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*Attorneys for Jonathan O. Hafen as Receiver*

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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,  
v.

RUST RARE COIN INC., a Utah corporation,  
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.

**MOTION SEEKING APPROVAL OF  
THE PROPOSED CLAIM  
PROCEDURES, CLAIM DEADLINE,  
AND CLAIM FORMS**

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

Judge Tena Campbell

Magistrate Judge Dustin B. Pead

Jonathan O. Hafen, the Court-Appointed Receiver (the “Receiver”) for the assets of Rust Rare Coin Inc., Gaylen D. Rust, Denise G. Rust, and Joshua D. Rust (collectively, “Defendants”) and Aleesha Rust Franklin, R Legacy Racing Inc., R Legacy Entertainment LLC, and R Legacy Investments LLC (collectively, “Relief Defendants” and, together with Defendants, “Receivership Defendants”),<sup>1</sup> respectfully requests that the Court approve the proposed claim procedures, claim deadline, and claim forms. Specifically, the Receiver requests that the Court:

1. Approve the claim procedures as set forth below;
2. Approve the attached “Claim Form” and “Instructions,” attached hereto as Exhibit A;
3. Approve the form and content of the attached “Bar Date Notice” attached hereto as Exhibit B;
4. Establish the deadline for submitting completed Claim Forms to the Receiver as 30 days from the mailing of the Bar Date Notice (the “Bar Date”);
5. Approve the form and content of the proposed Publication Notice, attached hereto as Exhibit C;
6. Order that each Claim Form must be completed in its entirety and signed under penalty of perjury and failure to do so shall render the Claim Form invalid, unless accepted by the Receiver in his discretion or the Court directs the Receiver to accept the Claim Form;

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<sup>1</sup> 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, Yourlsdmusic.com, Legacy Studio, The Brick Room, Refinement Records, Big Door Entertainment, Hugesound Music International, Hugesound 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, 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.

7. Order that the form and method of providing notice to file claims set forth herein are proper, sufficient, and constitute adequate notice to claimants of the claim procedures and the Bar Date; and
8. Authorize and direct the Receiver to give notice and compile claims as provided herein.

The Receiver has provided the Commodity Futures Trading Commission (“CFTC”) and Utah Division of Securities with the proposed Claim Form and Instructions and both authorities have approved their proposed use. Accordingly, the Receiver requests that this Motion be granted and that he be permitted to use the proposed claim procedures, Claim Form, and Bar Date Notice as set forth below.

### **BACKGROUND**

1. On November 15, 2018, the above-captioned case was formally commenced against the Receivership Defendants,<sup>2</sup> and in conjunction therewith, the Court entered an *Order Appointing Receiver and Staying Litigation* (the “Receivership Order”).<sup>3</sup>

2. Pursuant to the Receivership Order, the Receiver was appointed, and the Receivership Defendants’ assets were placed in the Receiver’s control.<sup>4</sup> The Court directed and authorized the Receiver to, among other things, assume control of, preserve, and manage all assets of the Receivership Estate, as well as investigate and prosecute claims.<sup>5</sup> The Receiver was also empowered and directed “to develop a plan for the fair, reasonable, and efficient recovery and liquidation” of all receivership property.<sup>6</sup>

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<sup>2</sup> See Dkt. No. 22.

<sup>3</sup> Dkt. No. 54.

<sup>4</sup> *Id.* ¶ 7(B)

<sup>5</sup> See generally Dkt No. 54.

<sup>6</sup> *Id.* ¶ 51.

3. Since the Receiver's appointment, notable progress has been made in liquidating receivership property and recovering funds for the Receivership Estate, as set forth in the Receiver's quarterly *Status Reports*.<sup>7</sup>

4. While the Receiver's work is ongoing, he believes that it is appropriate at this time to establish procedures for those who had dealings with the Receivership Defendants ("Claimants") to submit claims against the Receivership Estate so that the Receiver can formulate a distribution plan.

