5000	\$ 15.37	\$ 76,850.00	2/10/16	5059	\$ 15.19	\$ 76,846.21	59	
2/10/16	5000	\$ 15.87	\$ 79,350.00	2/11/16	5041	\$ 15.74	\$ 79,345.34	41	
2/14/16	5000	\$ 15.63	\$ 78,150.00	2/15/16	5104	\$ 15.31	\$ 78,142.24	104	
2/22/16	5000	\$ 15.18	\$ 75,900.00	2/22/16	5046	\$ 15.04	\$ 75,891.84	46	
2/24/16	5000	\$ 15.42	\$ 77,100.00	2/25/16	5102	\$ 15.11	\$ 77,091.22	102	
								393	\$ 5,934.30

*J.M.*

Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
Mike & Rea Ellen Smith	9/4/2019	1022	10580	\$ -	19.56	11171		\$ 15.20	\$ 169,632.00
Investment									
Investment	3/14/16								
Draw				\$ 15.28		-11 <sup>✓</sup>	(168.08)		
						11160 <sup>✓</sup>			\$ 169,632.00 <sup>✓</sup>

Sales	Rollover/ Dal	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
	2/26/16	5000	\$ 14.96	\$ 74,800.00	2/29/16	5081	\$ 14.72	\$ 74,792.32	81
	3/1/16	5000	\$ 14.93	\$ 74,850.00	3/1/16	5040	\$ 14.81	\$ 74,642.40	40
	3/4/16	5000	\$ 15.66	\$ 78,300.00	3/4/16	5041	\$ 15.53	\$ 78,286.73	41
	3/8/16	5000	\$ 15.57	\$ 77,850.00	3/9/16	5088	\$ 15.30	\$ 77,846.40	88
	3/14/16	5000	\$ 15.68	\$ 78,400.00	3/15/16	5197	\$ 15.26	\$ 79,399.62	197
	3/18/16	5000	\$ 16.01	\$ 80,050.00	3/18/16	5080	\$ 15.82	\$ 80,049.20	60
	3/23/16	5000	\$ 15.68	\$ 78,400.00	3/24/16	5134	\$ 15.27	\$ 78,396.18	134
						581		\$ 8,831.20 <sup>✓</sup>	

Mike & Rea Ellen Smith									
Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
	9/4/20104	1022	11160	\$ -	19.56	11611		\$ 16.95	\$ 196,636.95
Draw Investment	4/14/16			\$	16.15	-10	\$(161.50)		
Investment						<u>11601</u>			<u>\$ 196,636.95</u>
Sales									
Rollover/ Dal	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff	
3/30/16	5000	\$ 15.33	\$ 76,650.00	3/30/16	5022	\$ 15.26	\$ 76,635.72	22	
4/1/16	5000	\$ 15.27	\$ 76,350.00	4/1/16	5124	\$ 14.90	\$ 76,347.60	124	
4/20/16	5000	\$ 17.03	\$ 85,150.00	4/20/16	5032	\$ 16.92	\$ 85,141.44	32	
4/21/16	5000	\$ 17.47	\$ 87,350.00	4/21/16	5023	\$ 17.39	\$ 87,349.97	23	
4/21/16	5000	\$ 17.50	\$ 87,500.00	4/21/16	5177	\$ 16.90	\$ 87,491.30	177	
4/22/16	5000	\$ 17.18	\$ 85,900.00	4/22/16	5073	\$ 16.93	\$ 85,885.89	73	
								<u>451</u>	<u>\$ 7,644.45</u>

Matthew Watson  
1622 South Alicia  
Mesa, AZ 85209  
(480) 363-3580

May 18, 2016

Mr. Larry Michael Smith  
1314 S 920 W  
Hurricane, UT 84737

Re: Rust Coin Investment

Dear Uncle Mike:

Thank you for the opportunity to invest in Rust Coin. I'm excited for this opportunity and look forward to investing with you and thought it would be best to identify in writing our agreement with respect to our joint investment in Rust Coin, which follows:

- 1) I will be permitted by you to invest my funds into a Rust Coin account which has been established exclusively in your name, but we agree that although the funds will be in your account, my portion thereof will remain my property and shall not be considered as a gift to you.
- 2) We agree to maintain a spreadsheet which will identify our respective ownership percentage/share of your Rust Coin account. Said spreadsheet will be reviewed and approved by us on not less than a monthly basis.
- 3) You agree to authorize Rust Coin and/or Galen Rust to share, release and/or disclose any and all information regarding your account to me, which information will be used to update the spreadsheet identified herein.
- 4) We acknowledge and agree that we both will have unlimited access to the spreadsheet referenced herein.
- 5) We agree that our return on investment (i.e. increase in coins) will be determined by our respective ownership percentage/share on the actual day of the transaction, after taking into account the actual dollars we each invested into the account and understand and agree that each transaction will affect the ratio on each day.
- 6) We agree that at such time Rust Coin and/or Galen Rust will allow me to open my own account, I will take action toward establishing my own account and you agree to assist me in moving my funds to the newly established account.
- 7) We agree that all income taxes arising from your account will be attributable to each of us based on our respective ownership percentage/share of your Rust Coin account and that each of us will pay our respective share thereof on an annual basis. Losses, if any, arising from your account will be allocated in the same manner. Understanding that losses are based on the amount withdrawn and the purchase price of the silver ounces involved. We will accept Galen's analysis and calculations for such earnings/losses.

Initial: 

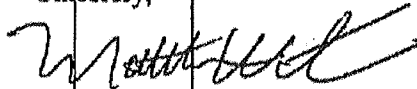
Initial: 



- 8) We agree that you may issue a 1099 to me on an annual basis reflecting my share of any income and/or losses.
- 9) We agree that you will notify Rust Coin and/or Galen Rust when you make a purchase in my behalf, after which receipts related thereto will be provided to me.
- 10) We agree that I may withdraw my funds from your account at any time upon my written or verbal request, whereupon you agree to turn my share thereof over to me.
- 11) You agree that you will not charge a fee of any type related to my investment in your account. Unless such fee has been initiated by Rust Coin. If such be the case, I will be notified within 10 days, either verbally or in writing, of your receiving such knowledge.
- 12) We agree that in the event that you or your wife passes away, your share of the funds in the account will be distributed to your heirs and that I may keep the account open and may continue to invest my portion of the funds therein with Rust Coin.
- 13) This agreement supersedes any other document, including a trust or will, with regards to how my share will be distributed upon your passing or your wife's passing.
- 14) In the event that you add any other party to your Rust Coin account, the terms of this letter agreement will not be amended and the new party shall be subject to the terms hereof.
- 15) The agreement cannot be amended or terminated without mutual written consent by both parties.
- 16) I understand, as with all investments, that you cannot and do not guarantee the security or viability of this investment. That we have discussed its returns, to you, and that I make this investment with full knowledge and risk responsibility for my funds.

Again, I appreciate the opportunity to invest in your Rust Coin account with you.

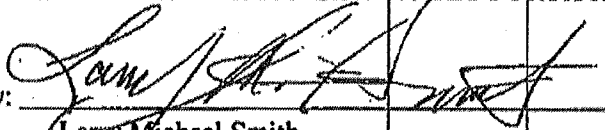
Sincerely,



Matthew Watson

BY SIGNING BELOW, I AGREE TO THE TERMS  
OF THIS LETTER AGREEMENT AS SET FORTH HEREIN

By:



Larry Michael Smith

Date:

5/26/16



Name: Mike & Rea Ellen Smith  
 Date: 9/4/20104

Date	Investment	Draw	Draw	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
				1022	13846	\$ -	19.56	14252		\$ 17.72	\$ 284,654.08
5/31/16	Investment						\$ 15.95	2068	\$ 32,984.60		
6/1/16	Draw						\$ 15.92	-246	\$ (3,916.32)		
6/14/16	Draw						\$ 17.35	-10	\$ (173.50)		
								16064			\$ 284,654.08

Sales Rollover/ Date	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
5/28/16	6000	\$ 16.04	\$ 96,240.00	5/30/16	6030	15.96	\$ 96,238.80	30
6/12/16	7000	\$ 17.20	\$ 120,400.00	6/13/16	7032	17.12	\$ 120,387.84	32
6/16/16	7000	\$ 17.64	\$ 123,480.00	6/16/16	7166	17.23	\$ 123,470.18	166
6/17/16	7000	\$ 17.36	\$ 121,520.00	6/17/16	7016	17.32	\$ 121,517.12	16
6/20/16	7000	\$ 17.45	\$ 122,150.00	6/20/16	7028	17.38	\$ 122,146.64	28
6/23/16	7000	\$ 18.10	\$ 126,700.00	6/24/16	7134	17.76	\$ 126,699.84	134
								496
								\$ 7,194.32

Learn *Comfy* - 13/657

354 - Mike

Mike	5/31/16	87.03%	13947
Matt	6/25/16	12.97%	2117
			16064

Name: Mike & Rea Eiken Smith  
Date: 9/4/2010

Date	Name	Beginning	Fee	Price	Current	Total	Current	Price	Total	Value
		Ounces 1022	\$ -	19.56	16384		16384	\$ 19.59		\$ 359,261.01
7/15/16	Investment				1881	\$ 39,896.39				
7/1/16	Draw				-218	\$ (4,305.50)				
7/14/16	Draw				-8	\$ (161.44)				
					18339					\$ 359,261.01

Rollover/ Date	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
7/4/16	7000	\$ 20.39	\$ 142,730.00	7/4/16	7090	\$ 20.13	\$ 142,721.70	90
7/5/16	7000	\$ 19.86	\$ 139,020.00	7/5/16	7042	\$ 19.74	\$ 139,009.08	42
7/6/16	7000	\$ 20.33	\$ 142,310.00	7/6/16	7038	\$ 20.22	\$ 142,308.36	38
7/7/16	7000	\$ 19.84	\$ 138,880.00	7/7/16	7078	\$ 19.62	\$ 138,870.36	78
7/8/16	7000	\$ 19.58	\$ 137,060.00	7/8/16	7021	\$ 19.52	\$ 137,049.92	21
7/11/16	8000	\$ 20.42	\$ 163,360.00	7/11/16	8023	\$ 20.36	\$ 163,348.28	23
7/12/16	8888	\$ 20.28	\$ 180,699.84	7/12/16	8951	\$ 20.07	\$ 181,582.67	64
7/13/16	8000	\$ 20.32	\$ 162,560.00	7/13/16	8039	\$ 20.22	\$ 162,548.58	39
7/20/16	9000	\$ 19.77	\$ 177,930.00	7/20/16	9138	\$ 19.47	\$ 177,916.86	136
								520 \$ 10,186.80

Agg - 12716

- Mike 13,859 (carry forward)

5/31/16	6/25/16	7/23/16
87.03%	13947	14160
12.97%	2117	4179
	18864	18339

WatsonRust Silver Investment Spreadsheet v2.3.xls

Name	Date	Beginning Ounces	Fee	Price	Current Ounces	Total	Current Price	Total Value
Mike & Rea Ellen Smith	9/4/14	1022	\$ -	19.56	18962	\$	18.65	\$ 345,752.35
Draw	7/28/16			\$ 20.19	-298	\$ (6,016.62)		
Draw	8/2/16 Silver Eagles and Loan Care			\$ 20.59	-72	\$ (1,482.48)		
Draw	8/22/16 Diff on 7/28 request			\$ 18.93	-53	\$ (1,003.29)		
					<u>18539</u>	\$		\$ 345,752.35
Sales								
Rollover/ Date	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
8/3/16	8000	\$ 20.48	\$ 163,840.00	8/4/16	8135	\$ 20.14	\$ 163,838.90	135
8/10/16	9000	\$ 20.28	\$ 182,520.00	8/10/16	9026	\$ 20.22	\$ 182,505.72	26
8/15/16	9000	\$ 19.82	\$ 178,380.00	8/15/16	9022	\$ 19.77	\$ 178,364.94	22
8/16/16	9000	\$ 19.50	\$ 175,500.00	8/16/16	9050	\$ 19.79	\$ 179,099.50	50
8/19/16	9000	\$ 19.52	\$ 175,680.00	8/19/16	9097	\$ 19.31	\$ 175,663.07	97
8/21/16	9000	\$ 19.09	\$ 171,810.00	8/21/16	9076	\$ 18.93	\$ 171,808.68	76
8/24/16	9000	\$ 18.77	\$ 168,930.00	8/25/16	9082	\$ 18.58	\$ 168,929.35	92
8/26/16	9000	\$ 18.86	\$ 169,740.00	8/26/16	9125	\$ 18.60	\$ 169,725.00	125

623 \$ 11,618.95  
*168 - Mike*

Mike	5/31/16	87.03%	13947	7/16/16	77.21%	7/23/16	14160	8/27/16	14218
Matt	12.97%	2117	22.79%	4179	4321	18339	18539		

