EXHIBIT A

ROBB EVANS & ROBB EVANS & ASSOCIATES LLC
Receiver of
Worldwide Info Services, Inc., et al.

FINAL REPORT OF RECEIVER'S ACTIVITIES
March 30, 2015

This is the Final Report and Accounting to the Court. The Receiver[1] has completed its duties required by the Orders issued by this Court. The Receiver has now sold or resolved personal property assets of the individual defendants as the Court directed in its November 14, 2014 Order and Permanent Injunction.

Asset of Defendant Martin

Defendant Martin was ordered to transfer possession of a 1984 Hans Christian 33T boat to the Receiver reference in Document 102, page 7 (D). Under Tab 1 are documents the Receiver obtained from the marina where the boat was moored. As evidenced by these documents, the boat was sold by the marina operator prior to the entry of this Court's November 14, 2014 Order.

Assets of Defendant Settecase

The Receiver determined the most cost effective method of liquidating the 2008 Lincoln Navigator and the 2004 Mercedes SL-500 referenced in Document 102, page 8 (E) was to obtain offers from Carmax. Proceeds totaling $24,000 for the two vehicles were remitted to the Receiver in December 2014 (Tab 2). Expenses required to prepare the cars for sale are included in final accounting under Tab 4.

Documents and computers

At the beginning of the receivership, the Receiver collected numerous documents and computers and transported the computers and documents to a local public storage facility. The Receiver has been notified by counsel for the Plaintiff, that the Plaintiff wishes to take control of those documents and computers when the Receiver is discharged. The Receiver has obtained a bid of $1,300 for preparing and packaging to ship the documents and computers to the Plaintiffs office in Chicago. (Tab 3)

Final Accounting

Under Tab 4 is the final accounting for the receivership estate. Invoices for all of the expenses incurred copy of first and final tax returns for the Qualified Settlement Fund and

[1] Reference to the Receiver in this report means the Receiver, the Receiver's Deputies, its staff, and its counsel.

any expenses projected to close the receivership estate are also included under Tab 4. The Receiver projects surplus funds of approximately $31,000 which will be turned over to the Plaintiff (Document 102, page 13 IX.

Requests of the Court to Close the Receivership Estate

The Receiver requests that the Court:

1. Approve and ratify the activities and requests of the Receiver;
2. Approve the fees and expenses of the receivership estate described in the final accounting, including the fees and expenses of the Receiver and its attorney;
3. Authorize the Receiver to turnover custody of the stored computers and records to the Plaintiff;
4. Discharge the Receiver and its members, officers, employees, agents, attorneys and representatives, relieve all duties, liabilities, and responsibilities in this proceeding, and exonerate the Receiver's Bond;
5. Authorize the Receiver to forward the existing surplus of $31,861.34 to the Federal Trade Commission and, when all receivership estate expenses are paid, forward any unused portion of the funds held for estimated closing expenses to the Federal Trade Commission.

Respectfully submitted,

/s/

Robb Evans & Associates LLC
Receiver

TAB 1

Fax Cover Sheet

J& R Marine Services& Boat Storage, Inc.
Mailing Address: 20400 Haskins Drive
Fort Myers, FL
941-698-1144
Fax 941-697-0606

Send to: Robb Evans & Associates, LLC	**From: Rhondia Pocklington**
Attention: Jacklin Dadbin	Date: 11/25/14
RE: Gary Martin Court Order	Office location: 5000 Linfield Rd Placida, FL 33946
Fax number: 818-768-8802	Phone number: 941-698-1144 Fax number: 941 -697-0606

☐ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☒ For your information

Total pages, including cover: 18

Comments:

Dear Ms. Dadbin

Here are the documents you have requested.

Please let us know if there are any questions.

My cell phone # is 941-628-3611 Ronnie

Best regards,

Rhondia Pocklington

Rhondia (Ronnie) Pocklington

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Vessel 1

J & R Marine Services, Inc.

Mailing Address:
20400 Haskins Drive
North Fort Myers, FL 33917

Boat Yard Address:
5000 Woodfield Road
Placida, Fl 33946

941-698-1144

August 25, 2014

ATTN: *Gary Martin*
8546 Christopher Haven Court
Sanford, Fl 32771
RE: *33' Tyana #Hull XSA 330 77 J484*
Call Name "Kismet"
Non-judicial Sale of Vessel

Dear Sir.

This is a demand letter for the past due payments of 2961.58 plus fee of 700.00 for a total of $3661.58, now 08/20/2014. This is the last attempt to collect the debt. You are in default. Your boat will be sold on Sept. 22, 2014 at 8:00am at 5000 Linwood Road, Placida, FL. 33946 at J&R Marine Services, Inc. Payment is due 3661.58 in full.

The vessel will be advertised for sale or otherwise disposed of at the above address on the said date and time above.