### **PROPOSED CLAIM PROCEDURES**

5. In order for Claimants to submit claims against the Receivership Estate, the Receiver proposes the following general procedures.

#### *Establishment and Notice of Bar Date*

6. The Receiver proposes a bar date for submission of claims which is 30 days after notice is mailed to expected Claimants (the "Bar Date").

7. The Receiver will provide notice of the Bar Date to expected Claimants in the form of the proposed "Bar Date Notice" attached hereto as Exhibit B. The Receiver will fill in the Bar Date on the Bar Date Notice prior to serving it on Claimants.

8. The Bar Date Notice will inform Claimants that they have 30 days from the date of service of the Bar Date Notice to file a Claim Form with the Receivership Estate.

#### *Service of Claim Form*

9. The Bar Date Notice will include a Claim Form and Instructions (the "Claim Forms"), which are set forth in Exhibit A hereto.

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<sup>7</sup> Receiver's Initial Status Report, Dkt. No. 98; Receiver's Second Quarterly Status Report, Dkt. No. 160; Receiver's Third Quarterly Status Report, Dkt. No. 232.

10. The Bar Date Notice and Claim Forms will be served on all Claimants known to the Receiver as follows:

- a. By first class U.S. Mail, postage prepaid;
- b. By email, if the Receiver has an email address for the Claimant; and
- c. By posting the Bar Date Notice and Claim Forms on the Receiver's

website at <http://rustrarecoinreceiver.com>.

11. Notice of the claim procedures with instructions to go to the Receiver's website for more information will also be published once in *USA Today*, a newspaper of national circulation, and once in the following statewide newspapers: *The Salt Lake Tribune* and *Deseret News* (Utah), *San Jose Mercury News* (Northern California), *Los Angeles Times* (Southern California), *The Idaho Statesman* (Idaho), *Arizona Republic* (Arizona), *Casper Star Tribune* (Wyoming), and *The Albuquerque Journal* (New Mexico) (collectively, "Publication Notice"). A copy of the Publication Notice is attached hereto as Exhibit C.

12. Upon completion of the above publication, the Receiver will file proof of publication with the Court, stating the date of publication of the Publication Notice in each of the above-noted newspapers.

13. The Receiver believes that by posting notice of the claims process online via his website, publishing the notice in the above national and statewide publications, and by emailing the notice to all known Claimants, all Claimants will receive notice of the relevant claim procedures.

14. If the Bar Date Notice sent by U.S. Mail or email are returned as "undeliverable" or similar designation without a forwarding address, the Receiver requests to be relieved of any

further duty or obligation to contact such Claimants and requests that Publication Notice and posting on the Receiver's website be deemed adequate notice.

Summary of Claim Form

15. Under the Claim Form, Claimants are divided into the following categories:
  - a. Investor. Generally, this category includes all investors. Specifically, this category includes all persons or entities that invested in the silver pool scheme or 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. 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.
  - c. Customer. 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.
  - d. Employee/Independent Contractor/Joint Venture Partner. A person or entity that was entitled to receive wages or a salary from any of the Receivership Defendants. 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.
  - e. Royalty Recipient. A person or entity that entered into an agreement with any of the Receivership Defendants for the sole purpose of receiving royalty payments.

- f. Lender/Secured Creditor. A person or entity that lent money secured by a lien on any specific assets owned by any of the Receivership Defendants.
- g. Landlord. A person or entity that acted as a landlord to any of the Receivership Defendants.
- h. Other. This category is for a person or entity that does not fit within any of the other categories listed.

16. Each of these categories are set forth on the Claim Form. Each category asks a distinct set of questions that are tailored to the issues most likely to arise in that category.

17. Claimants are not limited to one category. If a Claimant believes they have multiple claims falling under more than one of the above categories, they are permitted to fill out each applicable section of the Claim Form.

18. The Receiver may change the category of a claim if the Receiver determines that a Claimant has selected an incorrect category. However, the Court will ultimately review and determine the final status of all claims.

