

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

Civil Action No.: 09-CV-02676 CMA-MJW

SECURITIES AND EXCHANGE COMMISSION,

Plaintiff,

v.

MANTRIA CORPORATION,
TROY B. WRAGG,
AMANDA E. KNORR,
SPEED OF WEALTH, LLC,
WAYDE M. MCKELVY, and
DONNA M. MCKELVY,

Defendants.

PROOF OF CLAIM FORM

YOU MUST COMPLETE AND FILE THIS CLAIM FORM ON OR BEFORE MIDNIGHT MOUNTAIN STANDARD TIME JANUARY 2, 2017, IN ORDER TO SHARE IN THE DISTRIBUTION OF ASSETS FROM THE RECEIVERSHIP ESTATE, EVEN IF YOU PREVIOUSLY SUBMITTED A CLAIM OR OTHER INFORMATION TO THE RECEIVER.

To be eligible to share in any distribution from the Receivership Estate, you must submit to the Receiver this Proof of Claim Form. **The Receiver requests that you complete you Proof of Claim Form online at:**

www.mantriaspeedofwealthreceivership.com

or via e-mail at:

jpanderson@alvarezandmarsal.com

as this will ensure a complete and accurate recording of your claim by the Receiver, as well as its timely receipt.

Although not recommended by the Receiver, you may mail your Proof of Claim Form to the following address:

John Paul Anderson, Receiver
Alvarez & Marsal Global Forensic and Dispute Services
707 17th Street, Suite 2125
Denver, Colorado 80202

If you choose to submit your Proof of Claim Form by mail, the Receiver recommends that you send it via **Certified Mail, Return Receipt Requested**, and that you retain a photocopy of your completed Proof of Claim Form. **This is the only way you will be protected in the event your Proof of Claim Form is lost in the mail.** If submitted via postal mail or email, this Proof of Claim Form **MUST BE TYPED OR PRINTED.**

Before completing and submitting this Proof of Claim Form, you should read and be familiar with the accompanying Claims Bar Date Notice (the "Notice"), including the matters and terms defined in the Notice. By submitting this Proof of Claim Form, you acknowledge that you have read the Notice and are bound by its terms and conditions.

If your Proof of Claim Form is not received by the Receiver on or before midnight Mountain Standard Time on January 2, 2017 (the "Claims Bar Date"), it will be disallowed and you will be precluded from participating in any distribution from the Receivership Estate.

**POTENTIALLY ELIGIBLE CLAIMANTS
MUST ANSWER FULLY ALL PARTS OF THIS FORM IN
THE ENGLISH LANGUAGE, WITH AMOUNTS IN U.S. DOLLARS**

PART I: IDENTITY OF CLAIMANT

Check one of the following:

- Initial Proof of Claim Form
- Replaces Proof of Claim Form Number _____

Name and Address of Claimant:

Name(s) _____

Address _____

City _____ State/Province _____ Postal Code _____

Daytime Phone (____) _____ Evening Phone (____) _____

E-mail _____

**YOU MUST NOTIFY THE RECEIVER VIA EMAIL OR POSTAL MAIL IF THERE IS
A CHANGE TO THE ADDRESS AND/OR ANY OF THE TELEPHONE NUMBERS OR
E-MAIL LISTED ABOVE**

Claimant's Status (check one):

- Corporation
- Partnership
- Limited Liability Company
- Executor
- Trustee
- Trust
- Individual
- Estate
- Other _____

Claimant's Taxpayer Identification Number

Social Security Number or Tax ID Number: _____

Name and address of person to be contacted regarding this Claim:

- Check here if name and address are the same as the Name and Address of Claimant *(you may proceed to the next question if checked)*

Name(s) _____

Address _____

City _____ State/Province _____ Postal Code _____

Daytime Phone (____) _____ Evening Phone (____) _____

E-mail _____

YOU MUST NOTIFY THE RECEIVER VIA EMAIL OR POSTAL MAIL IF THERE IS A CHANGE TO THE ADDRESS AND/OR ANY OF THE TELEPHONE NUMBERS OR E-MAIL LISTED ABOVE

PART II: CLAIM INFORMATION

Name of Claimant: _____

Definition of Claim: "Claim" shall be broadly defined to include any right to payment, whether or not such right is reduced to judgment, is liquidated or un-liquidated, is fixed or contingent, is matured or immature, is disputed or undisputed, is legal or equitable, or is secured or unsecured, existing as of November 16, 2009. The term "Claim" also includes any right to an equitable remedy for a breach of performance which gives rise to a right to payment, whether or not such right is reduced to judgment, is fixed or contingent, is matured or immature, is disputed or undisputed, or is secured or unsecured.

Please state the amount(s) you are claiming:

Description	Claims for amounts due or incurred before November 16, 2009	Claims for amounts due or incurred on or after November 16, 2009
Unpaid Salary and Wages		
Unpaid Expense Reports		
Unpaid Other		

Claimant's Relationship to the Defendants with regard to this Claim:

- Employee
- Vendor
- Investor
- Other _____

Supporting Documentation:

If you have any supporting documentation for your claim, please send such documentation to the Receiver.

If you have any additional information that may be useful to the Receiver regarding this Claim, including information on the aggregation of multiple claims, please provide it here (attach additional pages if necessary):

PART III: SIGNATURE AND DATE

The undersigned declares under penalty of perjury, in accordance with the laws of the United States of America, that the information submitted on this Proof of Claim Form is true and correct.

Check here to acknowledge your agreement with the preceding statement.

Dated this day _____ of _____, 201__.

Type the name and title, if any, of the Claimant, or other person authorized to file this Proof of Claim Form.

Name/Title (printed)