Section 328.15(4), Florida Statutes provides that the Department of Highway Safety and Motor Vehicles under precautionary rules and regulations to be promulgated by it may permit the use, in substitution of the formal satisfaction of lien. Of other methods of satisfaction, such as perforation, appropriate stamp, or otherwise, as it deems reasonable and adequate.

Section 328.17(4), Florida Statures, Provides that any non-judicial sale of any vessel held for unpaid costs, storage charges, or dockage fees, or any vessel held for failure to pay removal costs pursuant to s. 327.53(7), be disposed of pursuant to the provisions of this section.

Section 328.17 (4) (b), **Florida Statutes, provides that** a possessory lien upon any vessel in a wrecked, junked, or substantially dismantled condition, which has been left abandoned at a marina, for expenses reasonably incurred in the removal and disposal of the vessel. The possessory lien shall attach as of the date the vessel arrives at the marina or as of the date the vessel first occupies rental space at the marina facility.

If you have any questions please call 941-698-1144 as soon as possible.

Best regards,
Rhondia Pocklington
Rhondia Pocklington
President
Robert (Joe) Pocklington
J & R Marine Services, Inc.

EXHIBIT A

NOTICE OF NONJUDICIAL SALE OF A VESSEL

DATE Aug 25 2014

TO: REGISTERED OWNER

NAME Gary Martin

ADDRESS 8546 Christophers Haven Ct.

CITY, STATE, ZIP Sanford, FL. 32771

LIENHOLDER

NAME J & R Marine Services, Inc.

ADDRESS 2050 Hasking Dr.

CITY, STATE, ZIP N. Fort Myers, FL 33917

NAMES AND ADDRESSES OF ANY OTHER PERSONS OR ANY OTHER LIENHOLDERS, CLAIMING AN INTEREST IN THE VESSEL.

Name _____

ADDRESS _____

CITY, STATE, ZIP _____

LIENOR (NAME OF MARINA)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

Name _____

ADDRESS _____

CITY, STATE, ZIP _____

DESCRIPTION OF VESSEL Han's Chris

YEAR 1984 MAKE Tyaan GT

FL # _____ HIN # XSA 33077

LOCATION OF VESSEL 5000 Linwood Rd.

Florida, FL 33946

J & R marine Services

EACH OF YOU ARE HEREBY NOTIFIED THAT THE ABOVE DESCRIBED VESSEL WAS BROUGHT IN FOR STORAGE/REPAIRS AT THE REQUEST

OF Gary Martin (PERSON WHO AUTHORIZED STORAGE) ON 1-1-2009 (DATE) AND THE ABOVE NAMED MARINA

IS IN POSSESSION OF AND CLAIMS A LIEN ON THE ABOVE DESCRIBED VESSEL FOR STORAGE CHARGES ACCUMULATED IN THE AMOUNT OF: (TOTAL) $ 2961.58 ITEMIZED CHARGES:

(REPAIR CHARGES) $ 0, (TOTAL STORAGE CHARGES) $ 2961.58, FOR 30 DAYS, AT $ 8.45

PER DAY, (RECOVERY CHARGES, IF APPLICABLE) $ 200.00, AND (ADMINISTRATIVE FEES) $ 300.00.

THE STORAGE CHARGES WILL CONTINUE TO ACCUMULATE AT THE RATE OF $ 8.45 PER DAY.

THE LIEN CLAIMED ABOVE IS A RESULT OF THE DEFAULT OF PAYMENT TO THE ABOVE NAMED MARINA AND IS SUBJECT TO ENFORCEMENT PURSUANT TO SECTION 328.17, FLORIDA STATUTES, UNLESS SAID VESSEL IS REDEEMED FROM THE MARINA BY PAYMENT AS ALLOWED BY LAW. OTHERWISE, THE ABOVE DESCRIBED VESSEL WILL BE SOLD AFTER 60 DAYS TO SATISFY THE LIEN.

A SALE IS TO BE HELD AT J&R marine Services, 5000 Linwood Rd Placida, FL 33946 COMMENCING AT

8 00 AM/PM ON THE 22nd DAY OF Sept, 2014

STATEMENT OF OWNER(S) RIGHTS

BEFORE ANY SALE OR OTHER DISPOSITION OF THE VESSEL PURSUANT TO THIS SECTION, THE OWNER OR THE LIENHOLDER MAY PAY THE AMOUNT NECESSARY TO SATISFY THE LIEN AND THE REASONABLE EXPENSES AND LATE PAYMENT INTEREST INCURRED UNDER THIS SECTION AND THEREBY REDEEM AND TAKE POSSESSION OF THE VESSEL. UPON RECEIPT OF SUCH PAYMENT, THE MARINA SHALL RETURN THE PROPERTY TO THE OWNER OR LIEN HOLDER MAKING SUCH PAYMENT AND THEREAFTER SHALL HAVE NO LIABILITY TO ANY PERSON WITH RESPECT TO SUCH VESSEL.