*Mike 13904*

Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
Mike & Rea Ellen Smith	9/4/20104	1022	18539	-	19.56	18757		19.67	\$ 368,950.19
Draw									
Draw									
Draw									
Draw									
Sales									\$ 368,950.19
Rollover/ Dal	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff	
9/7/16	9000	\$ 19.86	\$ 178,740.00	9/7/16	9036	\$ 19.78	\$ 178,732.08	36	
9/12/16	9000	\$ 18.89	\$ 170,010.00	9/12/16	9043	\$ 18.80	\$ 170,008.40	43	
9/15/16	9000	\$ 19.05	\$ 171,450.00	9/15/16	9061	\$ 18.92	\$ 171,434.12	61	
9/16/16	9000	\$ 18.83	\$ 169,470.00	9/16/16	9028	\$ 18.77	\$ 169,455.56	28	
9/23/16	9000	\$ 19.77	\$ 177,930.00	9/23/16	9050	\$ 19.66	\$ 177,923.00	50	
								218	\$ 4,288.06
								163	Mike

Mike	5/31/16	87.03%	6/25/16	7/15/16	7/23/16	8/27/16			
Matt	12.97%	2117	13947	77.21%	14160	14218			
		16064	4179	22.79%	4179	4321			
			18339		18339	18539			

Mike 14,067

Mike S. 10-22-2016.xls

Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
Mike & Rea Eilen Smith	9/4/2014	1022	18757	\$ -	19.56	19759		\$ 17.50	\$ 499,870.00
Investment	10/4/16	Mike Sr. Silver Eagles				489			
Investment	10/5/16	Chadd Watson		\$	17.68	8484	\$ 149,997.12		
Draw	10/4/16	Mike Sr.		\$	17.95	-168	\$ (3,017.28)		
Draw						28564			\$ 499,870.00

Sales	Rollover/ Dai	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
	9/27/16	9000	\$ 19.39	\$ 174,510.00	9/27/16	9151	\$ 19.07	\$ 174,509.57	151
	9/30/16	9000	\$ 19.56	\$ 176,040.00	10/3/16	9207	\$ 19.12	\$ 176,037.84	207
	10/5/16	13000	\$ 17.78	\$ 231,140.00	10/5/16	13058	\$ 17.70	\$ 231,126.60	58
	10/8/16	13660	\$ 17.57	\$ 238,410.00	10/9/16	13248	\$ 17.24	\$ 228,395.52	248
	10/7/16	13000	\$ 17.48	\$ 227,240.00	10/7/16	13196	\$ 17.22	\$ 227,235.12	196
	10/11/16	14000	\$ 17.66	\$ 247,240.00	10/11/16	14087	\$ 17.55	\$ 247,226.85	87
	10/20/16	14000	\$ 17.58	\$ 246,120.00	10/20/16	14055	\$ 17.51	\$ 246,103.05	55
									1002
									\$ 17,535.00

620 - Mike

Mike - 14520

Mike	5/31/16	6/25/16	7/15/16	7/23/16	8/27/16
87.03%	13947	14160	14218	14321	14321
12.97%	2117	4179	4321	4321	4321
	16064	18339	18539	18539	18539

Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
Mike & Rea Ellen Smith	9/4/2014	1022	28564	\$ -	19.56	29622		\$ 16.51	\$ 476,462.09
Investment									
Investment									
Draw	10/28/16	Mike Sr.		\$	17.72	-339			(6,007.08)
Draw	11/25/16	Mike Sr.		\$	16.51	-424			(7,000.24)
						28859			\$ 476,462.09

Sales	Rollover/ Dal	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
	10/24/16	14000	\$ 17.76	\$ 248,640.00	10/25/16	14095	\$ 17.64	\$ 248,635.80	95
	11/8/16	14000	\$ 18.30	\$ 256,200.00	11/8/16	14069	\$ 18.21	\$ 256,196.49	69
	11/8/16	14000	\$ 18.57	\$ 259,980.00	11/8/16	14114	\$ 18.42	\$ 259,979.88	114
	11/9/16	14000	\$ 18.65	\$ 263,600.00	11/9/16	14062	\$ 18.74	\$ 263,896.68	82
	11/9/16	14000	\$ 18.68	\$ 261,520.00	11/9/16	14067	\$ 18.59	\$ 261,505.53	67
	11/9/16	14000	\$ 18.60	\$ 260,400.00	11/9/16	14088	\$ 18.47	\$ 260,390.06	98
	11/10/16	14000	\$ 18.77	\$ 262,780.00	11/10/16	14097	\$ 18.64	\$ 262,768.08	97
	11/11/16	14000	\$ 17.45	\$ 244,300.00	11/11/16	14056	\$ 17.38	\$ 244,293.28	56
	11/13/16	14000	\$ 17.30	\$ 242,200.00	11/13/16	14081	\$ 17.20	\$ 242,193.20	81
	11/17/16	14000	\$ 16.73	\$ 234,220.00	11/17/16	14058	\$ 16.66	\$ 234,206.28	58
	11/23/16	14000	\$ 16.53	\$ 231,420.00	11/23/16	14241	\$ 16.25	\$ 231,416.25	241
						1058	\$	17,467.58	

Mike	5/31/16	6/25/16	7/15/16	7/23/16	8/27/16	
Matt	87.03%	13947	77.21%	14160	14218	
	12.97%	2117	22.79%	4179	4321	
		16064	18339	18539		

Mike - 14,797

557 AAR



Mike 5. 12-23-2016.xls

Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
Mike & Rea Ellen Smith	9/4/20104	1022	28859	\$ -	19.56	29988		\$ 15.73	\$ 471,711.24
Investment									
Investment									
Draw									
Draw									
Sales							29988		\$ 471,711.24
Rollover/ Dal	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff	
12/13/16	14000	\$ 17.00	\$ 238,000.00	12/13/16	14124	\$ 16.85	\$ 237,989.40	124	
12/14/16	14000	\$ 17.04	\$ 238,560.00	12/15/16	14854	\$ 16.06	\$ 238,555.24	854	
12/20/16	14000	\$ 15.84	\$ 221,760.00	12/20/16	14151	\$ 15.67	\$ 221,746.17	151	
								1429	
								\$ 17,769.17	

Mike	5/31/16	87.03%	6/25/16	7/23/16	8/27/16				
Matt	12.97%	2117	13947	14160	14218				
		16064	4179	4321					
			18339	18539					

597 - Mike 5288

Mike 15394

*Summary 10/5/17*

Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
Mike & Rea Ellen Smith	9/4/2010	1022	29988	\$ -	19.56	30596		\$ 17.12	\$ 523,803.52
Investment									
Investment									
Draw									
Draw									
						<u>30596</u>			<u>\$ 523,803.52</u>
Sales									
Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff	
12/30/16	14000	\$ 16.10	\$ 225,400.00	1/2/17	14131	\$ 15.95	\$ 225,389.45	131	
1/18/17	15000	\$ 17.16	\$ 257,400.00	1/19/17	15167	\$ 16.97	\$ 257,383.99	167	
1/19/17	15000	\$ 16.88	\$ 253,200.00	1/19/17	15044	\$ 16.83	\$ 253,190.52	44	
1/24/17	15000	\$ 17.08	\$ 256,200.00	1/25/17	15213	\$ 16.84	\$ 256,186.92	213	
1/26/17	15000	\$ 16.81	\$ 252,150.00	1/26/17	15053	\$ 16.75	\$ 252,137.75	53	
								<u>608</u>	<u>\$ 10,408.96</u>

Mike S. 2-24-2017.xls

Name: Mike & Rea Ellen Smith  
Date: 9/4/2010

*Erin Smith*  
or  
*Mike S.*

Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
		1022	30596	\$ -	19.56	30860		\$ 18.32	\$ 578,527.28
Investment	1/31/17	Matt		\$	17.50	1142	\$ 19,985.00		
investment									
Draw	2/8/17	L Mike		\$	17.75	-423	(7,508.25)		
Draw									
						<u>31579</u>			<u>\$ 578,527.28</u>
<b>Sales</b>									
Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff	
2/2/17	15000	\$ 17.57	\$ 263,550.00	2/3/17	15155	\$ 17.39	\$ 263,545.45	155	
2/9/17	15000	\$ 17.68	\$ 265,200.00	2/10/17	15034	\$ 17.64	\$ 265,199.76	34	
2/14/17	15000	\$ 17.94	\$ 269,100.00	2/14/17	15075	\$ 17.85	\$ 269,088.75	75	
								284	\$ 4,836.48

*183672*  
*18372*  
*15495*  
*151*  
*10101*  
*10101*

Name **Mike & Rea Ellen Smith**  
 Date 9/4/2010

Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
	1022	31579	\$ -	19.56	32215		17.73	\$ 571,171.95
Investment								
Investment								
Draw								
Draw								
					<u>32215</u>			
<b>Sales</b>								
Rollover/ Date	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
2/27/17	15000	\$ 18.38	\$ 275,700.00	2/27/17	15065	\$ 18.30	\$ 275,689.50	65
3/7/17	15000	\$ 17.59	\$ 265,350.00	3/7/17	15093	\$ 17.58	\$ 265,334.94	93
3/8/17	15000	\$ 17.42	\$ 261,300.00	3/9/17	15165	\$ 17.23	\$ 261,292.95	165
3/9/17	16000	\$ 17.47	\$ 279,520.00	3/9/17	15242	\$ 16.93	\$ 257,536.16	242
3/16/17	16000	\$ 17.41	\$ 278,560.00	3/16/17	16101	\$ 17.30	\$ 278,547.30	101
							636	\$ 11,276.28
								<u>\$ 571,171.95</u>

*Mike*  
 302.17  
 64



Name	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
Mike & Rea Ellen Smith	9/4/2010	1022	32089	\$ -	19.56	33047	\$	17.31	\$ 588,038.01
Investment	5/24/17			\$	16.23	924	\$ 14,996.52		
Investment									
Draw									
Draw									
						<u>33971</u>			<u>\$ 588,038.01</u>
<b>Sales</b>									
Rollover/ Dal	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff	
4/24/17	16000	\$ 17.82	\$ 285,120.00	4/24/17	16072	\$ 17.74	\$ 285,117.28	72	
4/25/17	16000	\$ 17.79	\$ 284,640.00	4/26/17	16321	\$ 17.44	\$ 284,638.24	321	
5/3/17	16000	\$ 16.74	\$ 267,840.00	5/3/17	16164	\$ 16.57	\$ 267,837.48	164	
5/4/17	16000	\$ 16.98	\$ 267,240.00	5/4/17	16068	\$ 16.32	\$ 262,229.76	68	
5/17/17	16000	\$ 16.88	\$ 270,080.00	5/18/17	16133	\$ 16.74	\$ 270,066.42	133	
5/18/17	16000	\$ 16.73	\$ 267,680.00	5/18/17	16144	\$ 16.58	\$ 267,667.52	144	
5/23/17	16000	\$ 17.19	\$ 275,040.00	5/23/17	16056	\$ 17.13	\$ 275,039.28	56	
								<u>958</u>	<u>\$ 16,582.98</u>

Mike S. 6-24-2017.xls

Name **Mike & Rea Ellen Smith**  
 Date **3/4/2014**

Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total Price	Current Price	Total Value
	1022	33971	\$ -	19.56	34985	\$	16.88	\$ 590,546.80

Investment  
 Investment  
 Draw  
 Draw

34985  
 \$ 590,546.80

Sales

Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
5/30/17	16000	\$ 17.33	\$ 277,280.00	5/30/17	16037	\$ 17.29	\$ 277,279.73	37
6/4/17	17000	\$ 17.21	\$ 292,570.00	6/4/17	17089	\$ 17.12	\$ 292,563.68	89
6/9/17	17000	\$ 17.29	\$ 293,930.00	6/9/17	17088	\$ 17.20	\$ 293,913.60	88
6/11/17	17000	\$ 17.08	\$ 290,360.00	6/13/17	17273	\$ 16.81	\$ 290,359.13	273
6/14/17	17000	\$ 17.10	\$ 290,700.00	6/14/17	17160	\$ 16.94	\$ 290,690.40	160
6/14/17	17000	\$ 16.91	\$ 287,470.00	6/15/17	17452	\$ 16.76	\$ 287,467.52	152
6/16/17	17000	\$ 16.70	\$ 283,900.00	6/19/17	17133	\$ 16.57	\$ 283,893.81	133
6/20/17	17000	\$ 16.51	\$ 280,670.00	6/20/17	17082	\$ 16.43	\$ 280,657.26	82
								1014
								\$ 17,116.32

