

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

SECURITIES AND EXCHANGE  
COMMISSION

vs.

BKCOIN MANAGEMENT, LLC, *et al.*

No. 23-20719-CIV-SCOLA

**PROOF OF CLAIM FORM**

PLEASE REFER TO INSTRUCTIONS ON PAGES 6 AND 7 PRIOR TO COMPLETING FORM

**1. CLAIMANT INFORMATION**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code / Country \_\_\_\_\_

If Claimant is an entity, name of contact person: \_\_\_\_\_

Contact person's title: \_\_\_\_\_

Telephone of Claimant: \_\_\_\_\_

Email of Claimant: \_\_\_\_\_

Last four digits of Tax I.D. No. or SSN: \_\_\_\_\_

**INDIVIDUAL CLAIMANTS MUST PROVIDE COPY OF VALID DRIVERS LICENSE OR PASSPORT  
WITH PROOF OF CLAIM FORM**

**CLAIMANTS REPRESENTED BY COUNSEL**

Attorney Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code / Country \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**2. CLAIM INFORMATION (PART A)**

**2a. Entity Against Which You Are Asserting a Claim (SELECT ONE):**

<input type="checkbox"/> BKCoin Management, LLC	<input type="checkbox"/> BKCoin Multi-Strategy Fund, LP
<input type="checkbox"/> BKCoin Capital, LP	<input type="checkbox"/> BKCoin Multi-Strategy Fund, Ltd.
<input type="checkbox"/> BK Offshore Fund, Ltd.	<input type="checkbox"/> Bison Digital LLC
<input type="checkbox"/> BKCoin Multi-Strategy Master Fund, Ltd.	

**2b. Basis of Claim:**

Investor Creditors

- Investment in Receivership Entity identified in 2(a)
- Joint investment with Receivership Entity identified in 2(a).

Please specify: \_\_\_\_\_

Lender Creditors

- Money loaned to Receivership Entity

Operational Creditors (Former Employees and Service Creditors)

- Wages, salaries, benefits or compensation (attach a detailed explanation) for employment from dates \_\_\_\_\_ to \_\_\_\_\_. Employee title: \_\_\_\_\_.
- Services performed or goods sold to Receivership Entity identified in 2(a)
- Taxes

Other Potential Claimants and Administrative Claimants

- Please specify: \_\_\_\_\_

**2c. Claim Amount:**

Pre- Receivership Claim Amount: \_\_\_\_\_

Denomination of Claim Amount (USD, BTC, ETH, etc.): \_\_\_\_\_

**2d. Legal Action or Claim against Receivership Entity:**

Case caption: \_\_\_\_\_

Date commenced: \_\_\_\_\_

Court and Case No.: \_\_\_\_\_

Amount recovered from other parties: \$ \_\_\_\_\_

If judgment obtained: amount: \$ \_\_\_\_\_ judgment date: \_\_\_\_\_

**2e. Claim Above Principal Amount:**

- Check this box if the Claim Amount includes interest or other charges, such as attorneys' fees, lost profits or late fees in addition to the principal amount of the claim. Attach an itemized statement of all interest and other charges.

**3. CLAIM INFORMATION (PART B).**

Complete the subsection below that corresponds to the category of claimant you identified in subsection 2b above (e.g., investor creditor, lender creditor, operational creditor, etc.). You should only complete one of the subsections within Section 3. Additional space for explanations is provided on pages 4-5. You may attach additional pages as necessary.

**3a. Investor Creditors:**

Name of Investor: \_\_\_\_\_

Receivership Entity in which investor invested: \_\_\_\_\_

**INVESTOR CREDITORS MUST ALSO COMPLETE AND SIGN THE ATTACHED INVESTOR SUPPLEMENT TO PROOF OF CLAIM FORM**

**3b. Lender Creditors:**

Nature of debt (loan, promissory note, etc.): \_\_\_\_\_

Number of loans: \_\_\_\_\_

Principal amount: \_\_\_\_\_

Interest owed: \_\_\_\_\_

Amount of Collateral (include denomination): \_\_\_\_\_

Dates of any liquidation (if applicable): \_\_\_\_\_

Dates of any setoff (if applicable): \_\_\_\_\_

**LENDER CREDITORS MUST SUBMIT DOCUMENTS SHOWING AMOUNT(S) AND DATE(S) OF ALL LOANS, PROMISSORY NOTES, COLLATERAL, LIQUIDATION, AND ANY SETOFFS**

**3c. Operational Creditors**

**i. Former Employees:**

Receivership Entity of employment: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

**FORMER EMPLOYEES MUST SUBMIT DOCUMENTATION OF TAX STATUS**

**ii. Service Creditors**

Nature of good or service provided: \_\_\_\_\_

Date(s) good or service provided: \_\_\_\_\_

**3d. Administrative (Post-Receiverhip) Claims:**

Administrative Claim Amount: \$ \_\_\_\_\_

Date(s) claim arose (e.g., service provided, debt incurred, etc.): \_\_\_\_\_

Briefly state the nature of post-Receiverhip Administrative Claim: \_\_\_\_\_

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

**3e. Other Potential Claimants:**

Other Potential Claimants are directed to attach a detailed explanation of the basis of their claims.

