

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

INVESTOR CLAIM FORM

SECURITIES AND EXCHANGE COMMISSION

vs.

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

THIS SPACE RESERVED FOR ADMINISTRATIVE USE ONLY

1. NAME AND ADDRESS OF CLAIMANT:

Updated 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 _____

Is this an IRA account? YES / NO

If YES, IRA Custodian name and address:

3. Check this box if your current address has changed and print updated address neatly in space provided in Section 1.

Check here if this claim amends a previously filed claim, dated _____.

4. INVESTMENT(S):

For each investment made with Small Business Capital Corp., Investors Prime Fund, LLC, SBC Portfolio Fund LLC, SBC Senior Commercial Mortgage Fund, LLC, or Small Business Capital, LLC, please carefully review the following information provided by the Receiver:

Fund Name: Account No.: 6/27/12 Stated Balance:

Principal Contributed: Interest Paid Out: Withdrawals:

If any information provided by the Receiver is inaccurate please provide corrected information (attach additional sheets if necessary)

5. Check this box if you have asserted any claims for damages related to your investment in Small Business Capital or its affiliates against third parties such as brokers or investment advisors. If so please provide a brief description and state the amount of money recovered, if any.

6. **Supporting Documents:** Attach copies of supporting documents, such as canceled checks (front and back), account ledgers, bank statements, stock certificates, promissory note, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of liens, establishing the amount and basis of your claim. DO NOT SEND ORIGINAL SUPPORTING DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

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 a copy of power of attorney documents, as needed). **YOU MUST PROVIDE AN ORIGINAL SIGNATURE.**

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

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

Signature: _____ Name: _____ Date: _____

Title (if any) _____

Signature: _____ Name: _____ Date: _____

Title (if any) _____

Signature: _____ Name: _____ Date: _____

Title (if any) _____