19. Claimants will be required to complete all applicable sections of the Claim Form, signed under penalty of perjury, and submit adequate supporting documents to have an allowable claim against the Receivership Estate. As applicable, Claimants will be required to provide an itemization of their claim, such as principal, interest, fees, costs, and any other relevant information. If attorney fees are claimed, invoices from the attorney with itemized billing information must be provided.

*Claim Form Submission*

20. Claims may be submitted by first class U.S. Mail, postage prepaid, hand delivery, or by email.

21. Claims that are not timely submitted or are not complete will be forever barred, provided that the Receiver may accept untimely or incomplete Claim Forms in his discretion or the Court may order acceptance of such Claim Forms.

22. Each Claim Form received by the Receiver will be date-stamped and assigned a claim number (“Claim Number”). The Receiver will notify the Claimant in writing of his receipt of the Claim Form.

23. Public filings with the Court will refer to a Claimant’s Claim Number and, other than the Claimant’s name, will not include personal identifiers that are noted in the Claim Form.

24. After reviewing each Claim Form and all supporting documentation, the Receiver will either (i) accept the claim and designate it as an allowed claim or (ii) object to the claim. If the Receiver objects to the claim, notice of the objection will be given to the Claimant and filed with the Court, after which the Court will determine if the claim will be allowed.

25. The Receiver will file a list of approved claims with the Court.

26. The Receiver will compare the address information on the Claim Form with his records for the Claimant. The addresses on a Claimant’s Claim Form shall be deemed to be the Claimant’s current addresses and may be relied on by the Receiver in all future communications with the Claimant and for purposes of distributions, if any, to the Claimant.

*Claimant Duties*

27. The Receiver requests that the Court order that all Claimants have an affirmative duty to review the Claim Form and Instructions and, if they wish to assert a claim against the Receivership Estate, timely submit a completed Claim Form to the Receiver.



### **RELIEF SOUGHT**

As set forth above, the Receiver anticipates using (i) the Claim Form and Instructions attached hereto as Exhibit A; (ii) the Bar Date Notice attached hereto as Exhibit B; and (iii) the Publication Notice attached hereto as Exhibit C. The Receiver respectfully submits that the forms as proposed provide adequate notice of the claim procedures described herein and are appropriate under the circumstances.

The Receiver also represents that the proposed procedures have been formulated in an attempt to provide Claimants with the easiest and most cost-effective way to submit a claim while also minimizing the Receivership Estate's administrative expenses. Thus, the Receiver requests that the proposed forms and procedures be approved by the Court and that the Court enter an Order authorizing the Receiver to use the forms to solicit the submission of claims against the Receivership Estate.

DATED this 2<sup>nd</sup> day of August 2019.

### **PARR BROWN GEE & LOVELESS**

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*Attorney for Receiver*

## CERTIFICATE OF SERVICE

IT IS HEREBY CERTIFIED that service of the above **MOTION SEEKING APPROVAL OF THE PROPOSED CLAIM PROCEDURES, CLAIM DEADLINE, AND CLAIM FORMS** was (1) electronically filed with the Clerk of the Court through the CM/ECF system on August 2, 2019, 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 master mailing matrix maintained by the Receiver.

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/s/ Joseph M.R. Covey

**EXHIBIT A**

## Claim Form and Instructions

Commodity Futures Trading Commission, et al. v. Rust  
Rare Coin, Inc., et al.

