

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN JOSE DIVISION  
CASE NO. CV12-03237 EJD

CREDITOR CLAIM FORM

SECURITIES AND EXCHANGE COMMISSION

vs.

SMALL BUSINESS CAPITAL CORP.; MARK FEATHERS; INVESTORS PRIME  
FUND, LLC, AND SBC PORTFOLIO FUND, LLC

THIS SPACE RESERVED FOR ADMINISTRATIVE USE ONLY

1. NAME OF CLAIMANT: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No. of Claimant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax I.D. or SSN: \_\_\_\_\_

Contact Person including Attorney (attach Power of Attorney) \_\_\_\_\_

2. Name as it should appear on distribution check \_\_\_\_\_

3. Basis of claim:

Goods sold

Services performed

Taxes

Wages, salaries or compensation (fill out below)

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (dates)

Benefits (provide a detailed explanation on attached sheet)

Other (provide a detailed explanation on attached sheet)

4. Circle entity or entities against which claim is asserted: Small Business Capital Corp.; Investors Prime Fund, LLC; SBC Portfolio Fund, LLC; SBC Senior Commercial Mortgage Fund, LLC; Small Business Capital, LLC

5. Date claim was incurred:

6. Total amount of claim as of \$ \_\_\_\_\_

6a.  Check this box if you contend your claim is subject to a security interest. Attach copies of all security agreements and other documents that evidence the claim of secured status.

6b.  Check this box if claim includes interest or other charges, such as attorney's fees or late fees, in addition to the principal amount of claim. Attach itemized statement of interest or additional charges.

7. Date-Stamped Copy: To receive an acknowledgement of the filing of your Claim Form, enclose a stamped, self-addressed envelope and an additional copy of this Claim Form.

8. Signature: Sign and print the name and title, if any, of the claimant or other person authorized to file this claim (attach copy of power of attorney, or other documents as needed). YOU MUST PROVIDE AN ORIGINAL SIGNATURE.

By Signing My Name Below, I Acknowledge and Affirm that:

I will supplement this Response Form if any information given later becomes inaccurate or incomplete; I am a creditor of Small Business Capital Corp. or its affiliates; I hereby affirm that the answers provided herein are truthful; and that I understand that this Response Form is submitted under penalties of perjury.

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

Signature: \_\_\_\_\_

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

Title (if any) \_\_\_\_\_