*2.9%*

*Total for (7) months \$99,837.7? = 15.6% for 7 months*

Name **Mike & Rea Ellen Smith**  
 Date 9/4/20104

Date	Beginning	Last	Statement	Fee	Price	Current	Total	Current	Total
	Ounces					Ounces		Price	Value
	1022	34985		\$ -	19.56	35889		\$ 16.50	\$ 593,389.50
Investment									
Transfer	7/13/17	From Mike Jr				624			
Draw	7/11/17			\$	15.62	-550	\$ (8,591.00)		
Draw						35963			\$ 593,389.50

**Sales**

Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
6/26/17	17000	\$ 16.61	\$ 282,370.00	6/26/17	17082	\$ 16.53	\$ 282,365.46	82
6/29/17	17000	\$ 16.74	\$ 284,580.00	6/29/17	17061	\$ 16.68	\$ 284,577.48	61
7/5/17	17000	\$ 16.05	\$ 272,850.00	7/5/17	17085	\$ 15.97	\$ 272,847.45	85
7/6/17	17000	\$ 16.00	\$ 272,000.00	7/6/17	17204	\$ 15.81	\$ 271,995.24	204
7/7/17	17000	\$ 15.78	\$ 268,260.00	7/7/17	17295	\$ 15.51	\$ 268,245.45	295
7/9/17	17000	\$ 15.48	\$ 263,160.00	7/10/17	17177	\$ 15.32	\$ 263,151.64	177
								904
								\$ 14,916.00

2.57%



Mike S. 8-26-2017.xls

Name	Mike & Rea Ellen Smith									
Date	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value	
	9/4/2014	1022	35963	\$ -	19.56	37086		17.05	\$ 652,315.95	
Investment	8/23/17	Tyson		\$	17.04	1173	\$ 19,987.92			
Transfer										
Draw										
Draw										
										\$ 652,315.95
										38259
										\$ 652,315.95
<b>Sales</b>										
Rollover/ Dat	Quantity	Price	Total		Purchases	Quantity	Price	Total	Diff	
7/27/17	17000	\$ 16.72	\$ 284,240.00		7/28/17	17122	\$ 16.60	\$ 284,225.20	122	
8/4/17	18000	\$ 16.72	\$ 300,960.00		8/2/17	18151	\$ 16.58	\$ 300,943.58	151	
8/11/17	18000	\$ 17.03	\$ 306,540.00		8/11/17	18063	\$ 16.97	\$ 306,529.11	63	
8/14/17	18000	\$ 17.06	\$ 307,080.00		8/14/17	18063	\$ 17.00	\$ 307,071.00	63	
8/14/17	18000	\$ 16.93	\$ 304,740.00		8/15/17	18280	\$ 16.67	\$ 304,727.60	280	
8/16/17	16600	\$ 17.16	\$ 283,886.00		8/20/17	18291	\$ 16.97	\$ 308,870.97	291	
8/21/17	18000	\$ 16.98	\$ 305,640.00		8/21/17	18042	\$ 16.94	\$ 305,631.48	42	
8/24/17	19000	\$ 16.97	\$ 322,430.00		8/24/17	19056	\$ 16.92	\$ 322,427.52	56	
8/25/17	19000	\$ 17.05	\$ 323,950.00		8/25/17	19145	\$ 16.92	\$ 323,933.40	145	
									1123	\$ 19,147.15

2.94%

Name **Mike & Rea Ellen Smith**

Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
9/4/2014	1022	38259	\$ -	19.56	39140	\$	16.98	\$ 664,597.20
					<u>39140</u>			<u>\$ 664,597.20</u>

Investment  
Transfer  
Draw  
Draw

Sales

Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
8/29/17	19000	\$ 17.53	\$ 333,070.00	8/29/17	19175	\$ 17.37	\$ 333,069.75	175
9/4/17	19000	\$ 17.60	\$ 334,400.00	9/1/17	19043	\$ 17.56	\$ 334,395.08	43
9/8/17	19000	\$ 18.03	\$ 342,570.00	9/11/17	19267	\$ 17.78	\$ 342,567.26	267
9/13/17	19000	\$ 17.84	\$ 338,960.00	9/13/17	19117	\$ 17.73	\$ 338,944.41	117
9/20/17	19000	\$ 17.23	\$ 327,370.00	9/20/17	19223	\$ 17.03	\$ 327,367.69	223
9/21/17	19000	\$ 16.95	\$ 322,650.00	9/21/17	19056	\$ 16.90	\$ 322,046.40	56
								881
								\$ 14,959.38

*2,2570*

Name	Date	Beginning	Last	Fee	Price	Current	Total	Current	Total
Mike & Rea Ellen Smith	9/4/20104	Ounces 1022	Statement 39140	\$ -	19.56	39861		\$ 16.84	\$ 665,365.24
Investment									
Transfer	10/12/17			\$ 17.13		-350	(5,995.50)		
Draw									
Draw						39511			\$ 665,365.24

Sales	Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
	10/4/17	19000	\$ 16.76	\$ 318,440.00	10/5/17	19125	\$ 16.65	\$ 318,431.25	125
	10/6/17	19000	\$ 16.50	\$ 313,500.00	10/6/17	19115	\$ 16.40	\$ 313,486.00	115
	10/16/17	19000	\$ 17.33	\$ 329,270.00	10/16/17	19143	\$ 17.20	\$ 329,259.60	143
	10/20/17	19000	\$ 17.08	\$ 324,520.00	10/20/17	19044	\$ 17.04	\$ 324,509.76	44
	10/24/17	19000	\$ 17.02	\$ 323,380.00	10/24/17	19078	\$ 16.95	\$ 323,372.10	78
	10/26/17	19000	\$ 16.90	\$ 321,100.00	10/27/17	19216	\$ 16.71	\$ 321,099.36	216
						721	\$ 12,141.64		

1,877<sup>50</sup>

MIKE 5-11-24-2017 X15

Name **Mike & Rea Ellen Smith**  
 Date 9/4/20104

	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
		1022	39511	\$ -	19.56	40149		\$ 17.01	\$ 657,419.49
Investment Transfer	11/16/17			\$ 17.00		-1500	(25,500.00)		
Draw									
Draw						38649			\$ 657,419.49

**Sales**

Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
10/31/17	19000	\$ 16.77	\$ 318,630.00	11/1/17	19068	\$ 16.71	\$ 318,626.28	68
11/7/17	19000	\$ 17.05	\$ 323,950.00	11/7/17	19078	\$ 16.98	\$ 323,944.44	78
11/8/17	19000	\$ 17.13	\$ 325,470.00	11/8/17	19089	\$ 17.05	\$ 325,467.45	89
11/10/17	19000	\$ 16.96	\$ 322,240.00	11/10/17	19101	\$ 16.87	\$ 322,233.87	101
11/15/17	19000	\$ 17.05	\$ 323,950.00	11/16/17	19089	\$ 16.97	\$ 323,940.33	89
11/20/17	19000	\$ 17.09	\$ 324,710.00	11/20/17	19213	\$ 16.90	\$ 324,699.70	213
					638	\$	10,852.38	

1.65%

Mike S. 12-23-2017.xls

Name	Mike & Rea Ellen Smith									
Date	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value	
9/4/20104		1022	38649	\$ -	19.56	39306		\$ 16.37	\$ 643,439.22	

Investment  
Transfer  
Draw  
Draw

39306  
\$ 643,439.22

Sales	Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
	11/28/17	19000	\$ 16.98	\$ 322,620.00	11/28/17	19123	\$ 16.87	\$ 322,605.01	123
	11/30/17	19000	\$ 16.41	\$ 311,790.00	11/30/17	19046	\$ 16.37	\$ 311,783.02	46
	12/1/17	19000	\$ 16.46	\$ 312,740.00	12/1/17	19069	\$ 16.40	\$ 312,731.60	69
	12/5/17	19000	\$ 16.22	\$ 308,180.00	12/5/17	19153	\$ 16.09	\$ 308,171.77	153
	12/6/17	19000	\$ 15.92	\$ 302,480.00	12/7/17	19266	\$ 15.70	\$ 302,476.20	266
						<u>657</u>		<u>\$ 10,756.09</u>	

1.67 %

**Sheet1**    **Sheet2**    **Sheet3**

Name	Mike & Rea Ellen Smith									
Date	9/4/20104									
	Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value	
		1022	39306	0	18.56	40114		17.36 ✓	684,702.48	
Investment Transfer	12/27/17 To Lance Edwards									
Draw					18.7	-718	-11,990.8			
Draw						39306			684,702.48	
Sales										
Rollover/ Dat	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff		
1/3/18	19000	17.13	325,470	1/3/18	19100	17.04	325,464	100		
1/5/18	19000	17.18	326,420	1/5/18	19033	17.15	326,415.95	33		
1/9/18	19000	17.04	323,760	1/9/18	19089	16.98	323,749.44	89		
1/17/18	19000	17.1	324,900	1/18/18	19068	17.04	324,884.64	86		
1/18/18	19000	17	323,000	1/18/18	19044	16.96	322,988.24	44		
1/23/18	19000	16.93	321,670	1/23/18	19147	16.8	321,689.6	147		
1/25/18	19000	17.58	334,020	1/25/18	19049	17.54	334,014.22	43		
1/25/18	19000	17.51	332,690	1/25/18	19289	17.25	332,683.5	286		
								808 ✓	14,043.04	

2.01%

TOTAL Earnings For  
 6 mos - 12.04%  
 \$102,404.00

Sheet1

Sheet2

Sheet3

name: Mike & Rea Ellen Smith  
 te: 9/4/20104

Date	Beginning Ounces	Last Statement	Fee
	1022	39396 ✓	0

Price	Current Ounces
16.56	40760 ✓

Total	Current Price
	16.5

Total Value: 658,597.5

element  
 refer  
 w  
 w  
 2/23/18

16.47	-865 ✓	-14,246.55
	39915 ✓	

658,597.5 ✓

les

Hover/ Date	Quantity	Price	Total
1/29/18	19000	17.3	328,700
2/2/18	19000	17.08	324,520
2/2/18	19000	16.69	317,110
2/5/18	19000	16.79	319,010
2/6/18	19000	16.82	319,580
2/13/18	20000	16.57	331,400
2/14/18	20000	16.51	330,200
2/15/18	20000	16.83	336,600
2/16/18	20000	16.82	336,400
2/20/18	20000	16.55	331,000

Purchases	Quantity	Price	Total	Diff
1/29/18	19143	17.17	328,685.31	143
2/2/18	19420	16.71	324,508.2	420
2/4/18	19091	16.81	317,101.51	91
2/5/18	19053	16.74	318,997.44	58
2/6/18	19147	16.69	319,583.43	147
2/13/18	20048	16.53	331,393.44	48
2/14/18	20060	16.46	330,187.6	60
2/15/18	20155	16.7	336,588.5	155
2/16/18	20143	16.7	336,388.1	143
2/21/18	20121	16.45	330,990.45	121

1384 ✓ 22,836 ✓

3.39%

**Sheet1**   **Sheet2**   **Sheet3**

Name   Mike & Rea Ellen Smith  
 Date   9/4/20104

Date	Beginning Ounces	Last Statement	Fee
	1022	38916	0

Price	Current Ounces	Total	Current Price
19.58	40577 ✓		18.53

Total Value  
670,737.81

Investment  
 Transfer  
 Draw  
 Draw

40577

670,737.81

**Sales**

Rollover/Date	Quantity	Price	Total
2/27/18	19000	16.51	313,690
3/5/18	20000	16.48	329,600
3/7/18	20000	16.61	332,200
3/16/18	20000	16.37	327,400
3/20/18	20000	16.24	324,800
3/22/18	20000	16.5	330,000

Purchases	Quantity	Price	Total	Diff
2/27/18	19127	16.4	313,682.8	127
3/5/18	20080	16.43	329,585.8	60
3/7/18	20157	16.48	332,187.36	157
3/16/18	20185	16.28	327,385.1	138
3/20/18	20074	16.18	324,797.32	74
3/22/18	20109	16.41	329,988.69	109

10,942.86

1.63%



**Sheet1**    **Sheet2**    **Sheet3**

name: Mike & Rea Ellen Smith  
 date: 8/4/20104

Date	Beginning Ounces	Last Statement	Fee	Price	Current Ounces	Total	Current Price	Total Value
	1022	40577 ✓		19.58	41380 ✓		17.08	703,354.4 ✓
vestment transfer								
aw	4/20/18			17.1	-200	-3,420		
aw					41180 ✓			703,354.4