United States District Court for the District of Utah  
Case No. 2:18-cv-892

August \_\_, 2019

On November 15, 2018, the United States District Court for the District of Utah (the “Court”) appointed Jonathan O. Hafen as the Court-Appointed Receiver (the “Receiver”) for the assets of Rust Rare Coin Inc., Gaylen D. Rust, Denise G. Rust, Joshua D. Rust (collectively, “Defendants”) and Aleesha Rust Franklin, R Legacy Racing Inc., R Legacy Entertainment LLC, and R Legacy Investments LLC (collectively, the “Relief Defendants” and, together with the Defendants, “Receivership Defendants”).<sup>1</sup>

Persons who are owed money by any of the Receivership Defendants must file this Claim Form with the Receiver in order to be eligible to participate in distributions from the Receivership Estate. Regardless of what other information you have provided the Receiver through questionnaires or online submissions, this document is the official Claim Form which must be filed to present your claim for payment. If you fail to complete and timely submit this Claim Form to the Receiver, you will not be entitled to payment from the Receivership Estate.

Your claim must be completed and filed so that it is *received* by the Receiver by \_\_\_\_\_, 2019. Failure to complete and timely file this Claim Form will result in a denial of your claim.

**Please read this Claim Form and Instructions in its entirety and provide all requested information.**

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<sup>1</sup>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, Yourlsdmusic.com, Legacy Studio, The Brick Room, Refinement Records, Big Door Entertainment, Hugesound Music International, Hugesound 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, 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.

## BACKGROUND

The Receiver operates under the supervision of the Court. All of the significant actions of the Receiver are approved by the Court after a Motion is filed and all interested parties have an opportunity to object. Many Motions have been filed by the Receiver in this case. This process is important because it ensures that interested parties have input in the administration of the Receivership Estate and that it is administered fairly.

Since his appointment, the Receiver has identified and taken control of the receivership assets, abandoned assets that have no value, and is in the process of liquidating the remaining assets for cash. A Plan of Distribution will be submitted by the Receiver outlining how that cash will be distributed to pay allowed claims. Once the Court approves the Plan of Distribution, the cash will be distributed in accordance with the Plan.

A court-approved process will be implemented to determine which claims are allowed. This Claim Form and Instructions is the first step in that process. It will be mailed and emailed to all known Claimants and availability of the Claim Form and Instructions will be advertised to notify those who do not receive the mailed notice. **There is a deadline to file claims and claims not filed by that date may not be allowed.** Upon receipt of a Claim Form, the Receiver will review the information in the Claim Form and supporting documents and compare it to records of the Receivership Defendants and other records compiled by the Receiver. The Receiver will then take one of the following actions: (i) accept the claim and designate it as an allowed claim, or (ii) object to the claim. If the Receiver objects to the claim, notice of the objection will be given to the Claimant and filed with the Court, after which the Court will determine if the claim will be allowed.

At this time, it is not possible to determine when distributions to pay claims will be made, the amount that will be available for distribution, or the amount that will be distributed to each class of claim.

The Receiver maintains a public website at <http://rustrarecoinreceiver.com> which contains more detailed information about the receivership and is updated regularly to report new developments. The Receiver is not able to respond to individual inquiries about the receivership or its status. You are encouraged to visit the Receiver's website for updates.

## INSTRUCTIONS FOR CLAIM FORM

YOU MUST COMPLETE AND SIGN THE FOLLOWING CLAIM FORM (“CLAIM FORM”) AND SUBMIT IT TO THE RECEIVER SO THAT IT IS RECEIVED NO LATER THAN \_\_\_\_\_, 2019 (THE “BAR DATE”).

FAILURE TO SUBMIT A CLAIM FORM PRIOR TO THE BAR DATE MAY RESULT IN YOUR CLAIM BEING DENIED AND FOREVER BARRED.

NOTE THAT INVESTOR QUESTIONNAIRES YOU MAY HAVE PREVIOUSLY SUBMITTED ARE NOT CLAIM FORMS. PLEASE FILL OUT THIS FORM TO MAKE A CLAIM FOR REPAYMENT.

