AEQUITAS MANAGEMENT, LLC, AEQUITAS HOLDINGS, LLC, AEQUITAS COMMERCIAL FINANCE, LLC, AEQUITAS CAPITAL MANAGEMENT, INC., AEQUITAS INVESTMENT MANAGEMENT LLC, AND CERTAIN RELATED ENTITIES (the "Receivership Entity")
Case No.: 3:16-cv-00438-JR

CHANGE OF INFORMATION AUTHORIZATION FORM

I, _____, hereby authorize the Receiver, his retained
(name)
professionals, the Claims Agent, and the staff of the Receivership Entities to update my contact information as listed in this document for all future notice and contact with me.

Dated: _____

Signature:_____

Notice of Receiver's Initial Determination ID (if applicable): _____

*Claim Number (if applicable):*_____

Claimant Name: _____

Address: _____

_____

City: _____ *State:* _____ ZIP Code: _____

Phone: _____

Email Address: _____