**4. SUPPORTING DOCUMENTS.**

Please Review the Notice of Claims Bar Date and Procedures for Submitting a Proof of Claim, which was included with this Proof of Claim Form, for instructions of supporting documents to attach to your Proof of Claim Form (including for example, documents evidencing the amount and basis of your Claim). **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, explain why. If the documents are voluminous, include a summary.





## **INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM**

*Please see the Notice of Claims Bar Date and Procedures for Submitting a Proof of Claim for definitions of capitalized terms*

**1. CLAIMANT INFORMATION.** Complete this section with the contact information (name, address, telephone number and email address) of the individual or entity asserting a claim against a Receivership Entity and Estate. If Claimant is an individual, they must provide photo copy of valid drivers license or passport with Proof of Claim Form to verify their identity. If Claimant is an entity, provide contact information and the title of the authorized representative. If Claimant is represented by counsel, provide the attorney's contact information, including name, law firm, address, telephone number, and email address. If a valid email address is included on this Form, the Receiver's team will send email notification confirming receipt of the Proof of Claim.

### **2. CLAIM INFORMATION (PART A).**

**2a. Receivership Entity Against Which You Are Asserting a Claim.** Please identify the Receivership Entity against which you are asserting a claim. If you believe you have one claim, you only need to submit one Proof of Claim Form. If you believe you have multiple claims, you should file a separate Proof of Claim Form for each such claim.

**2b. Basis of Claim.** Please indicate the basis of your claim in this section. Check only one box per claim. **Your selection in this subsection determines which subsection in Section 3 that you must complete.** Attach additional explanations as necessary. Please refer to The Notice of Claims Bar Date and Procedures For Submitting a Proof of Claim for the definitions of a Claimant, Investor Creditor, Lender Creditor, Operational Creditor, Other Potential Claimant, Administrative Claimant, Receivership Entity(ies), and any other capitalized terms.

**If you are an Investor Creditor,** you must complete and attach an "Investor Supplement to Proof of Claim Form" (see Exhibit A), along with the other information described in Exhibit A.

**2c. Claim Amount.** For all Claims other than Administrative Claims, please state the amount of your claim as of February 24, 2023. You must indicate whether your claim is in cash or cryptocurrency. If you are submitting a claim for cryptocurrency, submit the amount of cryptocurrency you believe you are owed – do not submit a claim for the present value of the cryptocurrency.

**2d. Legal Action or Claim against Receivership Entity.** If you have commenced a legal action against any party you believe may be liable to you on the claim, please provide the details of the legal action here, including the court and case number. Please attach supporting documentation. Also please provide any information regarding court judgments and money recovered.

**2e. Claim above principal amount.** Mark this box if your claim amount includes interest or other charges, such as attorneys' fees, lost profits, or late fees in addition to the principal amount of your claim and attach an itemized statement of all such additional charges.

### **3. CLAIM INFORMATION (PART B).** Complete the subsection that corresponds to your selection in Subsection 2b.

**3a. Investor Creditors.** Please provide your name and Receivership Entity in which you were invested. **You must complete and attach an "Investor Supplement to Proof of Claim Form" (see Exhibit A),** along with the other information described in Exhibit A. You must also provide a chronological accounting indicating the date and amount of any payments made by or payments received by you from any Receivership Entity, whether such payments were denominated as the redemption, return of principal, interest, finder's fee, or otherwise. You can also obtain the Investor Supplement to Proof of Claim Form and instructions from a link on the Receiver's website ([bkcoinreceivership.com/claims-process/](http://bkcoinreceivership.com/claims-process/)).

**3b. Lender Creditors.** You must list and provide supporting documentation for the nature and amount of the debt, the loan and interest amounts owed, dates you provided capital to the Receivership Entity, dates you received any payments from the Receivership Entities, and any liquidation and/or setoff exercised. You must also provide a chronological accounting indicating the date and amount of any payments made by or payments received by you from any Receivership Entity, whether such payments were denominated as the return of principal, interest, finder's fee, or otherwise.