Rollover/ Date	Quantity	Price	Total	Purchases	Quantity	Price	Total	Diff
3/27/18	20000	16.89	333,800	3/27/18	20143	16.53	333,790.29	193
4/3/18	20000	16.52	330,400	4/4/18	20047	16.44	330,394.68	97
4/5/18	20000	16.42	328,400	4/5/18	20134	16.31	328,385.54	134
4/11/18	20000	16.77	335,400	4/12/18	20140	16.62	335,391.8	180
4/12/18	20000	16.55	331,000	4/13/18	20040	16.5	330,990	80
4/19/18	20000	17.24	344,800	4/19/18	20043	17.16	344,795.88	93
4/20/18	20000	17.14	342,800	4/20/18	20046	17.1	342,786.6	46
								803
								13,715.24 ✓

1.94%

**Sheet1**    **Sheet2**    **Sheet3**

Name    Mike & Rea Ellen Smith  
 Date    9/4/20104

Date    Beginning    Last  
           Ounces    Statement  
           1022       41180

Fee	Price	Current Ounces	Total	Current Price	Total Value
0	19.56	42463 ✓		18.33	690,301.76
	16.5	363	5,989.5		
	16.55	-574	-9,499.7		
		42272 ✓			690,301.76

Investment    5/14/18    *Spawn*  
 Transfer       5/22/18    To Mike Smith Jr  
 Draw  
 Draw

**Sales**

Rollover/ Date	Quantity	Price	Total
4/23/18	20000	16.97	339,400
4/25/18	20000	16.57	331,400
4/26/18	20000	16.49	329,800
4/30/18	20000	16.38	327,600
5/1/18	20000	16.24	324,800
5/8/18	20000	16.41	328,200
5/11/18	21000	16.71	350,910
5/23/18	20000	16.44	328,800
5/25/18	21000	16.6	348,600

Purchases	Quantity	Price	Total	Diff
4/23/18	20396	16.64	339,369.44	396
4/25/18	20048	16.53	331,393.44	48
4/26/18	20048	16.46	329,769.8	48
4/30/18	20190	16.25	327,800	160
5/1/18	20148	16.12	324,785.76	148
5/8/18	20081	16.36	328,197.96	81
5/14/18	21101	16.63	350,909.63	101
5/23/18	20045	16.37	328,791.45	85
5/25/18	21266	16.4	348,598.4	266

1303 ✓    21,277.99

3.067<sup>0</sup>

Sheet1 Sheet2 Sheet3

name: Mike & Rea Ellen Smith  
 date: 9/4/20104  
 Date: Beginning Ounces: Last Statement: 42272

vestment transfer raw raw  
 6/5/18 *Shawn*

Fee	Price	Current Ounces	Total	Current Price	Total Value
0	19.56	43485 ✓		16.42	718,604.88 ✓
	16.7	299	4,993.3		
			43764 ✓		718,604.88

rollover Date	Quantity	Price	Total
6/7/18	21000	16.8	352,800
6/14/18	21000	17.21	361,410
6/15/18	21000	17.13	359,730
6/19/18	21000	16.45	345,450

Purchases	Quantity	Price	Total	Dif
6/8/18	21151	16.68	352,798.68	151
6/14/18	21048	17.17	361,394.16	48
6/15/18	21801	16.5	359,718.5	801
6/19/18	21193	16.3	345,445.9	193
				1193
				19,589.06 ✓

Type	Date	Num	Name	Memo	Amount	In Deposit	Out to Client	Out Toyota	Out LoanCare
Deposit	9/8/2014	1121		L Mike Smith / 1121 [new account]	\$ 20,000.00	\$ 20,000.00			
Deposit	12/18/2014	1121		wire in / Michael Smith	\$ 65,640.00	\$ 65,640.00			
Check	2/16/2015	15004	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Deposit	3/9/2015	1132		L Mike Smith / 1132	\$ 11,747.00	\$ 11,747.00			
Check	3/13/2015	1046	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	4/14/2015	1068	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	4/28/2015	15179	L Mike Smith		\$ (3,000.00)	\$ (3,000.00)			
Check	5/14/2015	1080	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	6/15/2015	1102	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	7/14/2015	15371	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Deposit	7/22/2015	3574		Lance Amika Edwards / 3571 // 801 593-0997 / 541 N 150 W, Keyesville UT 84037	\$ 40,000.00	\$ 40,000.00			
Deposit	7/22/2015			Client Serr / 07/18/2015 / 3363 Sunflower Dr. Prescott AZ 86305	\$ 61,950.00	\$ 61,950.00			
Check	8/14/2015	1158	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	9/15/2015	1190	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Deposit	10/8/2015	1059221276		Larry M Smith / Chase CC1059221276	\$ 5,500.00	\$ 5,500.00			
Check	10/14/2015	1219	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	11/2/2015	2009		Client Serr / 2009	\$ 22,000.00	\$ 22,000.00			
Check	11/13/2015	1249	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	12/14/2015	1269	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	1/4/2016	1300	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Deposit	1/20/2016	1252		C MIRE SMITH / 1152	\$ 10,500.00	\$ 10,500.00			
Deposit	1/20/2016			Client Serr / no # (friend of L Mike Smith) / ***returned ***	\$ 30,000.00	\$ 30,000.00			
Deposit	1/22/2016	1153		L Mike Smith / 1153	\$ 2,815.00	\$ 2,815.00			
Deposit	1/28/2016	2012		Client Serr / 2012 [3363 Sunflower Dr. Prescott AZ 86305-3748]	\$ 30,000.00	\$ 30,000.00			
Check	1/28/2016			Client Serr / no # / chik returned / see deposit 01/20	\$ (161.89)		\$ (161.89)		
Check	2/16/2016	1334	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	3/14/2016	1361	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	4/14/2016	1379	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	5/13/2016	1406	Toyota Financial Services	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Deposit	5/20/2016	1160		L Mike Smith / 1160	\$ 30,000.00	\$ 30,000.00			
Check	6/1/2016	16146	LoanCare, LLC	18592535	\$ (1,318.98)		\$ (1,318.98)		
Check	6/1/2016	16146	LoanCare, LLC	additional principal	\$ (453.47)		\$ (453.47)		
Check	6/1/2016	16146	LoanCare, LLC	additional escrow	\$ (2,141.35)		\$ (2,141.35)		
Check	6/6/2016	16154	Client Serr	VOID:	\$ (3,000.00)	\$ (3,000.00)			
Check	6/6/2016	16155	Client Serr		\$ (161.89)		\$ (161.89)		
Check	6/14/2016	1443	Toyota Financial Services	loan 015 6531655	\$ (1,318.98)		\$ (1,318.98)		
Check	7/1/2016	16215	LoanCare, LLC	additd principal	\$ (829.32)		\$ (829.32)		
Check	7/1/2016	16215	LoanCare, LLC	additd escrow	\$ (2,148.30)		\$ (2,148.30)		
Check	7/1/2016	16215	LoanCare, LLC	31600 @ 520.25	\$ (6,399.00)		\$ (6,399.00)		
Check	7/13/2016	16247	Client Serr	loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	7/14/2016	1474	Toyota Financial Services	Matthew Watson / 1219	\$ 40,000.00	\$ 40,000.00			
Deposit	7/15/2016	1219			\$ 337,162.00	\$ 337,162.00	\$ (2,914.02)	\$ (8,210.40)	
					\$ 311,638.58	\$ 311,638.58			

Mike Smith Group - Rust Silver Pool Investments Made

10/4/19

	Mike	Matthew	Gamy	Ghadd	Tracy	Brayden	Tyson	Shawn
9/4/14	20,000							
9/15/14	20,600							
10/3/14	32,210							
2/27/15	11,747							
10/8/19	5,500							
1/20/16	10,500							
1/22/16	2,815							
5/20/16	30,000							
5/31/16		33,000						
6/20/16			5,000					
7/15/16		40,000						
10/4/16	8,679.75							
10/5/16				150,000				
1/31/17		20,000						
5/24/17					15,000			
7/13/17						10,000		
8/23/17							20,000	
12/19/17					5,000			
5/14/18								6,000
6/5/18								5,000
6/29/18								4,000
7/30/18								6,500
8/28/18								2,000
10/18/18								3,000
TOTALS	142,052	93,000	5,000	150,000	20,000	10,000	20,000	26,500

## GROUP DISBURSEMENTS

		10/4/19						
	Smith	Watson	Camy	Ghadd	Tracy	Brayden	Tyson	Shawn
2/16/15	161.89							
3/13/15	161.89							
4/14/15	161.89							
4/28/15	3,013.92							
5/14/15	161.89							
6/15/15	161.89							
7/14/15	161.89							
8/14/15	161.89							
9/15/15	161.89							
10/14/15	161.89							
11/13/15	161.89							
12/14/15	161.89							
1/14/16	161.89							
2/16/16	161.89							
3/14/16	161.89							
4/14/16	161.89							
5/13/16	161.89							
6/1/16	3916.32							
6/14/16	161.89							
7/1/16	4,305.50							
7/14/19	161.89							
7/28/16	6,016.62							
8/1/16	1,482.48							
8/22/16	1,003.29							
10/4/16	3,000.00							
10/28/16	6,007.08							
11/25/16	7,000.24							
2/8/17	7,508.25							
4/10/17	15,249.00							
7/11/17	8,591.00							
10/12/17	5,995.50							
11/16/17	25,500.00							
12/27/17	11,990.60							
2/23/18	14,246.55							
4/20/18	3,420.00							
5/22/18	9,499.70							
10/18/18					3,000.00			
TOTALS	140,660.07	0.00	0.00	0.00	3,000.00	0.00	0.00	0.00



Case 2:18-cv-00892-TG-DBP Document 5-18-4

**Rare Coin Company**  
 BUY - SELL - TRADE  
 252 EAST 3RD SOUTH  
 SALT LAKE CITY, UTAH 84111  
 (801) 363-4034



Page 12662 of 90  
**Rare Coin Company**  
 BUY - SELL - TRADE  
 252 EAST 3RD SOUTH  
 SALT LAKE CITY, UTAH 84111  
 (801) 363-4034

CUSTOMER'S ORDER NO.

DATE

NAME Mike Smith PHONE NUMBER 1030014

DATE 7/15/19

NAME Mike Smith PHONE NUMBER ( )

ADDRESS

ADDRESS

CITY

STATE

STATE

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1500	1oz Silver Eagles	370.75	556125
	Convert to 1oz		
	Add to Account		
	1898 oz X 10.97 = \$20,720.76		20,720.76
			TAX
			P & I
			TOTAL

All claims and returned goods must be accompanied by this bill.

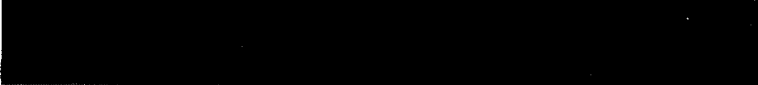
All claims and returned goods must be accompanied by this bill.

Received by

Received by

THANK YOU

THANK YOU

<b>Rust Rare Coin, Inc.</b> 242 East 300 South Salt Lake City, UT 84111 801-383-4014 Since 1898		<b>ZIONS FIRST NATIONAL BANK</b> BOUNTIFUL, UT 84010 31-51240		19132
PAY TO THE ORDER OF <b>L. Mike Smith</b>				2/23/2018
				\$ **14,248.55
Fourteen Thousand Two Hundred Forty-Six and 55/100 *****				
<b>L. Mike Smith</b> 1314 South 920 West Hurricane, UT 84737		PROTECTED AGAINST FRAUD ALL VALS VALID VALS VALID VALS VALID		DOLLARS
MEMO 885oz @ 16.47				

Affiliate Account  
 L. Mike Smith  
 2400 Bullion Trading Accounts - LT:243 per Josh

10/4/2016

16560

3,000.00

Affiliate - A

3,000.00

<b>Rust Rare Coin, Inc.</b> 242 East 300 South Salt Lake City, UT 84111 801-383-4014 Since 1898		<b>ZIONS FIRST NATIONAL BANK</b> BOUNTIFUL, UT 84010 31-51240		19507
PAY TO THE ORDER OF <b>L. Mike Smith</b>				4/20/2018
				\$ **3,420.00
Three Thousand Four Hundred Twenty and 00/100 *****				
<b>L. Mike Smith</b> 1314 South 920 West Hurricane, UT 84737		PROTECTED AGAINST FRAUD ALL VALS VALID VALS VALID VALS VALID		DOLLARS

*Made Deposit 4/21/2018*

*[Signature]*



# NCR COPIES from Checkbook

Track your expenses...  
 Clothing  Food  Transportation  
 Credit Card  Utilities  Mortgage  
 Entertainment  Insurance  Other

TAX-DEDUCTIBLE ITEM

1152

11/5/16

RUST COINS  
Ten Thousand Five Hundred

Silver purchase

BALANCE FORWARD	
THIS ITEM	10,500.00
BALANCE	
DEPOSIT	
OTHER	
BALANCE FORWARD	

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

Track your expenses...  
 Clothing  Food  Transportation  
 Credit Card  Utilities  Mortgage  
 Entertainment  Insurance  Other

TAX-DEDUCTIBLE ITEM

1153

11/9/16

RUST COIN  
Twenty Eight Hundred Fifty

Silver investment

BALANCE FORWARD	
THIS ITEM	2,815.00
BALANCE	
DEPOSIT	
OTHER	
BALANCE FORWARD	

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

Track your expenses...  
 Clothing  Food  Transportation  
 Credit Card  Utilities  Mortgage  
 Entertainment  Insurance  Other

TAX-DEDUCTIBLE ITEM

1160

5/16/16

RUST COINS  
Thirty Three Hundred

Silver Investment

BALANCE FORWARD	
THIS ITEM	3,300.00
BALANCE	
DEPOSIT	
OTHER	
BALANCE FORWARD	

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE



**Rare Coin Company**  
 BUY - SELL - TRADE  
 252 EAST 3RD SOUTH  
 SALT LAKE CITY, UTAH 84111  
 (801) 263-6074

U.S.S.