*You may want to consult an attorney to protect your rights.*

### INSTRUCTIONS FOR COMPLETING THE CLAIM FORM

1. General.

- a. Use of this Claim Form is Required. To assert a claim you must complete and sign the accompanying Claim Form and submit it to the Receiver prior to the Bar Date.
- b. Exclusive Recovery Method. The only way to obtain a distribution is through timely submission of the Claim Form in accordance with these instructions.
- c. Complete the Entire Form. Do not leave *any* spaced blank or unanswered, unless instructed to do so. Write “none,” “not applicable,” “not available,” or a similar response if you do not have the requested information.
- d. Additional Space. If additional space is needed to respond, attach additional sheets to the Claim Form. State the claimant’s name in the upper right-hand corner of each sheet and identify the question(s) to which you are responding.

2. Claimant. Fill in the name of the person or entity asserting a claim, along with the contact information requested. Notices and communications from the Receiver will be sent to the address provided. *You have a continuing obligation to keep the Receiver informed of your current contact information.*

3. Distributions.

- a. Payment Address. Distributions, if any, will be made payable to the person stated on the Claim Form and sent to the address provided, unless you state otherwise in the Claim Form. If the payment address differs from the notice address, a separate space is provided on the Claim Form for this information.
- b. Retirement Information. If you used a retirement plan as your investment vehicle, be sure to provide the retirement account number, company name, and retirement account name in the space provided on the Claim Form. This is critical to ensure that the distributions, if any, can be appropriately deposited into your retirement account.

4. Joint, Multiple, and Related Claims. A separate Claim Form should be submitted for each person or entity submitting a claim, except as discussed below.
  - a. Jointly Held Claims. If more than one person or entity seeks recovery of the same amount, you may submit a single Claim Form for the joint claimants.
  - b. Multiple Claims Held by One Person. Persons whose claim is based on more than one type of claim should include all claims in one Claim Form.
  - c. Related Claims. There is a box to check if your claim is related to other claims that have been submitted. For example, if you made investments personally and through a corporation or LLC that you control, you should make separate claims for each, but check the box to inform the Receiver of the relationship.
5. Signatures and Verification. The individual completing this Form must sign and date it for it to be valid. If you sign the Claim Form you declare ***under penalty of perjury*** that the information provided is true and correct to the best of your knowledge, information, and belief. Whether signing the Claim Form personally or in a representative capacity, your signature makes you responsible for the claim asserted and for the veracity of the statements made. Be sure to provide true, accurate, and complete information.
6. Supporting Documentation. You are expected to make a reasonable search to locate the requested information and documents. You must attach documents to support your claim. Failure to provide adequate documentation of your claim is a basis for disallowance of your claim. If you are attaching documents, *do not send originals. Please do not discard any documents related to your claim even if you are not attaching them to this Claim Form.* Do not request documents from the Receiver. If you are asked to complete a W-9 or W-4 Form, blank copies are attached to this packet.

#### INSTRUCTIONS FOR SUBMITTING THE COMPLETED CLAIM FORM

7. Submitting the Form. The completed and signed Claim Form must be submitted so that it is *received* by the Receiver on or prior to the Bar Date of \_\_\_\_\_, 2019. *Do not file your Claim Form with the Court.*
8. Method of Submission. The completed Claim Form may be submitted to the Receiver 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).
9. Keep a Copy. You should retain a copy of your completed Claim Form and any supporting documents sent to the Receiver, along with proof of the submission date.