IN THE EVENT OF A SALE UNDER THIS SECTION, THE MARINA MAY SATISFY ITS LIEN FROM THE PROCEEDS OF THE SALE, PROVIDED THE MARINA'S LIEN HAS PRIORITY OVER ALL OTHER LIENS ON THE VESSEL OTHER THAN A PRIOR LIEN PERFECTED UNDER THE STATE OR FEDERAL LAW. THE LIEN RIGHTS OF SECURED LIENHOLDERS ARE AUTOMATICALLY TRANSFERRED TO THE REMAINING PROCEEDS OF THE SALE. THE BALANCE, IF ANY, SHALL BE HELD BY THE MARINA FOR DELIVERY ON DEMAND TO THE OWNER. A NOTICE OF ANY BALANCE SHALL BE DELIVERED BY THE MARINA TO THE OWNER IN PERSON OR BY CERTIFIED MAIL TO THE LAST KNOWN ADDRESS OF THE OWNER. IF THE OWNER DOES NOT CLAIM THE BALANCE OF THE PROCEEDS WITHIN 1 YEAR AFTER THE DATE OF SALE, THE PROCEEDS SHALL BE DEEMED ABANDONED, AND THE MARINA SHALL HAVE NO FURTHER OBLIGATION WITH REGARD TO THE PAYMENT OF THE BALANCE. IN THE EVENT THAT THE MARINA'S LIEN DOES NOT HAVE PRIORITY OVER ALL OTHER LIENS, THE SALE PROCEEDS SHALL BE HELD FOR THE BENEFIT OF THE HOLDERS OF THOSE LIENS HAVING PRIORITY. A NOTICE OF THE AMOUNT OF THE SALE PROCEEDS SHALL BE DELIVERED BY THE MARINA TO THE OWNER OR SECURED LIENHOLDER IN PERSON OR BY CERTIFIED MAIL TO THE OWNER'S OR THE SECURED LIENHOLDER'S LAST KNOWN ADDRESS. IF THE OWNER OR THE SECURED LIENHOLDER DOES NOT CLAIM THE SALE PROCEEDS WITHIN 1 YEAR AFTER THE DATE OF SALE, THE PROCEEDS SHALL BE DEEMED ABANDONED, AND THE OWNER OR THE SECURED LIENHOLDER SHALL HAVE NO FURTHER OBLIGATION WITH REGARD TO THE PAYMENT OF THE PROCEEDS.

DATED THIS 25 DAY OF Aug, 2014. MARINA Rhonda Pardington

(SIGNATURE OF AUTHORIZED AGENT)

VSTL-25 (09/04/09) NOTE: This is a suggested form. This is not a prescribed form; however, it does contain all the information required.

10:25 AM
08/25/14

J & R Marine Services. Inc.
Customer QuickReport
All Transactions

Type	Date	Num	Memo	Account	Clr	Split	Amount
Martin, Gary							
Invoice	12/1/2011	1264		11000 · Accounts R...		-SPLIT-	
Invoice	1/1/2012	1265st		11000 · Accounts R...		-SPLIT-	
Invoice	2/1/2012	1266st		11000 · Accounts R...		-SPLIT-	
Invoice	3/1/2012	1267st		11000 · Accounts R...		-SPLIT-	
Invoice	4/1/2012	1268St		11000 · Accounts R...		-SPLIT-	
Invoice	5/1/2012	1269St		11000 · Accounts R...		-SPLIT-	
Invoice	6/1/2012	1270St		11000 · Accounts R...		-SPLIT-	
Invoice	7/1/2012	1271St		11000 · Accounts R...		-SPLIT-	
Invoice	8/1/2012	1272St		11000 · Accounts R...		-SPLIT-	
Invoice	9/1/2012	1273St		11000 · Accounts R...		-SPLIT-	
Invoice	10/1/2012	441St		11000 · Accounts R...		-SPLIT-	
Invoice	11/1/2012	1253...		11000 · Accounts R...		-SPLIT-	
Invoice	12/1/2012	1432ST		11000 · Accounts R...		-SPLIT-	
Invoice	1/1/2013	1129 ...		11000 · Accounts R...		-SPLIT-	
Invoice	2/1/2013	1194 ...		11000 · Accounts R...		-SPLIT-	
Invoice	3/1/2013	1048 ...		11000 · Accounts R...		-SPLIT-	
Invoice	4/1/2013	1098 ...		11000 · Accounts R...		-SPLIT-	
Invoice	5/1/2013	2169 St		11000 · Accounts R...		-SPLIT-	
Invoice	6/1/2013	2262 St		11000 · Accounts R...		-SPLIT-	
Invoice	7/1/2013	2343 St		11000 · Accounts R...		-SPLIT-	
Invoice	8/1/2013	2450 St		11000 · Accounts R...		-SPLIT-	
Invoice	9/1/2013	2531 st		11000 · Accounts R...		-SPLIT-	
Invoice	10/1/2013	2624 St		11000 · Accounts R...		-SPLIT-	
Invoice	11/1/2013	2737 ...		11000 · Accounts R...		-SPLIT-	
Invoice	12/1/2013	2848 st		11000 · Accounts R...		-SPLIT-	
Invoice	1/1/2014	2934St		11000 · Accounts R...		-SPLIT-	
Invoice	2/1/2014	3009St		11000 · Accounts R...		-SPLIT-	
Invoice	3/1/2014	3088 St		11000 · Accounts R...		-SPLIT-	
Invoice	4/1/2014	3161 St		11000 · Accounts R...		-SPLIT-	
Invoice	5/1/2014	3249 St		11000 · Accounts R...		-SPLIT-	
Invoice	6/1/2014	3353 St		11000 · Accounts R...		-SPLIT-	
Invoice	7/1/2014	3451 St		11000 · Accounts R...		-SPLIT-	
Invoice	8/1/2014	3542 St		11000 · Accounts R...		-SPLIT-	
Invoice	8/25/2014	3715 Sr		11000 · Accounts R...		-SPLIT-	
Invoice	9/1/2014	3644 St		11000 · Accounts R...		-SPLIT-	