### **3c. Operational Creditors.**

**Former Employees.** Identify the Receivership Entity of your employment, your title, dates of employment. You should submit any documentation supporting your employment, including offer letters and employment contracts. You must also submit documentation reflecting your tax status, including, but not limited to, W-2s or 1099s.

**Service Creditors.** You must submit an explanation of the nature of the good or service provided as well as the dates the good or service was provide. You must submit any and all documents supporting your claim, including, but not limited to, invoices, receipts for amounts paid, etc.

**3d. Administrative Claims.** State the amount of your claim, the date your claim accrued (e.g., date of contract, service provided, debt incurred, etc.). You must also describe the post-Receivership basis for the claim. Attach additional explanations as necessary. You must also provide any documentation of amounts owed, paid, and outstanding.

**3e. Other Potential Claimants.** If you do not fall into one of the other Categories of Claimants above but reasonably believe you have a basis to assert a claim against a Receivership Entity, you must attach a detailed explanation of your claim and provide any supporting documentation reflecting the amount and nature of your claim.

**4. SUPPORTING DOCUMENTS.** In addition to filling out the Proof of Claim Form, you must provide supporting documentation evidencing your claim. **Please Review the Notice of Claims Bar Date and Procedures for Submitting a Proof of Claim** for instructions of the supporting documents which **must** be attached to your Proof of Claim Form. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, explain why. If the documents are voluminous, please include a summary.

**5. SIGNATURE.** Signature is required to submit a valid Proof of Claim Form. You must sign the Proof of Claim Form and indicate your name and title, as applicable. **Your signature certifies that the information provided in your Proof of Claim Form and supporting documents is, to the best of your knowledge, true and correct under penalty of perjury.**

**6. DATE.** You **MUST** include the date on which you completed and signed the Proof of Claim Form. While the date of signature and submission should match, the timestamp of your submission mail will be the date used for the purpose of determining whether your submission is received prior to the Claims Bar Date. Please provide the date in month/day/year format.

**7. SUBMITTING PROOF OF CLAIM FORM.** Submit your completed Proof of Claim Form and all supporting documentation by email to [bkcoin@akerman.com](mailto:bkcoin@akerman.com). If supporting documents are too large to send in an email, you may also provide a link to a secure file transfer portal. If you do not have access to a secure file transfer link, you may request one via email to [bkcoin@akerman.com](mailto:bkcoin@akerman.com) with the subject line "FILE TRANSFER LINK REQUEST" and a link will be provided to you.

**8. ACKNOWLEDGEMENT OF RECEIPT OF PROOF OF CLAIM FORM.** Proof of Claim Forms submitted with a valid email address will receive email notification confirming receipt by the Receiver's team.

**EXHIBIT A – INVESTOR SUPPLEMENT TO PROOF OF CLAIM FORM**

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

Entity against which you are asserting a claim: \_\_\_\_\_

Entity in which you invested (if different from above): \_\_\_\_\_

Please identify whether your investment structure involved either of the following:

- Separately Managed Account
- Side Pocket Investment

**Account Statements**

Date of last statement you received from the Entity: \_\_\_\_\_

Value of investment listed on statement: \_\_\_\_\_

**Amounts Invested**

Please select whether you contributed cash, cryptocurrency, or both as your investment:

- Cash only     Crypto only     Both cash and crypto

List all contributions made to Receivership Entity as part of your investment		
Date funds sent	Amount & Denomination (if crypto, list token)	IF CASH, list Payor/Payee of Check/Wire IF CRYPTO, provide transaction hash and your wallet address(es) used in the transaction

***Total Amount Invested:***

Cash: \_\_\_\_\_

Cryptocurrency (list token(s)): \_\_\_\_\_

**Amounts Received**

- Check this box if you received any redemptions paid from the Receivership Entities

Please select whether you received cash, cryptocurrency, or both:

- Cash only     Crypto only     Both cash and crypto

List all amounts received from the Receivership Entity			
Redemption Request Date	Date funds received	Amount & Denomination (if crypto, list token)	IF CASH, list Payor/Payee of Check/Wire IF CRYPTO, provide transaction hash and your wallet address(es) used in the transaction

***Total Amount Received:***

Cash: \_\_\_\_\_

Cryptocurrency (list token(s)): \_\_\_\_\_

**Wallet Addresses**

List any other wallet addresses you used in connection with the Receivership Entities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please attach additional pages as needed*