**CUSTOMER'S ORDER**

DATE 10/4/16 20

NAME MIKE SMITH

PHONE NUMBER ( )

ADDRESS

CITY

STATE

SOLD BY	CASH	COC	CHANGE	ON ACCI	MOSE/REID	PAD/OUT

CURRENCY	DESCRIPTION	PRICE	AMOUNT
	MIKE DEBITED OFF 440 A.S.E.		8679 75
	TO APPLY TO HIS ACCOUNT ON		
	HIS CALL		
			TAX
			P & I
			TOTAL

All claims and returned goods must be accompanied by this bill.

Received by

**THANK YOU**



**Terms and Conditions (Remitter and Payee):**

- \* Please keep this copy for your record of the transaction
- \* The laws of a specific state will consider these funds to be "abandoned" if the Cashier's Check is not cashed by a certain time
  - Please cash/deposit this Cashier's Check as soon as possible to prevent this from occurring
  - In most cases, the funds will be considered "abandoned" before the "Void After" Date
- \* Placing a Stop Payment on a Cashier's Check
  - Stop Payment can only be placed if the Cashier's Check is lost, stolen, or destroyed
  - We may not re-issue or refund the funds after the stop payment has been placed until 90 days after the original check was issued
- \* Please visit a Chase branch to report a lost, stolen, or destroyed Cashier's Check or for any other information about this item

FOR YOUR PROTECTION SAVE THIS COPY

**CASHIER'S CHECK**

Customer Copy

1059221276

10/08/2015

Void after 7 years

Remitter:

LARRY M SMITH

\$\*\* 5,500.00 \*\*

Pay To The Order Of RUST COINS

Drawn: JPMORGAN CHASE BANK, N.A.

**NON NEGOTIABLE**

Memo: \_\_\_\_\_  
Note: For information only. Comment has no effect on bank's payment.





U.S.A. **Rust Rare Coin Company**  
 BUY - SELL - TRADE  
 252 EAST 3RD SOUTH  
 SALT LAKE CITY, UTAH 84111  
 (801) 363-4014

U.S.

CUSTOMER'S ORDER NO. \_\_\_\_\_ DATE 2-27-2015  
 NAME Mike Smith PHONE NUMBER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

SOLD BY	CASH	CC	CHARGE	ON ACCT	ADVERT	PAD OUT	QUANTITY	DESCRIPTION	PRICE	AMOUNT
							700	Add to Account	16.64	11,644
								TRADE		
								3		
										TAX
										P & I
										TOTAL

All claims and returned goods must be accompanied by this bill.

Received by \_\_\_\_\_

**THANK YOU!**

1132  
 FEB 27 2015  
 RAE ELLEN SMITH  
 1795 W ASPEN AVE  
 GILBERT, AZ 85234  
 Pay to the Order of  
 RAE ELLEN SMITH  
 1795 W ASPEN AVE  
 GILBERT, AZ 85234  
 L. MIKE SMITH  
 Rust Rare Coin Company  
 252 East 3rd South  
 Salt Lake City, Utah 84111  
 (801) 363-4014  
 One State Of Mind  
 \$11,747.00  
 \$11,747.00  
 For 700 Silver Coins - Trade  
 STATE  
 127 W. Development  
 Gilbert, AZ 85234

RUST RARE COIN INVESTOR QUESTIONNAIRE			
<b>Section 1: Your Information</b>			
Last Name <b>SMITH</b>		First Name <b>LARRY</b>	MI <b>M</b>
Mailing Address <b>1314 S. 920 W.</b>			
City <b>HURRICANE</b>		State <b>UT</b>	Zip Code <b>84737</b>
Day Time Phone, <b>(480) 309-0850</b>	Home Phone ( )	Fax Number ( )	
Email Address <b>LMSMITTY2@GMAIL.COM</b>		Cell Phone <b>(480) 309-0850</b>	
Age <b>71</b>	Occupation <b>RETIRED</b>		
<b>Section 2: Information about the offer</b>			
1. Were you offered an opportunity to invest with Rust Rare Coin?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. How did you initially hear about the investment offer? A person came to my home <u>I went to the company's place of business</u> I received a telephone call from the business Personal referral by _____ I received information in the mail or email Other (please describe) _____		7. What type of Investment was offered to you? Note Investment Contract Commodities Contract Loan Options & Futures Other: <b>SILVER POOL INVESTMENT</b>	
3. Approximate Date of Initial Contact: <b>AUG 2014</b>		8. Name of the person(s) who contacted you and/or spoke to you about the investment: <b>GAYLEN RUST</b>	
4. Were you 65 years or older on the day you made an investment?		Yes <input checked="" type="radio"/> No <input type="radio"/>	
5.			
6. Were you an accredited investor at the time of the offering?		Yes <input type="radio"/> No <input checked="" type="radio"/>	
7.			
<small>(An accredited investor is an individual with a net worth in excess of \$1 million dollars or an annual individual income in excess of \$200,000 per year or combined income with a spouse of \$300,000 per year over the past two years with a reasonable expectation of reaching the same income level in the current year.)</small>			
8. What was your risk tolerance at the time of the investment (circle one)?			
Preservation of Capital (Low Risk)	<input checked="" type="radio"/> Moderate (Average Risk)		Speculative (High Risk)

100424

Section 3: Disclosure Information				Yes	No	Unknown
1.	Did the person offering you the investment discuss the <u>risk</u> and your <u>risk tolerance level</u> ?				X	
2.	Do you know if the person who offered the investment to you is or was a Licensed Investment Advisor, or Securities Agent or Broker?				X	
3.	Did the person offering you the investment say anything to you about that person receiving a commission or compensation for selling or managing the investment?				X	
4.	Did the person offering you the investment provide you with detailed information about the investment strategy?				X	
5.	Did you receive background information about the principals and managers of the investment?				X	
6.	Did you receive information about Rust Rare Coin's business and operating history?				X	
7.	Did you receive information about Rust Rare Coin's track record and trading history?			X		
8.	Did you receive audited financial statements for the investment's most recent fiscal year?				X	
9.	Was a specific rate or return promised or guaranteed?				X	
10.	Were you told about the safety and security of the investment opportunity?			X		
11.	Were you told whether or not you could lose your principal investment?			X		Guaranteed NOT TO LOSE.
12.	Was the investment offered insured, collateralized or secured by an asset or assets of the company?			X		
Section 4: Investment Details						
1.	What was said during the investment offer and by whom?	My wife & I met with Gaylen in his office after he initially told me about the investment sometime in Aug 2014. We met him mid September for his presentation. It was very low key & no pressure, more of an invitation to make a very good return on our investment. I asked how it worked & his explanation made sense. We had a fairly long term business relationship & I trusted Gaylen so I wasn't as cautious as I should have been.				
2.	Who participated in the discussion of the investment other than yourself?	My Wife				
3.	What were you told about how the investment would work in order to make a profit?	Silver was bought after rising (2) ticks of the market & sold on (2) ticks down, capturing the growth & that was where we made our profits.				
		2	100424			

4. What was the anticipated profit or return?	Depending on silver volatility. Typically 20-30% but could be higher.			
5. Who were you told would be managing the investment?	Gaylen did all the work himself			
6. Did Gaylen Rust or anyone else tell you anything about metals (such as silver or gold) being stored in any location other than at Rust Rare Coin or Brinks?	No			
6a. If Yes, what were you told?				
7. What were you told, if anything, about how easy it would be to withdraw some or all of your investment?	I was told it would be very liquid & it was. I withdrew several times & never had to wait more than two weeks.			
8. Please describe what you were told about how the investment would be secured or collateralized.	There were silver rounds stored at the Salt Lake Brinks vault that backed all of the investment gains.			
9. What were you told was your potential recourse if the investment failed?	A written guarantee of no loss of principle.			
10. What were you told investor money would be used for?	A silver pool invested (bought & sold) to capture the gains from silver volatility.			
11. Was there a minimum investment amount required to invest?		<input checked="" type="radio"/> Yes	<input type="radio"/> No	
11a. If Yes, what was the minimum amount needed?	\$15,000 / 1000 ounces			
12. Were you asked to find or refer other people to invest?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	
12a. If Yes, did you talk to others about investing?		<input type="radio"/> Yes	<input type="radio"/> No	
12b. Please list the names and contact information for those individuals you know invested as a result of your invitation.	Michael G. Smith - 480-242-9909 Lance & Anika Edwards - 801-452-8992 Shawn Smith - 480-329-8468 Tyson Smith - 801-755-4915 CAMY Broderick - 602-334-3526 Clint & Dendry Seer - 929-830-9749			
13. Were you offered a commission or compensation for finding other investors?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	
13a. If Yes, please list those who invested, along with the date and amount of your commission payment.				
	3	100424		



<b>Section 5: Investment Information</b>			
1. Did you invest in Rust Rare Coin?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
1a. If <u>Yes</u> , in what name did you invest (person, company, family trust, family partnership, other – if other, please describe)? <u>L. Mike Smith (or Mike Smith)</u>			
2. Did you invest using metals (such as silver or gold bullion) or something other than cash?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
2a. If <u>Yes</u> , with what did you invest and how was it valued? <u>ON 9/15/14 gave RRC (16) 1 oz. Gold Eagle Coins - Valued @ \$20,600 / 1103 oz of silver</u> <u>ON 10/3/14 turned in (3) mint boxes of Silver Eagle Coins (1500) which was converted into</u> <u>10/3/14 also turned in 370.75 oz. of 90% junk silver. Total \$32,210</u> <u>ON 10/4/16 - Turned in 440 American Silver Eagles \$8679.75 value</u>			
3. Why did you invest? Please list important or influential information that led to your investment decision. <u>We had recently lost 30% of our IRA's in the stock market w/Merrill Lynch &amp; were stinging from that when Gaylen told us about his investment opportunity in silver. I had purchased some silver American Eagle coins and some junk silver</u>			
4. Did you invest as part of a family or investor group?		<u>NO</u>	
4a. If <u>Yes</u> , who else is in the group and who is the leader of the group?			
5. Do you believe you received back less than the amount of your original investment?			
5a. If <u>Yes</u> , what is your best estimate of how much less?		<u>\$5000-7500 ? don't know</u>	
6. Do you believe you received back more than the amount of your original investment?			
6a. If <u>Yes</u> , what is your best estimate of how much more?		<u>NO</u>	
7. Did You Sign a Contract?	8. Contract Start Date:	9. Contract End Date:	
<input checked="" type="radio"/> Yes <input type="radio"/> No	<u>9/4/14</u>	<u>9/3/15</u>	
10. Listed rate of return on your investment:		11. Term Length of Investment:	
<u>unlisted</u>		<u>1 year/renewable</u>	