Total. owes $2961.58

10:26 AM
08/25/14

J & R Marine Services. Inc.
Customer QuickReport
All Transactions

Type	Date	Num	Memo	Account	Clr	Split	Amount
Martin, Gary							
Payment	1/10/2012	1131...		12000 · Undeposite...	X	11000 · Accou...	
Payment	1/30/2012	1133...		12000 · Undeposite...	X	11000 · Accou...	
Payment	2/27/2012	1136...		12000 · Undeposite...	X	11000 · Accou...	
Payment	3/30/2012	1140...		12000 · Undeposite...	X	11000 · Accou...	
Payment	9/7/2012	234441		12000 · Undeposite...	X	11000 · Accou...	
Payment	10/22/2012	1161...		12000 · Undeposite...	X	11000 · Accou...	
Payment	11/13/2012	324432		12000 · Undeposite...	X	11000 · Accou...	
Payment	11/26/2012	4827		12000 · Undeposite...	X	11000 · Accou...	
Payment	12/20/2012	634177		12000 · Undeposite...	X	11000 · Accou...	
Payment	3/19/2013			12000 · Undeposite...	X	11000 · Accou...	
Payment	5/2/2013	343479		12000 · Undeposite...	X	11000 · Accou...	
Payment	5/17/2013			12000 · Undeposite...	X	11000 · Accou...	
Payment	6/25/2013	146986		12000 · Undeposite...	X	11000 · Accou...	
Payment	7/2/2013	703552		12000 · Undeposite...	X	11000 · Accou...	
Payment	8/1/2013	043346		12000 · Undeposite...	X	11000 · Accou...	
Payment	8/27/2013	555218		12000 · Undeposite...	X	11000 · Accou...	
Payment	9/5/2013	524599		12000 · Undeposite...	X	11000 · Accou...	
Payment	10/2/2013	218880		12000 · Undeposite...	X	11000 · Accou...	
Payment	10/24/2013	610130		12000 · Undeposite...	X	11000 · Accou...	
Payment	11/21/2013	784409		12000 · Undeposite...	X	11000 · Accou...	
Payment	1/31/2014	624130		12000 · Undeposite...	X	11000 · Accou...	
Payment	2/24/2014	347775		12000 · Undeposite...	X	11000 · Accou...	
Payment	4/1/2014	315685		12000 · Undeposite...	X	11000 · Accou...	
Payment	4/25/2014	501739		12000 · Undeposite...	X	11000 · Accou...	
Payment	6/6/2014	008582		12000 · Undeposite...	X	11000 · Accou...	