### POST-SUBMISSION PROCEDURES

10. Notices. To conserve costs and speed communications, the Receiver will communicate with you about your claim and the claim process via email. If you do not include an email address in the Claim Form, the Receiver will send notices via U.S. Mail. Information about the status of the claims process will be posted at <http://rustrarecoinreceiver.com>.
11. Procedures. Upon submission of your Claim Form to the Receiver, you can expect the following:
  - a. Claimant Identification. Your Claim Form will be assigned a “Claim Number.” To maintain your confidentiality, public filings regarding your claim will refer to your Claim Number and your name, but no other personal or identifying information. By submitting a Claim Form, you acknowledge and consent that the Receiver can reference the claimant’s name in pleadings and other public filings with the Court.
  - b. Claim Review. The Receiver will review your Claim Form and supporting documents to determine whether your claim will be allowed against the Receivership Estate.
  - c. Report to the Court. The Receiver will file with the Court and send you notice of his recommendation for allowed claim amounts. If you disagree with the Receiver’s recommendation, you will have 30 days to file an objection with the Receiver (not the Court). After the Receiver receives your objection, he will submit the objection to the Court and ask the Court to set a hearing to determine the objection. You will receive notice of any hearing, at which you will have an opportunity to present evidence to the Court regarding your objection.
  - d. Distribution Plan. After claim issues are resolved, the Receiver will recommend a distribution plan to the Court. Only holders of allowed claims may receive a distribution under the plan. Allowance of a claim, however, does not guarantee a right to distribution. Distributions will depend on the amount of funds ultimately recovered by the Receiver and the methodology employed in the Court-approved plan.

**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: _____</p> <p>Claim Number: _____</p>
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**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.):*

**Contact Information:**

Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**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: \_\_\_\_\_

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\* The "Receivership Defendants" also include Torque Entertainment LLC, The Writer's Den LLC, Den of Music, Almighty Den, Den What Music, and the following dba's of R Legacy Entertainment LLC: Huge Studios, Sage and Thistle, Yourlstdmusic.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:  
\_\_\_\_\_
- 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.*

<p><b>INVESTOR</b> [SKIP TO SECTION 3A]</p>	<p>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.</p>
<p><b>VENDOR</b> [SKIP TO SECTION 3B]</p>	<p>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 <i>sold</i> goods or services to a Receivership Defendant.</p>
<p><b>CUSTOMER</b> [SKIP TO SECTION 3C]</p>	<p>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>

<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>	
<p>Date</p>	<p>Amount/Value</p>	<p>Type</p>	<p>Additional Notes</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
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			
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:

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. <b><i>Please also verify you have attached a completed W-9 Form to this Claim Form.</i></b> <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

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.

Yes

#### **STEP FOUR: Additional Information**

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: \_\_\_\_\_

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

Title: \_\_\_\_\_

\_\_\_\_\_ Date

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

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 \_\_\_\_\_, 2019.**

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

**EXHIBIT B**

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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, et al.,

Plaintiffs,

v.

RUST RARE COIN INC., et al.,

Defendants.

**NOTICE OF DEADLINE TO SUBMIT  
CLAIM FORM AGAINST  
RECEIVERSHIP ESTATE –**

**TIMELY ACTION REQUIRED**

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

Judge Tena Campbell

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**PLEASE TAKE NOTICE** that you have been identified as a person who may be able to assert a claim in the case noted above based on transactions with the entities listed in the “Claim Form” attached to this Notice.

**FOR YOUR CLAIM TO BE CONSIDERED, YOU MUST SUBMIT A  
COMPLETED AND SIGNED CLAIM FORM TO THE RECEIVER SO THAT IT  
IS RECEIVED BY THE RECEIVER NO LATER THAN \_\_\_\_\_, 2019  
(THE “BAR DATE”).**

**DO NOT FILE THE CLAIM FORM WITH THE COURT.**

**PLEASE TAKE FURTHER NOTICE** that submission of a Claim Form is the only means for obtaining a distribution from the Receivership Estate. Unless the Court orders otherwise, your failure to submit a Claim Form to the Receiver prior to the expiration of the Bar Date will result in your claim being denied and you will be forever barred from asserting your claim against the Receivership Estate or any property of the Receivership Estate.

**PLEASE TAKE FURTHER NOTICE** that the completed and signed Claim Form may be (a) mailed or hand delivered to the Receiver at Parr Brown Gee & Loveless, Attn: Claim Form, 101 South 200 East, Suite 700, Salt Lake City, Utah 84111; or (b) emailed to: [rustclaims@parrbrown.com](mailto:rustclaims@parrbrown.com).

