

**DAVID M. LEVINE,
Court-Appointed Receiver for
ECAREER HOLDINGS, INC. AND ECAREER, INC.**

201 SOUTH BISCAYNE BOULEVARD
CITIGROUP CENTER – 22ND FLOOR
MIAMI, FLORIDA 33131

TEL: (305) 403-8788
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November 10, 2017

Re: *Securities and Exchange Commission vs. eCareer Holdings, Inc., eCareer, Inc. et al.*
Case No.: 15-80446-CIV-COHN/SELTZER (S.D. Fla.)
Tax ID Nos.: 20-2641871 (eCareer Holdings, Inc.); 27-1648418 (eCareer, Inc.)

Dear Sir/Madam:

I am writing to you as the Court-appointed receiver (the “Receiver”) for eCareer Holdings, Inc. and eCareer, Inc. (the “Corporate Defendants”). One of my responsibilities, as Receiver, is to marshal, and to distribute, the assets of the Corporate Defendants to their investors and other creditors.

In order to distribute assets of the Corporate Defendants, the Court has approved a Proof of Claim Form and set a Claims Bar Date. Enclosed is the Proof of Claim Form. This document may also be found on the website that I created, www.ecareer-receiver.com.

The Proof of Claim Form contains instructions for completing the Proof of Claim Form and submitting your claim. Most importantly, if you believe that you may have a claim and to have your claim considered, you **MUST** deliver a completed and signed Proof of Claim Form (that provides complete responses to all of the questions in the Proof of Claim Form and attaches all of the requested documents) to my attorney’s office **on or before January 15, 2018**. **If any funds you invested were derived from an IRA account, you MUST also deliver a properly completed and signed IRS Form W-9. If you are a foreign investor, you MUST also deliver a properly completed and signed IRS Form W-8BEN. I have enclosed a copy of these forms along with the IRS’s instructions for your proper completion for your convenience. Without properly completed IRS Forms W-9 and/or W-8BEN when applicable, no distributions can be paid.** Please note that the Receiver will not be withholding any taxes that may become due and owing as a result of any distribution you may receive.

In addition, you **MUST** include a photocopy of your driver’s license or other government-approved form of photo identification. You must do so, even if such claim is not now mature, fixed, liquidated or certain, or does not become mature, fixed, liquidated, or certain before the January 15, 2018 Claims Bar Date. Do not send your Proof of Claim Form to the Corporate Defendants, to their attorneys, to the Court or to the Judge presiding over the case.

Failure to timely return a completed and signed Proof of Claim Form will forever bar any claim. Moreover, altered forms will not be accepted.

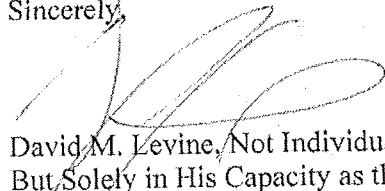
I have tried to make the Proof of Claim Form as simple and nonintrusive as possible. I must ensure, however, that only legitimate claims are submitted to the Court for approval. The claims process and Proof of Claim Form are designed to achieve this objective. Please be truthful in submitting your claim. You must swear under penalty of perjury that the claim you submit is true and correct. If the claimant is not an individual, an authorized agent must sign under penalty of perjury. Each Proof of Claim Form must be legible, written in English, and denominated in United States currency.

My goal, of course, is to maximize the amount of distributions to legitimate investors and creditors of the Corporate Defendants. At this point, we are estimating a total distribution in an amount not exceeding \$250,000.00 (after allowance and payment of the expenses of the receivership) based on amounts recovered to date. In addition, the amount of your recovery (if you have a legitimate and allowed claim) will depend on the total amount of submitted and allowed legitimate investor and creditor claims. I will not be able to determine the total amount of allowed claims until after the Claims Bar Date and after the resolution of claim disputes. Please remain patient for the first distribution, as it will likely take me and my team several months to analyze the Proof of Claim Forms that we expect to receive and to conclude any necessary claims objections.

If you do not fully complete the Proof of Claim Form, do not attach all requested documents and/or do not sign under penalty of perjury, I will have no choice but to object to the claim, in whole or in part. That will only delay the process of you receiving a distribution from me.

If you have any questions, please feel free to call or email my attorney, Matthew J. McGuane, Esq., at 305.722.8894, mjm@LKLSG.com, or my paralegal, Ana M. Salazar, at 305.722.8895, ams@LKLSG.com.

Sincerely,



David M. Levine, Not Individually,
But Solely in His Capacity as the
Court-Appointed Receiver

10U7690.DOCX
Encl.

**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.

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.