p.6

Sold to J & R in 2010

Bowe's Boat Storage
P. O. Box 878
Placida, FL 33946

Billing Statement

Date
4/1/201

8546 Christover's Haven Court

Gary Martin
411 Walnut St. Box 1596
Green Cove Springs, FL 32043

Sanford FL 32771

Mail Returned
Need to Call

Amount Due
$1,566.38

Kismet

Payment Due 1st of Month
Late if not paid by 15th

Date	Transaction	Item	Amount	Balance
01/01/2009	INV #5518. Due 01/01/2009.		211.86	2,100.[illegible]
01/22/2009	PMT #57830861.		-250.00	1,850.34
02/01/2009	INV #5583. Due 02/01/2009.		211.86	2,062.2[illegible]
03/01/2009	INV #5643. Due 03/01/2009.		211.86	2,274.06
04/01/2009	INV #5704. Due 04/01/2009.		211.86	2,485.92
05/01/2009	INV #5764. Due 05/01/2009.		211.86	2,697.78
06/01/2009	INV #5835. Due 06/01/2009.		211.86	2,909.6[illegible]
07/01/2009	INV #5909. Due 07/01/2009.		211.86	3,121.5[illegible]
08/01/2009	INV #5974. Due 08/01/2009.		211.86	3,333.36
09/01/2009	INV #6045. Due 09/01/2009.		211.86	3,545.22
10/01/2009	INV #6110. Due 10/01/2009.		211.86	3,757.08
11/01/2009	INV #6172. Due 11/01/2009.		211.86	3,968.94
04/19/2010	PMT		-1,000.00	2,968.94
11/02/2010	PMT		-1,000.00	1,968.94
11/15/2010	PMT		-1,000.00	968.94
12/10/2010	PMT #5163.		-250.00	718.94
01/01/2011	INV #7357. Due 01/01/2011.		211.86	930.80
02/01/2011	INV #7251. Due 02/01/2011.		211.86	1,142.66
03/01/2011	INV #7459. Due 03/01/2011.		211.86	1,354.52
04/01/2011	INV #7358. Due 04/01/2011.		211.86	1,566.38
	4828 5340 2249	5055		
	10/13	500.00		
	(188)			

Payment is due 1st of each month. A minimum $25.00 late fee will be applied if payment is not RECEIVED in our office by the 15th.

Amount Due
$1,566.38

Phone #	Fax #	E-mail	Web Site
941 697-9411	941 697-9414	bts@ewol.com	www.bowesboatstorage.com

SUN NEWSPAPERS
Charlotte • DeSoto • Englewood • North Port • Venice

PUBLISHER'S AFFIDAVIT OF PUBLICATION
STATE OF FLORIDA
COUNTY OF CHARLOTTE:

Before the undersigned authority personally appeared Casandra Cancelliere, who on oath says that she is legal clerk of the Charlotte Sun and Englewood Sun, a newspaper published at Charlotte Harbor in Charlotte County, Florida; that the attached copy of advertisement, being a Notice of Public Sale, was published in said newspaper in the issues of:

August 30, 2014 and September 6, 2014

Affiant further says that the said newspaper is a newspaper published at Charlotte Harbor, in said Charlotte County, Florida, and that the said newspaper has heretofore been continuously published in said Charlotte County, Florida, Sarasota County, Florida and DeSoto County, Florida, each day and has been entered as periodicals matter at the post office in Punta Gorda, in said Charlotte County, Florida, for a period of 1 year next preceding the first publication of the attached copy of advertisement; and affiant further says that he or she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

(Signature of Affiant)

Sworn and subscribed before me this 8th day of September, 2014

(Signature of Notary Public)

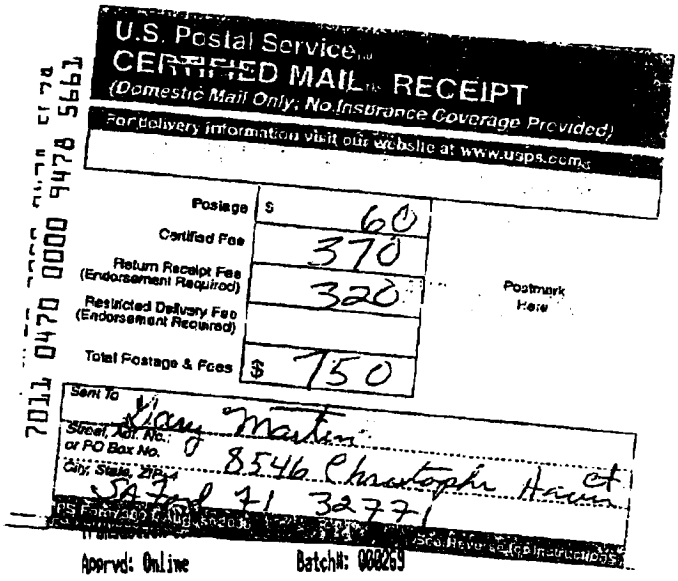
Phyllis Moll
(Print Name of Notary Public)

Personally Known ✓ OR Produced Identification ___

Type of Identification Produced _____

PHYLLIS MOLL
Notary Public - State of Florida
My Comm. Expires Aug 27, 2017
Commission # FF 48827

Notice of Public Sale
J & R Marine Services, Inc. [illegible]
Notice of Foreclosure of Lien
Intent to sell these vessels
September 22, 2014, 9:
5000 Linwood Rd. Placida
Placida, FL 33946, pursuant
subsection 713.78 of the Flo
Statutes. J & R reserves the r
to accept or reject any/or
bids.
33' Tyana
XSA33077J484
35' Pearson
WCV5207/HIN#625C2
Publish: 8/30/14 and 9/6/14
373536 3080514



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

Postage	$ 60
Certified Fee	370
Return Receipt Fee (Endorsement Required)	320
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 750

Postmark Here

7011 0470 0000 9478 5661

Sent To: Mary Martin
Street, Apt. No., or PO Box No.: 8546 Christopher Haven Ct
City, State, ZIP+4: Sanford FL 32771

PS Form 3800, August 2006 — See Reverse for Instructions

Apprvd: Online Batch#: 000259

Customer Copy

THANK YOU!