12. Did any of the funds invested come from any of the following: Retirement Account (IRA, 401k) Savings Account Home Equity	
13. How did you invest? Cashiers Check (circled) Cash Check (circled) Money Order Wire Transfer Trade Metals (circled)	
14. To whom did you made your investment payments to? Rust Coins	
14a. Person or Company Name:	
14b. Bank Name/Account Name:	
14c. Other wiring instructions or mailing address if applicable.	
15. Total Amount Invested (in U.S. Dollars): \$ 141,831	16. Date of Investment: See below
17. If multiple investments, please list the date and amount of your principal investment payments, the form of those payments, and any additional names (business, trust, family partnership etc.) you invested through. 9/4/14 - Check - \$20,000 - 9/15/14 - Gold Coins \$20,000 - 10/3/14 - 1500 ASE Coins \$4370.75 and 90% Junk Silver \$32,210 - 2/27/15 - Check - \$11,747 (From IRA cash in) 10/8/15 - Cashier CK - \$5500 ( " " " 1/20/16 - Check - \$10,500 ( " " " 1/22/16 - Check - \$2815 5/20/16 - Check - \$30,000 10/4/16 - Silver ASE 400 Coins - \$8679.75	
18. Did you rollover your investments? Yes ? No	19. Date of rollover:
20. Have you received any payments from your investment? Yes (circled) No	
21. Please list the date and dollar amount of any returns of principal or interest you received. This includes any return of Principal, Interest, or Profits. If the returns were made using metals (such as silver or gold) or in a form other than money, please list those returns by date, manner of payment, and valuation of payment. 18) Auto Loan payments of \$161.89 x 2914.22 6) Home Mortgage " of \$1368.40 x 8210.40 4/28/15 - Check \$3,013.92 6/1/16 - " \$3,916.32 6/20/16 - " \$4,988.00 7/4/16 - " \$4,305.50 7/28/16 - " \$6,016.62 8/2/16 - " \$1,482.48 8/22/16 - " \$1,003.29 10/5/16 - " \$3,017.20 10/28/16 Check - \$6007.08 11/25/16 " - \$7000.24 2/8/17 " - \$7508.25 4/10/17 " - \$15,299. - 5/24/17 " - \$14,996.52 7/11/17 " - \$8,591.00 10/12/17 " - \$5,995.50 11/16/17 Check - \$25,500. - 5/22/18 " - \$9,499. - 2/23/18 " - \$14,246.56 4/20/18 " - \$3,420. -	
22. Did Rust Rare Coin or Gaylen Rust or anyone associated with either of them make payments on your behalf, such as for tithing, credit card payments, mortgage payments, car payments, contractor payments, equipment purchases, or school tuition, etc.? YES - See above	
22a. If Yes, please identify each payment by date, amount, and recipient of the payment. Toyota Financial Services (18) payments from 2/16/15 - 7/11/16 of \$161.89 Loan Care, LLC (Home Mortgage) Monthly from 6/1/16 - 7/11/16 - Total \$8210.40	

23. Did you ever request a withdrawal of some or all of your investment and were told you could not withdraw money at that time?		Yes	<u>No</u>		
23a. If <u>Yes</u> , what was the explanation given (if any) as to why you could not receive a payment?					
<b>Section 6: Documentation</b>				Yes	No
1. Did you receive a copy of Private Placement Memorandum (PPM) or Private Offering Memorandum (POM) prior to investing?					X
2. Did you receive a copy of an investment contract or agreement after signing such a document?		Got Contract but no PPM/POM			
3. Did you receive any documents at the time you made your investment?				X	
4. Have you received statements (monthly, quarterly or annual) account statements reflecting the status of your investment?				X	
4a. If <u>Yes</u> , have your account statements ever shown an investment loss?					X
4b. Please describe your understanding of what the account statements show.		Accumulative silver ounces & value @ current spot price. Monthly trades & the ounces received (gained) on each Totals of ounces & monetary value Investments & Withdrawals			
<b>Section 7: Additional Factors</b>				Yes	No
1. Did you authorize anyone to use your money for any purpose other than what was initially represented to you?					X
2. Are you satisfied with your investment?			WAS	X	
3. Have you become aware of anything about the investment that you have since learned that was not the truth or not fully accurate?				X	
3a. If <u>Yes</u> , please describe anything that you now believe was not the truth or not fully accurate:		The premise of the investment was accumulation of silver based on trades - apparently never happened. That there were actual silver rounds to back all investment monies.			
4. Please add any other information that you believe is relevant to your investment that you have not yet described:					
		6		100424	

**RELEVANT DOCUMENTS TO ATTACH**  
**(KEEP A COPY OF THESE DOCUMENTS FOR YOUR FILES)**

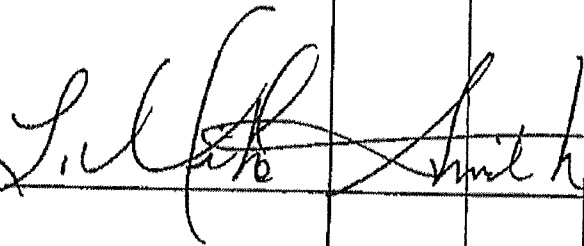
Please attach copies of any documents related to your investment:

- Checks (front & back) you sent or received
- Wire Transfer Confirmations
- Receipts
- Documents showing deposits or withdrawals of metals or any other such commodities, such as purchase orders
- Prospectus
- Marketing Materials
- Sales brochure
- Account Statements
- Emails or other correspondence with Gaylen Rust or Rust Rare Coin
- Contracts
- Agreements, and
- Any other documentation you were given relating to the investment.

**\*\*\*CERTIFICATION\*\*\***

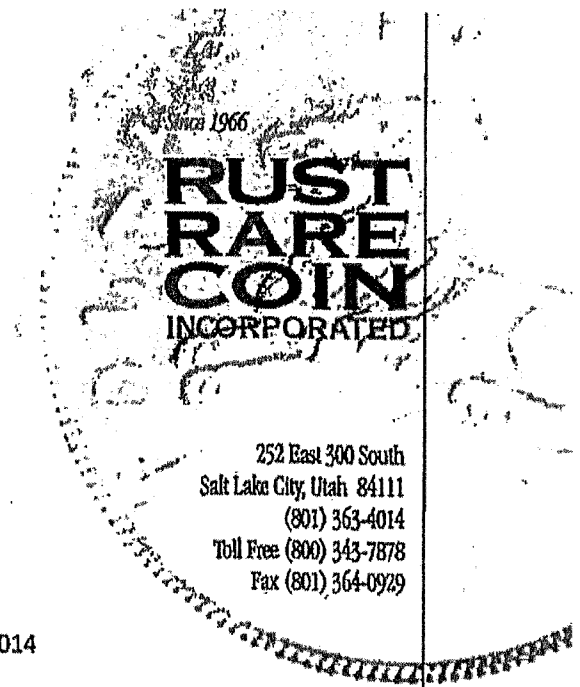
BY SIGNING BELOW, I certify under penalty of perjury that the information I've provided in this questionnaire is true and accurate to the best of my knowledge and belief.

SIGNATURE:



DATE:

1/31/19



Agreement between Rust Rare Coin Inc. and Mike Smith

9/04/2014

Rust Coin received \$20,000. For the purpose of creating a silver rollover account. Rust Coin also received 16 1oz Gold Eagles that will be converted and added to the rollover account. Additional oz's to be added at a later date.

Rust Rare Coin Inc. agrees to the following

1. Guarantees no loss of principle materials provided in this agreement
2. Product will be converted to Silver Eagles when returned or cashed out as directed
3. If account grows to more than 10,000 oz's will return 5000 oz's per week when returns begin
4. Monthly statements to be given

This contract will end on 9/04/2015 unless extended by both parties

Either party can cancel this agreement at anytime upon 30 day written notice.

Gaylen D. Rust

President

Mike Smith

Date 9-4-2014

Date 9/4/14



**Rust Rare Coin Company**

BUY - SELL - TRADE  
252 EAST 3RD SOUTH  
SALT LAKE CITY, UTAH 84111  
(801) 363-4014

U.S.

CUSTOMER'S ORDER NO. \_\_\_\_\_ DATE 10/30/14

NAME Mike Smith PHONE NUMBER ( )

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

SOLD BY	CASH	COC	CHARGE	ON ACCT	ADSE RETD.	PAID OUT	QUANTITY	DESCRIPTION	PRICE	AMOUNT
							1500	1oz Silver Eagles		
							370.75	50%		
								Convert to 1oz		
								Add to Account		
							1898.02	X 116.97 = \$22,210.74		
								<i>[Signature]</i>		
										TAX
										P & I
										TOTAL

All claims and returned goods must be accompanied by this bill.

Received by

**THANK YOU!**



**Rust Rare Coin Company**

BUY - SELL - TRADE  
252 EAST 3RD SOUTH  
SALT LAKE CITY, UTAH 84111  
(801) 363-4014

U.S.

CUSTOMER'S ORDER NO. \_\_\_\_\_ DATE 7/15/14

NAME Mike Smith PHONE NUMBER ( )

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

SOLD BY	CASH	COC	CHARGE	ON ACCT	ADSE RETD.	PAID OUT	QUANTITY	DESCRIPTION	PRICE	AMOUNT
								Convert 16 1oz		
								Gold to 1999		
								Silver Account		
								<i>[Signature]</i>		
								1103.025		
										TAX
										P & I
										TOTAL

All claims and returned goods must be accompanied by this bill.

Received by

**THANK YOU!**



**Rust Rare Coin Company**

BUY - SELL - TRADE  
252 EAST 3RD SOUTH  
SAINT LAKE CITY, UTAH 84111  
(801) 363-9014

U.S.

CUSTOMER'S ORDER NO.

DATE

2-27-2015

NAME

PHONE NUMBER

Mike Smith ( )

ADDRESS

CITY

STATE

QUANTITY	DESCRIPTION	PRICE	AMOUNT
700	Add to Account	16.64	11,647
	TRADE		
	3		
		TAX	
		P & I	
		TOTAL	

All claims and returned goods must be accompanied by this bill.

Received by

THANK YOU

1132

08-1749/0221

Feb 27, 2015

\$ 11,647.00

Seven thousand seven hundred forty seven and 00/100

*[Handwritten signature]*

L MIKE SMITH  
RAE ELLEN SMITH  
1735 W ASPEN AVE  
GILBERT, AZ 85033

Pay to the Order of

Arizona STATE

2277 W. Granddave Rd. Gilbert, AZ 85033

For 700 Rust Rare Coin Company - Feb 27, 2015

One State Of Mind



A.N.A.

# Rust Rare Coin Company

BUY - SELL - TRADE  
252 EAST 3RD SOUTH  
SALT LAKE CITY, UTAH 84111  
(801) 363-1014

U.S.

CUSTOMER'S ORDER NO. \_\_\_\_\_ DATE 10-8-15 TP \_\_\_\_\_  
 NAME Mike Smith Sr. PHONE NUMBER ( ) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

SOLD BY	CASH	COC	CHARGE	ON/ACCT	HOUSE RETN	PAY OUT	QUANTITY	DESCRIPTION	PRICE	AMOUNT
								Cashier's Check for		
								\$ 5500.00 @ 15.70 = 350.32		
								<i>[Signature]</i>		
									TAX	
									P & I	
									TOTAL	

All claims and returned goods must be accompanied by this bill.

Received by \_\_\_\_\_

## THANK YOU





**Terms and Conditions (Remitter and Payee):**

- \* Please keep this copy for your record of the transaction
- \* The laws of a specific state will consider these funds to be "abandoned" if the Cashier's Check is not cashed by a certain time
  - Please cash/deposit this Cashier's Check as soon as possible to prevent this from occurring
  - In most cases, the funds will be considered "abandoned" before the "Void After" Date
- \* Placing a Stop Payment on a Cashier's Check
  - Stop Payment can only be placed if the Cashier's Check is lost, stolen, or destroyed
  - We may not re-issue or refund the funds after the stop payment has been placed until 90 days after the original check was issued
- \* Please visit a Chase branch to report a lost, stolen, or destroyed Cashier's Check or for any other information about this item

**FOR YOUR PROTECTION SAVE THIS COPY**

**CASHIER'S CHECK**

**Customer Copy**

1059221276

10/08/2015

Void after 7 years

**Remitter:**

LARRY M SMITH

**\*\* 5,500.00 \*\***

**Pay To The Order Of: RUST COINS**

Drawn: **JPMORGAN CHASE BANK, N.A.**

**NON NEGOTIABLE**

Memo: \_\_\_\_\_

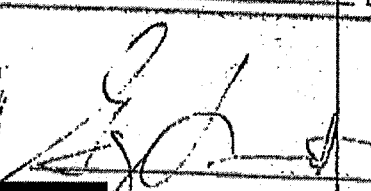
Note: For information only. Comment has no effect on bank's payment.



