

PROOF OF CLAIM

In re: Noble Trust Company & Aegean Scotia Holdings, LLC

Merrimack County Superior Court, State of New Hampshire (08-E-0053)

Read Carefully Before Completing This Form.

Please print or type; attach additional sheets as necessary.

FOR LIQUIDATOR'S USE ONLY

Date proof of claim received \_\_\_\_\_

Claim number \_\_\_\_\_

This claim is filed against (please check one):

Noble Trust Company

Aegean Scotia Holdings, LLC

The Deadline for Filing this Form is August 10, 2008.

You should file this Proof of Claim form if you have an actual or potential claim against Noble Trust Company and/or Aegean Scotia Holdings, LLC even if the amount of the claim is presently uncertain. To have your claim considered by the Liquidator, this Proof of Claim must be completed, signed, notarized, and sent to the address below so that it is received no later than August 10, 2008. Failure to timely return this completed form will likely result in the **DENIAL OF YOUR CLAIM**. You are advised to retain a copy of this completed form for your records. Further information is available through the New Hampshire Banking Department's website at: [www.nh.gov/banking](http://www.nh.gov/banking).

1. Claimant's Name: \_\_\_\_\_

2. Claimant's Address: \_\_\_\_\_

3. Claimant's contact information:

Home Phone number: (\_\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

4. Claimant's Social Security Number (last four digits only), Tax ID Number or Employer ID Number: \_\_\_\_\_

5. Claim is submitted by (check one):

a) Employee or former employee

b) Client investor

c) Non-client investor

d) Vendor

e) Other; describe: \_\_\_\_\_

Describe in detail the nature of your claim. You may attach a separate page if desired. **Attach relevant documentation** in support of your claim, such as copies of outstanding invoices, contracts, trust agreements, promissory notes, and other supporting documentation. **Send copies - Do not send originals.** The Liquidator may request additional information and/or documentation. Failure and/or refusal to supply any relevant information/documentation **will likely result in the DENIAL OF YOUR CLAIM.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Indicate the total dollar amount of your claim as of March 31, 2008. If the amount of your claim is unknown, write the word "unknown", BUT be sure to attach sufficient documentation to allow determination of the claim amount.

\$\_\_\_\_\_ (if amount is unknown, write the word "unknown"), consisting of \$\_\_\_\_\_ in principal; \$\_\_\_\_\_ in interest, and \$\_\_\_\_\_ in other amounts (submit detail).

7. If you have any security or collateral for your claim, describe such security or collateral, and attach all relevant documentation. \_\_\_\_\_  
\_\_\_\_\_

8. If Noble Trust Company, and/or Aegean Scotia Holdings LLC has made any payments towards the amount of the claim, describe the amount of such payments and the dates paid: \_\_\_\_\_  
\_\_\_\_\_

9. Is there any setoff, counterclaim, or other defense, which should be deducted by Noble Trust Company and/or Aegean Scotia Holdings LLC from your claim? If so, describe in detail. \_\_\_\_\_  
\_\_\_\_\_

10. If you assert a priority status for your claim, state the basis (e.g. statute) you rely upon and the amount(s) entitled to priority: \_\_\_\_\_  
\_\_\_\_\_

11. Print the name, address and telephone number of the person who has completed this form, if other than the signator.

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

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

12. If represented by legal counsel, please supply the following information:

Name of attorney: \_\_\_\_\_

Name of law firm: \_\_\_\_\_

Address of law firm: \_\_\_\_\_

Attorney's telephone: \_\_\_\_\_

Attorney's fax number: \_\_\_\_\_

Attorney's email address: \_\_\_\_\_

13. If using a judgment or arbitration award as the basis for this claim, please supply the following information:

Amount of judgment: \_\_\_\_\_

Date of judgment: \_\_\_\_\_

Name of case: \_\_\_\_\_

Name and location of court: \_\_\_\_\_

Court docket or index number (if any): \_\_\_\_\_

14. **All claimants** must complete the following:

I, \_\_\_\_\_ (insert individual claimant's name or name of person completing this form for a legal entity) subscribe and affirm as true, under the penalty of perjury as follows: that I have read the foregoing proof of claim and know the contents thereof, that this claim in the amount of

\_\_\_\_\_ dollars (\$\_\_\_\_\_)

against Noble Trust Company, and/or Aegean Scotia Holdings LLC, as set forth herein, is justly owed, except as stated in item 9 above, and that the matters set forth in this Proof of Claim are true to the best of my knowledge and belief. I also certify that no part of this claim has been sold or assigned to a third party. Should any monies from any other source be received against this claim, I will contact the Liquidator at the address below within seven (7) calendar days of receipt and report such amount(s).

\_\_\_\_\_  
Claimant's signature

\_\_\_\_\_  
Date

[If claimant is an individual]:

*Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.*

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_ [name(s) of person(s)].

\_\_\_\_\_  
Notary Public/ Justice of the Peace

(Seal, if any)

My Commission Expires: \_\_\_\_\_

[If claimant is not an individual]:

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_ [name(s) of person(s)] as \_\_\_\_\_ [type of  
authority, e.g., officer, trustee, etc.] of \_\_\_\_\_ [name of party on behalf of whom  
instrument was executed].

\_\_\_\_\_  
Notary Public/ Justice of the Peace

(Seal, if any)

My Commission Expires: \_\_\_\_\_

16. Send this completed Proof of Claim Form postmarked not later than **August 10, 2008**, to:

New Hampshire Banking Department  
Attn: Peter C. Hildreth (Commissioner/Liquidator)  
P.O. Box 2765  
Concord, NH 03302-2765

**You should complete and return this form if you believe you have any actual or potential claim against Noble Trust Company and/or Aegean Scotia Holdings LLC even if the amount of the claim is presently uncertain.**