Product Tracking & Reporting

Home | Search | Reports | Manual Entry | Rates/ Commitments | PTR / EDW | USPS Corporate Accounts

USPS Tracking Intranet Tracking Number Result

Result for Domestic Tracking Number 7011 0470 0000 9478 5661

Destination and Origin

Destination

ZIP Code	City	State
33903	NORTH FORT MYERS	FL

Origin

City	State

Tracking Number Classification

Class/Service

Class/Service: Certified Mail
Class of Mail Code/Description: -1 / Unknown

Payment

Weight: 0 lb(s) 0 oz(s)

Extra Services

Extra Services Details

Description	Amount
Certified Mail	

Events

Event	Event Date	Event Time	Location	Input Method	Scanner ID	Carrier Route	Posting Date / Time (Central Time)	Other Information
DELIVERED	09/22/2014	09:04	NORTH FORT MYERS, FL 33903	Scanned	030SGQ2673	Scanned by route B3903001	09/22/2014 17:17:56	View Delivery Signature and Address Facility Finance Number: 113065 Request Delivery Record
AVAILABLE FOR PICKUP	09/20/2014	10:25	NORTH FORT MYERS, FL 33903	Scanned	030SGQ2676	Scanned by route 3903B001	09/20/2014 11:36:36	
ARRIVAL AT UNIT	09/20/2014	08:29	NORTH FORT MYERS, FL 33903	Scanned	030SGQ2673	Scanned by route 3903B001	09/20/2014 07:56:43	
ENROUTE/PROCESSED	09/20/2014	01:30	FORT MYERS, FL 33913	Scanned	DBOSS-005-	Destined to route 33917444000	09/20/2014 01:26:06	
ENROUTE/PROCESSED	09/19/2014	22:32	FORT MYERS, FL 33913	Scanned	DBCS-024-	Destined to route 33917444000	09/19/2014 21:41:54	
DISPATCHED FROM SORT FACILITY	09/18/2014	22:37	FORT MYERS, FL 33913	System Generated			09/18/2014 21:56:08	Dispatch Label ID: DS14 4136 3222 1400 1821 4312
ENROUTE/PROCESSED	09/18/2014	22:27	FORT MYERS, FL 33913	Scanned	CIOSS-053-	Destined to route 33917444000	09/18/2014 21:31:05	
ENROUTE/PROCESSED	09/18/2014	18:33	FORT MYERS, FL 33913	Scanned	CIOSS-051-	Destined to route 32771812046	09/18/2014 17:38:50	

USPS Tracking Intranet

Event	Event Date	Event Time	Location	Input Method	Scanner ID	Carrier Route	Posting Date / Time (Central Time)	Other Information
REFUSED	09/15/2014	12:01	SANFORD, FL 32771	Scanned	030S-HK9516	Scanned by route 99999999	09/15/2014 12:12:41	
DISPATCHED FROM SORT FACILITY	09/12/2014	04:13	MID FLORIDA, FL 32799	System Generated			09/12/2014 03:55:40	Dispatch Label ID: CS14 4135 9444 1429 1203 2035
ENROUTE/PROCESSED	09/12/2014	02:17	MID FLORIDA, FL 32799	Scanned	DBCS-019-	Destined to route 32771812046	09/12/2014 02:32:56	
ENROUTE/PROCESSED	09/11/2014	20:18	ORLANDO, FL 32862	Scanned	DIOSS-023-	Destined to route 32771812046	09/11/2014 19:19:33	
REFUSED	09/11/2014	12:04	SANFORD, FL 32771	Scanned	030SHNZG12	Scanned by route 2771P500	09/11/2014 14:48:39	
NO AUTHORIZED RECIPIENT AVAILABLE	08/27/2014	13:19	SANFORD, FL 32771	Scanned	030SHQ10NW	Scanned by route 2771R001	08/27/2014 12:39:48	
ENROUTE/PROCESSED	08/27/2014	02:27	MID FLORIDA, FL 32799	Scanned	DBCS-019-	Destined to route 32771812046	08/27/2014 03:28:20	
DISPATCHED FROM SORT FACILITY	08/26/2014	21:13	ORLANDO, FL 32862	System Generated			08/26/2014 20:29:35	Dispatch Label ID: CS14 4137 6111 1409 2620 1802
ENROUTE/PROCESSED	08/26/2014	12:05	ORLANDO, FL 32862	Scanned	DBCS-030-	Destined to route 32771812046	08/26/2014 11:36:22	
DISPATCHED FROM SORT FACILITY	08/25/2014	21:27	TAMPA, FL 33630	System Generated			08/25/2014 20:44:34	Dispatch Label ID: CS14 4137 6111 1409 2620 3425
ENROUTE/PROCESSED	08/25/2014	20:59	TAMPA, FL 33630	Scanned	DIOSS-006-	Destined to route 32771812046	08/25/2014 20:03:33	

Enter up to 10 items separated by commas.