# NCR COPIES from Checkbook

<p><input checked="" type="checkbox"/> Track your expenses...</p> <p><input type="checkbox"/> Clothing    <input type="checkbox"/> Food    <input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Credit Card    <input type="checkbox"/> Utilities    <input type="checkbox"/> Mortgage</p> <p><input type="checkbox"/> Entertainment    <input type="checkbox"/> Insurance    <input type="checkbox"/> Other</p> <p><b>RUST COINS</b> Ten Thousand Five Hundred</p> <p>Silver purchase</p>	<p><input type="checkbox"/> TAX DEDUCTIBLE ITEM</p> <p>11/15/16</p>	<p>1152</p> <table border="1"> <tr><td>BALANCE FORWARD</td><td></td></tr> <tr><td>THIS ITEM</td><td>10,500.00</td></tr> <tr><td>BALANCE</td><td></td></tr> <tr><td>DEPOSIT</td><td></td></tr> <tr><td>OTHER</td><td></td></tr> <tr><td>BALANCE FORWARD</td><td></td></tr> </table> <p>For added security, your name and account number do not appear on this copy.</p> <p>NOT NEGOTIABLE</p>	BALANCE FORWARD		THIS ITEM	10,500.00	BALANCE		DEPOSIT		OTHER		BALANCE FORWARD	
BALANCE FORWARD														
THIS ITEM	10,500.00													
BALANCE														
DEPOSIT														
OTHER														
BALANCE FORWARD														
<p><input checked="" type="checkbox"/> Track your expenses...</p> <p><input type="checkbox"/> Clothing    <input type="checkbox"/> Food    <input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Credit Card    <input type="checkbox"/> Utilities    <input type="checkbox"/> Mortgage</p> <p><input type="checkbox"/> Entertainment    <input type="checkbox"/> Insurance    <input type="checkbox"/> Other</p> <p><b>RUST COIN</b> Twenty Eight Hundred Fifteen</p> <p>Silver investment</p>	<p><input type="checkbox"/> TAX DEDUCTIBLE ITEM</p> <p>11/9/16</p>	<p>1153</p> <table border="1"> <tr><td>BALANCE FORWARD</td><td></td></tr> <tr><td>THIS ITEM</td><td>2,815.00</td></tr> <tr><td>BALANCE</td><td></td></tr> <tr><td>DEPOSIT</td><td></td></tr> <tr><td>OTHER</td><td></td></tr> <tr><td>BALANCE FORWARD</td><td></td></tr> </table> <p>For added security, your name and account number do not appear on this copy.</p> <p>NOT NEGOTIABLE</p>	BALANCE FORWARD		THIS ITEM	2,815.00	BALANCE		DEPOSIT		OTHER		BALANCE FORWARD	
BALANCE FORWARD														
THIS ITEM	2,815.00													
BALANCE														
DEPOSIT														
OTHER														
BALANCE FORWARD														
<p><input checked="" type="checkbox"/> Track your expenses...</p> <p><input type="checkbox"/> Clothing    <input type="checkbox"/> Food    <input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Credit Card    <input type="checkbox"/> Utilities    <input type="checkbox"/> Mortgage</p> <p><input type="checkbox"/> Entertainment    <input type="checkbox"/> Insurance    <input type="checkbox"/> Other</p> <p><b>RUST COINS</b> Thirty Thousand &amp; 00/100</p> <p>Silver Investment</p>	<p><input type="checkbox"/> TAX DEDUCTIBLE ITEM</p> <p>5/16/16</p>	<p>1160</p> <table border="1"> <tr><td>BALANCE FORWARD</td><td></td></tr> <tr><td>THIS ITEM</td><td>30,000.00</td></tr> <tr><td>BALANCE</td><td></td></tr> <tr><td>DEPOSIT</td><td></td></tr> <tr><td>OTHER</td><td></td></tr> <tr><td>BALANCE FORWARD</td><td></td></tr> </table> <p>For added security, your name and account number do not appear on this copy.</p> <p>NOT NEGOTIABLE</p>	BALANCE FORWARD		THIS ITEM	30,000.00	BALANCE		DEPOSIT		OTHER		BALANCE FORWARD	
BALANCE FORWARD														
THIS ITEM	30,000.00													
BALANCE														
DEPOSIT														
OTHER														
BALANCE FORWARD														

Type	Date	Num	Name	Memo	Amount	In Deposit	Out to Client	Out Toyota	Out LoanCare
Deposit	9/24/2014	1121	L Mike Smith / 1121 (new account)		\$ 20,000.00	\$ 20,000.00			
Deposit	12/16/2014		Wire In / Michael Smith		\$ 65,640.00	\$ 65,640.00			
Check	2/16/2015	15004	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Deposit	3/9/2015	1132	Toyota Financial Services	Loan 015 6531655	\$ 11,747.00	\$ 11,747.00		\$ (161.89)	
Check	3/13/2015	1046	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	4/14/2015	1068	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	4/28/2015	15179	L Mike Smith		\$ (3,000.00)	\$ (3,000.00)			
Check	5/14/2015	1080	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	6/15/2015	1102	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	7/14/2015	15371	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Deposit	7/22/2015	3571	Lance Anika Edwards / 3571 // 801 599-0997 / 541 N 150 W Kaysville UT 84037	Clint Serr / 07/18/2015 / 3363 Sunflower Dr. Prescott AZ 86305	\$ 40,000.00	\$ 40,000.00			
Check	7/22/2015	1158	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	8/14/2015	1190	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	9/15/2015	1190	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	10/8/2015	1059221276	Larry M Smith / Chase C01059221276		\$ 5,500.00	\$ 5,500.00			
Check	10/14/2015	1219	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Deposit	11/2/2015	2009	Clint Serr / 2009		\$ 22,000.00	\$ 22,000.00			
Check	11/13/2015	1249	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	12/14/2015	1269	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	1/14/2016	1300	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Deposit	1/20/2016	1152	L Mike Smith / 1152		\$ 30,000.00	\$ 30,000.00			
Deposit	1/20/2016		Clint Serr / no # (friend of L Mike Smith) / ***returned ***		\$ 2,805.00	\$ 2,805.00			
Deposit	1/22/2016	1153	L Mike Smith / 1153		\$ 30,000.00	\$ 30,000.00			
Deposit	1/28/2016	2012	Clint Serr / 2012 (3363 Sunflower Dr. Prescott AZ 86305-3748)		\$ (30,000.00)	\$ (30,000.00)			
Deposit	1/28/2016		Clint Serr / no # / chik returned / see deposit 01/20		\$ (30,000.00)	\$ (30,000.00)			
Check	2/15/2016	1334	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	3/14/2016	1361	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	4/14/2016	1379	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Check	5/13/2016	1406	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)		
Deposit	5/20/2016	1180	L Mike Smith / 1180		\$ 30,000.00	\$ 30,000.00			
Check	6/1/2016	16146	LoanCare, LLC	additional principal	\$ (1,318.98)		\$ (1,318.98)	\$ (1,318.98)	
Check	6/1/2016	16146	LoanCare, LLC	additional escrow	\$ (453.47)		\$ (453.47)	\$ (453.47)	
Check	6/1/2016	16146	LoanCare, LLC	VOID:	\$ (2,141.35)		\$ (2,141.35)	\$ (2,141.35)	
Check	6/16/2016	16154	Clint Serr		\$ -				
Check	6/16/2016	16155	Clint Serr		\$ (8,000.00)	\$ (8,000.00)			
Check	6/24/2016	1443	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)	\$ (161.89)	
Check	7/1/2016	16215	LoanCare, LLC	addnl principal	\$ (1,318.98)		\$ (1,318.98)	\$ (1,318.98)	
Check	7/1/2016	16215	LoanCare, LLC	addnl escrow	\$ (829.32)		\$ (829.32)	\$ (829.32)	
Check	7/1/2016	16215	LoanCare, LLC	addnl escrow	\$ (2,148.30)		\$ (2,148.30)	\$ (2,148.30)	
Check	7/13/2016	16247	Clint Serr	316or @ \$20.25	\$ (6,399.00)	\$ (6,399.00)			
Check	7/14/2016	1474	Toyota Financial Services	Loan 015 6531655	\$ (161.89)		\$ (161.89)	\$ (161.89)	
Deposit	7/15/2016	1219	Matthew Watson / 1219		\$ 40,000.00	\$ 40,000.00			
					\$ 357,162.00	\$ 357,162.00	\$ (7,954.02)	\$ (7,954.02)	\$ (8,210.40)
					\$ 311,638.58	\$ 311,638.58			

<p><b>Rust Rare Coin, Inc.</b>                  242 East 300 South                  Salt Lake City, UT 84111                  801-383-4014                  Since 1966</p>		<p><b>ZIONS FIRST NATIONAL BANK</b>                  BOUNTIFUL, UT 84010                  31-51240</p>	<p>19132</p>
<p>PAY TO THE ORDER OF <b>L. Mike Smith</b></p>			<p>2/23/2018</p>
<p><b>Fourteen Thousand Two Hundred Forty-Six and 55/100</b></p>			<p>\$ **14,246.55</p>
<p><b>L. Mike Smith</b>                  1314 South 920 West                  Hurricane, UT. 84737</p>		<p>PROTECTED AGAINST FRAUD</p>	<p>DOLLARS</p>
<p>MEMO                  865oz @ 16.47</p>		<p>VALID VALID VALID VALID VALID VALID</p>	

Affiliate Account  
 L. Mike Smith  
 2400 Bullion Trading Accounts - LT:243 per Josh


10/4/2016

16566

3,000.00

Affiliate - A

3,000.00

<p><b>Rust Rare Coin, Inc.</b>                  242 East 300 South                  Salt Lake City, UT 84111                  801-383-4014                  Since 1966</p>		<p><b>ZIONS FIRST NATIONAL BANK</b>                  BOUNTIFUL, UT 84010                  31-51240</p>	<p>19507</p>
<p>PAY TO THE ORDER OF <b>L. Mike Smith</b></p>			<p>4/20/2018</p>
<p><b>Three Thousand Four Hundred Twenty and 00/100</b></p>			<p>\$ **3,420.00</p>
<p><b>L. Mike Smith</b>                  1314 South 920 West                  Hurricane, UT. 84737</p>		<p>PROTECTED AGAINST FRAUD</p>	<p>DOLLARS</p>
		<p>VALID VALID VALID VALID VALID VALID</p>	

*Made by Deposit 4/20/18*

# **EXHIBIT 5**

# **EXHIBIT 5**

# **EXHIBIT 5**

## CLAIM FORM

<p style="text-align: center;">Commodity Futures Trading Commission, et al.,</p> <p style="text-align: center;">v.</p> <p style="text-align: center;">Rust Rare Coin Inc.; Gaylen Dean Rust; Denise Gunderson Rust; Joshua Daniel Rust; Aleesha Rust Franklin; R Legacy Racing Inc.; R Legacy Entertainment LLC; R Legacy Investments LLC*</p>	<p><b>RECEIVER USE ONLY:</b></p> <p>Date Form received: 3/27/2020</p> <hr/> <p>Amended</p> <p>Claim Number: CL0462</p> <hr/>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

### STEP ONE: General Information

**Claimant Name(s)** *(The person or entity owed money by one of the Receivership Defendants. Claims for a company must be made by the company, not by the individual members or shareholders. See Claim Form Instructions for more details.):*

Camryn C. Broderick  
Camy, Cami

**Contact Information:**

Address: 515 S. Oak St., Chatham, IL 62629

Telephone Number: 602-334-3526

Email: camy.broderick@gmail.com

**Social Security Number or Federal Employer Identification Number**

*(If claimant is a married couple, list the social security numbers for both partners.):*



**Attorney Information** *(If claimant is represented by an attorney.):*

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

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

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

\* The "Receivership Defendants" also include Torque Entertainment LLC, The Writer's Den LLC, Den of Music, Alrighty Den, Den What Music, and the following dba's of R Legacy Entertainment LLC: Huge Studios, Sage and Thistle, Yourldsmusic.com, Legacy Studio, The Brick Room, Refinement Records, Big Door Entertainment, Hugesound Music International, Hugesound Music Unlimited, Sage and Thistle Collective, S&T Collective, Youldradio.com, Sage and Thistle Rentals, R Music Store, Sputnik, Big Door Video, Sage and Thistle Events, Hugesound Post Production, Big Door Network, Positive Music and Downloads, Inspire My Life, Sounds of Zion Music, Musician's Toolkit, Torque Media, Soundcheck, Big Door Booking, Huge Sound, Chance Thomas Music, Hugesound Music Worldwide, and Denise Entertainment Rust.

**Distributions:** Distributions, if any, will be made to the claimant identified above at the address listed. Please fill in this section ONLY if you would like all or part of any distribution made to a retirement custodian or other person. If this portion is completed, all distributions will be made as directed unless instructed otherwise in writing:

Company Name	Retirement Acct. Name	Acct. Number	% of Dist.
Other Payee Name	Address	Acct. Number	% of Dist.

**Related Claims**

Please check the following box if you answer YES to any of the following questions:

Yes, my claim is related to other claims.

- Are you filing multiple Claim Forms in this matter? If so, please list the name(s) of the other claimant(s): \_\_\_\_\_
- Did you make any investment through a trust or company (i.e. LLC, corporation, partnership, etc.)? If so, please list the name(s) of these entities: \_\_\_\_\_
- Did you invest as part of an investor group? If so, please list the name of that group: Yes  
L. Mike Smith
- Did anyone else invest money for you on your behalf? If so, please list the names of those persons: \_\_\_\_\_

**STEP TWO: Categorize Your Claim (continues on next page)**

Using the information below, determine the correct category of your claim based on the facts surrounding your debt. Please then skip to the corresponding Section listed below. If your claim(s) fall under more than one category, please fill out all relevant Sections.