*Upon submission, the Receiver will contact you to confirm receipt of your Claim Form.*

**EXHIBIT C**

**NOTICE OF BAR DATE FOR SUBMITTING CLAIMS FOR LOSSES RELATED TO RUST RARE COIN INC., GAYLEN D. RUST, DENISE G. RUST, JOSHUA D. RUST, ALEESHA RUST FRANKLIN, R LEGACY ENTERTAINMENT LLC, R LEGACY RACING INC., R LEGACY INVESTMENTS LLC, HUGE STUDIOS, SAGE AND THISTLE, YOURLSDMUSIC.COM, LEGACY STUDIO, THE BRICK ROOM, REFINEMENT RECORDS, BIG DOOR ENTERTAINMENT, HUGESOUND MUSIC INT'L, HUGESOUND 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, HUGESOUND POST PRODUCTION, BIG DOOR NETWORK, POSITIVE MUSIC AND DOWNLOADS, INSPIRE MY LIFE, SOUNDS OF ZION MUSIC, MUSICIAN'S TOOLKIT, TORQUE MEDIA, TORQUE ENTERTAINMENT LLC, SOUNDCHECK, BIG DOOR BOOKING, HUGE SOUND, CHANCE THOMAS MUSIC, HUGESOUND MUSIC WORLDWIDE, THE WRITER'S DEN LLC, DEN OF MUSIC, ALRIGHTY DEN, DEN WHAT MUSIC, AND DENISE ENTERTAINMENT RUST.**

Pursuant to an Order of the U.S. District Court for the District of Utah in *Commodity Futures Trading Commission, et al. v. Rust Rare Coin Inc., et al.*, Case No. 2:18-cv-892, persons who invested with or have claims against Rust Rare Coin Inc. or any of the above receivership defendants must submit a Claim Form so that it is received by no later than \_\_\_\_\_, 2019. (the "Bar Date"). The form to assert a claim and written instructions for submitting a Claim Form, which includes a list of all receivership defendants, may be obtained at <http://rustrarecoinreceiver.com>, or by calling 833-777-7287. Failure to submit a completed and signed Claim Form prior to the Bar Date will result in the claim being deemed waived and, absent Court order, it will be disallowed and forever barred.

Joseph M.R. Covey (7492) (jcovey@parrbrown.com)  
Cynthia D. Love (14703) (clove@parrbrown.com)  
Sarah M. Humphrey (16847) (shumphrey@parrbrown.com)

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

101 South 200 East, Suite 700  
Salt Lake City, Utah 84111  
Telephone: (801) 532-7840  
Facsimile: (801) 532-7750

*Attorneys for Jonathan O. Hafen as Receiver for the Rust Rare Coin Receivership*

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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,  
v.

RUST RARE COIN INC., a Utah corporation,  
and GAYLEN DEAN RUST, an individual,

Defendants;

and

DENISE GUNDERSON RUST, an individual,  
JOSHUA DANIEL RUST, an individual,  
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.

**ORDER GRANTING MOTION  
SEEKING APPROVAL OF PROPOSED  
CLAIM PROCEDURES, CLAIM  
DEADLINE, AND CLAIM FORMS**

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

Judge Tena Campbell

Magistrate Judge Dustin B. Pead

The matter before the Court is the Receiver's *Motion Seeking Approval of the Proposed Claim Procedures, Claim Deadline, and Claim Forms* (the "Motion"). The Court has reviewed the Motion and Exhibits attached to the Motion. Based thereon, the applicable law, the record in this case, and for good cause showing,

**IT IS HEREBY ORDERED** that:

- (1) The Motion is GRANTED;
- (2) The form and content of each of the proposed forms attached to the Motion as Exhibits A, B, and C are APPROVED; and
- (3) The method of Publication Notice as described in the Motion is APPROVED.

DATED this \_\_\_ day of \_\_\_\_\_, 2019.

**BY THE COURT**

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The Honorable Dustin B. Pead  
United States Magistrate Judge