Select Search Type: Quick Search

Submit

Product Tracking & Reporting, All Rights Reserved
Version: 1.9.1.9

Product Tracking & Reporting

Home | Search | Reports | Manual Entry | Rates/ Commitments | PTR / EDW | USPS Corporate Accounts

USPS Tracking Intranet Tracking Number Result

Result for Domestic Tracking Number 7011 0470 0000 9478 5661

Destination and Origin

Destination

ZIP Code	City	State
32771	SANFORD	FL

Origin

City	State

Tracking Number Classification

Class/Service

Class/Service: Certified Mail
Class of Mail Code/Description: -1 / Unknown

Payment

Weight: 0 lb(s) 0 oz(s)

Extra Services

Extra Services Details

Description	Amount
Certified Mail	

Events

Event	Event Date	Event Time	Location	Input Method	Scanner ID	Carrier Route	Posting Date / Time (Central Time)	Other Information
NO AUTHORIZED RECIPIENT AVAILABLE	08/27/2014	13:19	SANFORD, FL 32771	Scanned	0305HQ10NW	Scanned by route 2771R001	08/27/2014 12:39:48	Request Delivery Record
ENROUTE/PROCESSED	08/27/2014	02:27	MID FLORIDA, FL 32799	Scanned	DBCS-015-	Destined to route 32771812046	08/27/2014 03:28:20	
DISPATCHED FROM SORT FACILITY	08/26/2014	21:13	ORLANDO, FL 32862	System Generated			08/26/2014 20:29:35	Dispatch Label ID: DS14 4137 0111 1408 2620 1832
ENROUTE/PROCESSED	08/26/2014	12:05	ORLANDO, FL 32862	Scanned	DBCS-030-	Destined to route 32771812046	08/26/2014 11:36:22	
DISPATCHED FROM SORT FACILITY	08/25/2014	21:37	TAMPA, FL 33630	System Generated			08/25/2014 20:44:34	Dispatch Label ID: DS14 4137 0111 1408 2529 3408
ENROUTE/PROCESSED	08/25/2014	20:59	TAMPA, FL 33630	Scanned	DBDSS-006-	Destined to route 32771812046	08/25/2014 20:08:33	

Enter up to 10 items separated by commas.

Select Search Type: Quick Search | Submit

Product Tracking & Reporting, All Rights Reserved
Version: 1.9.1.9

U.S. Department of Homeland Security
United States Coast Guard

Director
National Vessel Documentation Center

792 T J. Jackson Drive
Falling Waters, WV 25419
Staff Symbol: NVDC1
Phone: 304-271-2400
800-799-8362
Fax: 304-271-2405
Email: nvdc.pdf.filing@uscg.mil

October 09, 2014

Evidence of Deletion from United States Documentation

J & R MARINE SERVICES INC
20400 HASKINS DR
N FORT MYERS FL 33917

KISMET OFFICIAL NUMBER: 1030462

The records maintained by this office indicate that the vessel named above was deleted from documentation on 10/09/2014.

Last Owner of Record:	GARY M MARTIN and MOLLY P MARTIN
Last Certificate of Documentation Issued:	06/02/2006
Reason for Deletion:	COD Expired (Failed to Renew)

This vessel has been determined to measure at least 5 net tons. It may not be used in the fisheries or coastwise trade with state motorboat numbers, but must be documented in accordance with federal law.

Sincerely,

TIMOTHY V. SKUBY
Director
U.S. Coast Guard
National Vessel Documentation Center

1 of 1

p.1

CNTY# AGY# SUB# RPT#
53 3 CB 4013
AUDIT # 113969914

LI# 2099958
TI# 82393989
BI# 1528042
SI# 29775738

STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL CERTIFICATE OF TITLE

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR.	MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVWR
116559223	XSA33077J484	1984	XSA		VS		33'	

DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTN
10 15 14	OUT	VESSEL	FBGLSS	SAIL	DIESL				

Applicant/Owner's Name & Address
J & R MARINE SERVICES, INC
20400 HASKINS DR
NORTH FORT MYERS, FL 33917

BIRTHDATE SEX MO. DAY YEAR	RESIDENT Y N ALIEN
	X

1st OWNER FL/DL# OR F.E.I.D.#: 364669671-01

2nd OWNER FL/DL# UNIT #:

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
6.75	8.00	0.00	

Action Requested: ORIG USED TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
SP	10/15/2014		XX	HANS CHRISTIAN YACHTS AMERICA	☐

LIEN INFORMATION

DATE OF LIEN | RECEIVED DATE | FEID # OR FL / DL AND SEX AND DATE OF BIRTH | DMV ACCOUNT #

NAME OF FIRST LIENHOLDER:

ADDRESS

SALVAGE TYPE

SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER

ADDRESS

DEALER LICENSE NO.

