

**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-Receivership) Claims:

Administrative Claim Amount: \$ _____

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

Briefly state the nature of post-Receivership 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 Extended 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.

Sign and print the name and title, if any, of the individual or person authorized to submit this claim (attach a copy of any power of attorney, death certificate or other authorizing documents as needed). **YOU MUST SIGN THIS FORM FOR YOUR CLAIM TO BE VALID.**

Signature: _____
Name: _____
Title: _____

Date (month/day/year format): _____ / _____ / 20____

THIS PROOF OF CLAIM FORM MUST BE TIMELY AND PROPERLY SUBMITTED TO THE RECEIVER BY
EMAIL TO bkcoin@akerman.com NO LATER THAN THE EXTENDED CLAIMS BAR DATE.

9. **CONSENT TO JURISDICTION.** Submission of this Proof of Claim Form in this case constitutes consent to the jurisdiction of the Receivership Court in this case, Case No. 23-CV-20179-RNS: the United States District Court for the Southern District of Florida (the “Court”) for all purposes. Submission of this Proof of Claim Form constitutes agreement to be bound by the Court’s decisions, including, without limitation, a determination as to the extent, validity and amount of any Claim asserted against the Receivership Estate. The submission of a Proof of Claim shall constitute consent to be bound by the decisions of the Court as to the treatment of the Claim in a Court-approved distribution plan.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

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INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

Please see the Notice of Extended 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 Extended 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/).

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 provided. 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 Extended 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 Extended 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. 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 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