

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

CASE NO.: 15-80446-CIV-COHN/SELTZER

SECURITIES AND EXCHANGE
COMMISSION,

Plaintiff,

vs.

ECAREER HOLDINGS, INC.;
ECAREER, INC.; JOSEPH J. AZZATA;
DEAN A. ESPOSITO; JOSEPH DEVITO, and
FREDERICK J. BIRKS,

Defendants,

VIPER ASSET MANAGEMENT, LLC;
ESPO CONSULTING, LLC;
DJC CONSULTING, LLC;
J & D MARKETING, LLC;
GRYPHON ASSET MANAGEMENT, LLC; and
CARLA AZZATA,

Relief Defendants.

**SWORN PROOF OF CLAIM FORM
AGAINST ECAREER RECEIVERSHIP ESTATE
Each Investor Or Other Creditor Must Complete
Its/Their Own Separate Form**

GENERAL INFORMATION

1. _____
Full name of person or entity completing this form

2. _____
Full name of corporate officers, directors, and shareholders of entity
completing this form (if applicable)

3. _____
Any previous, maiden, or other name(s) used by person completing this
form (if applicable)

4. _____
Any previous or other name(s) used by entity completing this form
(including d/b/a) (if applicable)
5. _____
Current address of person or entity completing this form
6. _____
Telephone number and e-mail address of person or entity completing this
form
7. _____
Social Security Number of person completing this form (or Tax ID
Number of entity completing this form)

INVESTMENT INFORMATION

8. My claim is that of an investor, arising from my investment of the following amount(s) on the following date(s):

1st investment with eCareer totaled \$ _____ and was made on _____ (date).

If applicable, 2nd investment with eCareer totaled \$ _____ and was made on _____ (date).

If additional investments were made, please attach a separate sheet identifying those amounts and the dates on which they were made.

9. Subsequent to my investment(s) referenced above, I received from eCareer:
\$ _____, as a return on my 1st investment, on _____ (date).
\$ _____, as an additional return on my 1st investment, on _____ (date),
which I reinvested/accepted (circle one).
\$ _____, as an additional return on my 1st investment, on _____ (date),
which I reinvested/accepted (circle one).
If applicable, \$ _____, as a return on my 2nd investment, on _____ (date).
\$ _____, as an additional return on my 2nd investment, on _____ (date),

which I reinvested/accepted (circle one).

\$ _____, as an additional return on my 2nd investment, on _____ (date),
which I reinvested/accepted (circle one).

If additional returns on investments were received from eCareer, please attach a separate sheet identifying those amounts and the dates on which they were received and whether those amounts were reinvested or accepted.

If you received anything of value other than money from eCareer at any point in time, please identify what you received, from whom, and the date on which you received it.

10. Please identify the broker(s) who you dealt with at eCareer and state whether you worked with any of eCareer's broker(s) prior to investing in eCareer.

11. Please state whether you were ever employed at eCareer.

12. If your answer to the above question Number 11 was, yes, please identify the date on which you became employed at eCareer and explain the nature of your employment position at eCareer.

13. Please state whether you are related to anyone affiliated with eCareer and, if so, please state the name of such person(s).

14. Please identify with specificity any other information that you believe may assist the Receiver in his efforts to locate assets for the benefit of investors and/or creditors of eCareer.

PLEASE ATTACH COPIES OF ANY DOCUMENTS DESCRIBED ABOVE OR RELATED IN ANY WAY TO YOUR DEALINGS WITH ECAREER, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK ACCOUNT STATEMENTS SHOWING THE TRANSFER OF FUNDS INVESTED AND RECEIVED, STATEMENTS FROM ECAREER, LETTERS AND MEMORANDA RECEIVED FROM AND SENT TO ECAREER, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS.

INFORMATION REQUIRED FROM NON-INVESTOR CREDITORS IN ADDITION TO GENERAL INFORMATION SET FORTH IN NUMBERS 1-7 ABOVE

- 15. Please attach copies of all invoices or bills sent to eCareer.
 - 16. Please itemize and attach copies of records regarding the dates and amounts of any payments of such bills made to you by eCareer.
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17. What is the current amount of your claim, if any, against eCareer. Please provide factual detail for the amount you are claiming against eCareer.

OATH REQUIRED OF ALL CLAIMANTS

I HEREBY CERTIFY that all of the foregoing information contained on this Proof of Claim Form is true and correct.

Print Name: _____

Witnesses:

(Print name)

(Print name)

STATE OF _____)
COUNTY OF _____)

SWORN TO AND SUBSCRIBED before me this _____ day of _____,
_____ by _____, who is personally known to me or produced
as identification.

My Commission expires: _____
Notary Public

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.

**SEND THIS PROOF OF CLAIM FORM, BY CERTIFIED MAIL,
RETURN RECEIPT REQUESTED, TO:**

Levine Kellogg Lehman Schneider + Grossman, LLP
201 South Biscayne Boulevard
22nd Floor
Miami, Florida 33131
Attention: Ana M. Salazar

**PROOF OF CLAIM FORMS MUST BE RECEIVED BY
5:00 P.M. ON JANUARY 15, 2018**

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING CLAIM FORM

ANY PERSON OR ENTITY SUBMITTING A PROOF OF CLAIM FORM SHALL SUBMIT TO THE EXCLUSIVE JURISDICTION OF THE DISTRICT COURT FOR THE SOUTHERN DISTRICT OF FLORIDA FOR ALL PURPOSES INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, DEFENSES OR COUNTERCLAIMS WHICH COULD BE ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM ARISING OUT OF ANY AND ALL DEALINGS OR BUSINESS TRANSACTED BY OR WITH ECAREER.

IF A PROOF OF CLAIM FORM IS NOT RECEIVED AT THE ABOVE- STATED ADDRESS BY 5:00 P.M. ON JANUARY 15, 2018, THEN YOU ARE FOREVER BARRED FROM ASSERTING ANY AND ALL CLAIMS AGAINST ECAREER AND, ACCORDINGLY SHALL NOT BE ENTITLED TO RECEIVE ANY DISTRIBUTIONS TO BE MADE BY THE RECEIVER TO THE HOLDERS OF ALLOWED CLAIMS.