**INVESTOR**  
[SKIP TO SECTION 3A]

Generally, this category includes all investors. Specifically, this category includes all persons or entities that provided assets of any kind to Gaylen Dean Rust, Denise Gunderson Rust, or Rust Rare Coin Inc. for the purpose of investing in the silver pool investment scheme or any other investment opportunity.

**VENDOR**  
[SKIP TO SECTION 3B]

A merchant, supplier, tradesman, or similar provider who provided goods or services to a Receivership Defendant in exchange for payment. This category also includes any customer who sold goods or services to a Receivership Defendant.

**CUSTOMER**  
[SKIP TO SECTION 3C]

A person or entity that purchased goods or services of any kind from any of the Receivership Defendants and failed to receive any portion of those goods or services.



<p><b>EMPLOYEE/ INDEPENDENT CONTRACTOR/ JOINT VENTURE PARTNER [SKIP TO SECTION 3D]</b></p>	<p>A person or entity that was entitled to receive wages or a salary from any of the Receivership Defendants but was not paid such wages or salary. This also includes all persons or entities who had a joint venture, partnership or other contractual arrangement with any of the Receivership Defendants to run or own a business.</p>		
<p><b>ROYALTY RECIPIENT [SKIP TO SECTION 3E]</b></p>	<p>A person or entity that entered into an agreement with any of the Receivership Defendants for the sole purpose of receiving royalty payments.</p>		
<p><b>LENDER/ SECURED CREDITOR [SKIP TO SECTION 3F]</b></p>	<p>A person or entity that lent money secured by a lien on any specific assets owned by any of the Receivership Defendants.</p>		
<p><b>LANDLORD [SKIP TO SECTION 3G]</b></p>	<p>A person or entity that acted as a landlord to any of the Receivership Defendants.</p>		
<p><b>OTHER [SKIP TO SECTION 3H]</b></p>	<p>This category is for a person or entity that does not fit within any of the other categories listed above. <i>Please review the categories above carefully before selecting this category for your claim.</i></p>		
<p><b>STEP THREE: Claim Information &amp; Supporting Documentation</b></p>			
<p><i>Please skip to the Section corresponding with your selected claim category/categories above.</i></p>			
<p><b>SECTION 3A: Investor (continues on next page)</b></p>			
<p><b><i>IMPORTANT NOTE: If this is a claim for a COMPANY, only payments made by or to the COMPANY should be listed below. DO NOT include payments made by or to the members or shareholders.</i></b></p>			
<p><b>Investment Contribution Information</b> Identify the date and amount of each and every payment made by you to a Receivership Defendant.</p>	<p><b>Type of Investment</b> Please identify the type and/or form of your investment(s) by checking the applicable boxes below:  <input type="checkbox"/> Cash    <input checked="" type="checkbox"/> Check    <input type="checkbox"/> Wire Transfer    <input type="checkbox"/> Physical Metals    <input type="checkbox"/> Other (list below) _____</p>		
<p><b>Date</b></p>	<p><b>Amount/Value</b></p>	<p><b>Type</b></p>	<p><b>Additional Notes</b></p>
<p>6/15/16</p>	<p>\$5,000.00</p>	<p>check</p>	<p>Paid to Mike Smith</p>

<b>Investment Payout/Distribution Information</b>			
Identify the date and amount of each and every payment you received or that was paid on your behalf to another party from a Receivership Defendant for any reason, including the payment of interest, principal, return of capital, profit from sale of a property, fees, reimbursement of expenses, commissions, mortgages, charitable donations, etc.			
<b>Type of Payout/Distribution</b> Please identify the type and/or form of any investment payout/distribution by checking the applicable boxes below:			
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Physical Metals <input type="checkbox"/> Other (list below)			
Date	Amount/Value	Type	Name of Payout Recipient
		N/A	
Did you receive a commission, finder's fee, referral fee, or similar payment from any third party or Receivership Defendant related to any investment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, please state the total amount of these fees received by you. \$ _____			
<b>TOTAL CLAIM:</b>			
A. Total payments and value given by claimant TO Receivership Defendants: \$ <u>5,000.00</u>			
B. Total payouts and value received by claimant FROM Receivership Defendants (including commissions): \$ <u>0</u>			
Subtract <u>Line B</u> from <u>Line A</u> : \$ <u>5,000.00</u>			
Confirm that you have attached to this Claim Form all correspondence, agreements, or other records evidencing your arrangement with the Receivership Defendants, along with all statements or accountings you received concerning your investment, including copies of all checks, wire transfer records, bank statements, receipts, etc. <input checked="" type="checkbox"/> Yes			
If the claimant is a COMPANY, not an individual, please provide the following information: Type of organization: _____ State of organization: _____ Principals of Company and percentage of ownership: _____ _____ _____			

<b>SECTION 3B: Vendor</b>		
Your responses below should be based on the date the goods were delivered or the services provided, NOT the date of the invoice. If any goods or services were provided AFTER November 15, 2018 (the "Appointment Date"), identify the unpaid amounts which are for goods or services provided BEFORE the Appointment Date and which are for goods and services provided AFTER the Appointment Date.		
Date	Amount Owed	Explain the general nature of the goods/services provided
	N/A	
State the terms upon which payment was to be made:		
Confirm that you have attached to this Claim Form a copy of all outstanding invoices for goods delivered or services provided by you to any Receivership Defendant for which you were not paid. <b>Please also verify you have attached a completed W-9 Form to this Claim Form.</b>		
<input type="checkbox"/> Yes		
State the total amount of your claim: \$ _____		
<b>SECTION 3C: Customer</b>		
Briefly describe the good(s) or service(s) that you purchased from any Receivership Defendant that you have not yet received:		
Transaction Date	Amount Paid	Identify the specific goods or services purchased
	N/A	
Confirm that you have attached to this Claim Form a copy of all receipts, order forms, confirmations, correspondence, payment records, or other documentation evidencing the above transactions.		
<input type="checkbox"/> Yes		
State the total amount of your claim: \$ _____		
<b>SECTION 3D: Employee/Independent Contractor/Joint Venture Partner (continues on next page)</b>		
Identify the dates during which you provided employment services to or had a business relationship with any Receivership Defendant:		
N/A		
Identify the general nature of your employment services or your business arrangement with any Receivership Defendant:		

Explain your rate of payment (e.g. hourly wage amount, yearly salary amount, etc.) or other compensation details:

Identify the amount of any unpaid wages/payments owed to you: \$ \_\_\_\_\_

Identify whether you have any additional claims other than wages, such as leave benefits (e.g. PTO):

Identify the value of these benefits: \$ \_\_\_\_\_  
 Please provide a breakdown of how this value was calculated:

Confirm that you have attached to this Claim Form a copy of all employment agreements, joint venture agreements, contracts, pay stubs, checks, correspondence, or other employment records documenting your employment services and rate of pay. *Please also verify you have attached a completed W-9 Form (contractor or joint venture partner) or W-4 Form (employee) to this Claim Form.*

Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3E: Royalty Recipient**

Identify the general nature of your agreement(s) with any Receivership Defendant:

Unpaid Royalties Due Date	Amount Owed	Confirm that you have attached to this Claim Form a copy of the royalty arrangement, agreement, or contract you had with any of the Receivership Defendants and any other correspondence or documents evidencing the same. <i>Please also verify you have attached a completed W-9 Form to this Claim Form.</i>

Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3F: Lender/Secured Creditor (continues on next page)**

Identify the relevant terms surrounding your transaction(s) with any Receivership Defendant in the chart below. *\*Please note that if you invested in Mr. Rust's silver investment pool and were told your investment was backed by silver and/or other physical metals, please fill out Section 3A for investors above, not this Section.\**

Transaction Date	Amount	Collateral (Specific Property Securing Loan)

Confirm that you have attached to this Claim Form a copy of all loan documents, security agreements, and other contracts or correspondence with any of the Receivership Defendants evidencing the above transactions. *Please also verify you have attached a completed W-9 Form to this Claim Form.*

Yes

State the total amount of your claim: \$ \_\_\_\_\_

**SECTION 3G: Landlord**

Address of Leased Property:

\_\_\_\_\_  
\_\_\_\_\_

Monthly Rent Amount: \$ \_\_\_\_\_

**Amount of Unpaid Rent BEFORE November 15, 2018:** \$ \_\_\_\_\_

From \_\_\_\_\_ (DD/MM/YYYY) to \_\_\_\_\_ (DD/MM/YYYY)

**Amount of Unpaid Rent AFTER November 15, 2018:** \$ \_\_\_\_\_

From \_\_\_\_\_ (DD/MM/YYYY) to \_\_\_\_\_ (DD/MM/YYYY)

State the total amount of your claim: \$ \_\_\_\_\_

If the total amount of your claim includes any charge(s) other than rent (e.g. utilities, fees, damages, etc.), please provide a breakdown of those amounts below:

Confirm that you have attached to this Claim Form a copy of all lease agreements, payment records, and other correspondence or documentation regarding the Receivership Defendants' lease of the property above. *Please also verify you have attached a completed W-9 Form to this Claim Form.*

Yes

**SECTION 3H: Other (continues on next page)**

Please provide a brief explanation of why your claim does not fall within one of the categories listed above:

Explain your agreement with the Receivership Defendant(s):

Provide a breakdown and explanation of your claim:
State the total amount of your claim: \$
Confirm that you have attached to this Claim Form a copy of all receipts, contracts, agreements, records, tax forms (e.g. W-9, W-4), and other documents or correspondence regarding the Receivership Defendants evidencing your claim. <input type="checkbox"/> Yes

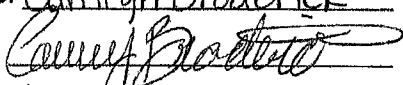
<b>STEP FOUR: Additional Information</b>
If there is any additional information the Receiver needs to know, please provide an explanation here: All of our documentation is with Mike Smith's materials.

*If any additional space is needed to respond to any of the questions above, you may attach additional sheets to this Claim Form. State the claimant's name in the upper right-hand corner of each sheet and the question(s) to which you are responding.*

**Signature and Verification is on the following page.**

## SIGNATURE & VERIFICATION

This Claim Form must be signed by each person making the claim to be valid, or by an authorized agent of the claimant(s). *I declare under penalty of perjury that the information provided in and with this Claim Form is true and correct to the best of my knowledge, information, and reasonable belief.*

Print Name: Camryn Broderick  
Signature:  3-21-20  
Title: Investor Date

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Title: \_\_\_\_\_

**SUBMIT YOUR COMPLETED CLAIM FORM TO THE RECEIVER  
DO NOT FILE YOUR CLAIM FORM WITH THE COURT**

*This Form may be completed and submitted via U.S. Mail, overnight mail or hand delivery addressed to the following: Parr Brown Gee & Loveless, Attn: Claim Form, 101 South 200 East, Suite 700, Salt Lake City, Utah 84111; or submitted by email at: [rustclaims@parrbrown.com](mailto:rustclaims@parrbrown.com).*

**COMPLETED CLAIM FORM MUST BE RECEIVED BY THE RECEIVER  
ON OR BEFORE OCTOBER 4, 2019.**

**[Questions? See Attached Claim Form Instructions.]**

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2019</span>	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption.					
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability, and</b></li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability.</b></li> </ul> If you meet both conditions, write "Exempt" here				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (This form is not valid unless you sign it.)				<b>Date</b>	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	



income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

- A Enter "1" for yourself A \_\_\_\_\_
- B Enter "1" if you will file as married filing jointly B \_\_\_\_\_
- C Enter "1" if you will file as head of household C \_\_\_\_\_
- D Enter "1" if:
  - You're single, or married filing separately, and have only one job; or
  - You're married filing jointly, have only one job, and your spouse doesn't work; or
  - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.D \_\_\_\_\_
- E **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
  - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.
  - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.
  - If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.
  - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" E \_\_\_\_\_
- F **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.
  - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.
  - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
  - If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" F \_\_\_\_\_
- G **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F G \_\_\_\_\_
- H Add lines A through G and enter the total here ▶ H \_\_\_\_\_

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- 1 Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details 1 \$ \_\_\_\_\_
- 2 Enter:
  - \$24,400 if you're married filing jointly or qualifying widow(er)
  - \$18,350 if you're head of household
  - \$12,200 if you're single or married filing separately2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, above 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4. 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,600	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,601 - 19,600	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,601 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 168,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	168,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 76,000	9	95,001 - 100,000	9				
76,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form **W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><input type="checkbox"/> Other (see Instructions) ▶ _____</p> <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> <p><b>5</b> Address (number, street, and apt. or suite no.). See Instructions.</p> <p><b>6</b> City, state, and ZIP code</p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>
--------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
<b>or</b>				
<b>Employer identification number</b>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*