CONSUMER OR SALES TAX EXEMPTION #

SALES TAX AND USE REPORT

TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED
☐ PURCHASER HOLDS VALID EXEMPTION CERTIFICATE
☐ VEHICLE / VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL
☐ OTHER

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS $

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES $

☐ SELLING PRICE VERIFIED

APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner

Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/08 SCAN CODE MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.

p.14

STATE OF FLORIDA

Mail Lien Satisfaction to: Dept of Highway Safety and Motor V[illegible], Neil Kirkman Building, Tallahassee, FL 32399-0500

T# 823939892
B# 1528042

Identification Number	Year	Make	Body	WT-L-SHP	Vessel Regis. No.	Title Number
XSA33077J484	1984	XSA	VS	33'		116559223

Registered Owner:
J & R MARINE SERVICES, INC
20400 HASKINS DR
NORTH FORT MYERS, FL 33917

Date of Issue 10/15/2014

Lien Release
Interest in the described vehicle is hereby released
By_____
Title_____
Date_____

IMPORTANT INFORMATION
1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel. http://www.hsmv.state.fl.us/html/titint.html

Mail To:
J & R MARINE SERVICES, INC
20400 HASKINS DR
NORTH FORT MYERS, FL 33917

CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-SHP	Vessel Regis. No.	Title Number
XSA33077J484	1984	XSA	VS	33'		116559223

Lien Release
Interest in the described vehicle is hereby released
By_____
Title_____
Date_____

Prev. State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
SP					VESSEL	

Odometer Status or Vessel Manufacturer or OH use	Hull Material	Prop	Date of Issue
HANS CHRISTIAN YACHTS AMERICA	FBGLSS	SAIL	10/15/2014

Registered Owner
J & R MARINE SERVICES, INC
20400 HASKINS DR
NORTH FORT MYERS, FL 33917

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES TALLAHASSEE FLORIDA

Clyton B. Walden
Boyd Walden
Director

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Terry L. Rhodes
Terry L. Rhodes
Executive Director

Control Number 113969914

53 /3 113969914

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)
Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.
This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to.

Seller Must Enter Purchaser's Name_____ Address_____
Seller Must Enter Selling Price_____ Seller Must Enter Date Sold_____
I/We state that this ☐ 5 or ☐ 6 digit odometer now reads |_|_|_|_|_|_|_| X (no tenths) miles, date read_____ and I hereby certify that to the best of my knowledge the odometer reading
☐ 1. reflects ACTUAL MILEAGE ☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS ☐ 3. is NOT THE ACTUAL MILEAGE
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: Rhondia Pocklington
Print Here: Rhondia Pocklington
CO-SELLER Must Sign Here_____
Print Here_____
Selling Dealer's License Number_____ Tax No._____ Tax Collected_____
Auction Name_____ License Number_____
PURCHASER Must Sign Here: R. Burke
Print Here: R. Burke
CO-PURCHASER Must Sign Here_____
Print Here_____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

STATE OF FLORIDA

FLORIDA VESSEL REGISTRATION

CO/AGY 53 / 3

T# 823939993
B# 1528042

FL/DO # **FL9912PU** DECAL

Expires **Midnight Tue 6/30/2015**

YR/MK	1984/XSA	BODY	VS
HIN	XSA33077J484		
HULL	FBGLSS	PROPUL	SAIL
USE	NONUSE	TYPE	
DL/FEID	384669671-01		
Date Issued	10/15/2014		

TITLE	116559223
FUEL	DIESL
LENGTH	33'

Reg. Tax	0.50	Class Code	
Init. Reg.		Tax Months	
County Fee	2.75	Back Tax Mos	
Mail Fee		Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
Grand Total	3.25		

I & R MARINE SERVICES, INC
10400 HASKINS DR
NORTH FORT MYERS, FL 33917

IMPORTANT INFORMATION

1. Your registration must be updated to your new address within 20 days of moving.
2. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

J & R Marine Services, Inc.

Boat Storage

Mailing address:
20400 Haskins Road
North Fort Myers, FL 33917
Boat Yard Address:
5000 Linwood Road
Placida, FL 33946
941-698-1144

October 01, 2014

RE: Bill of Sale to Randall Burke

To whom it may concern:

The vessel below was sold to Randall Burke for 500.00 plus sales tax on 10-01-15.

1st vessel:	Hailing Port:	N/A
	Name of Vessel:	N/A
	HIN Number:	01931137
	Title Number:	116559223
	Length:	33'
	ID Number:	XSA 33077J484
	Make:	Hans Christian Yachts

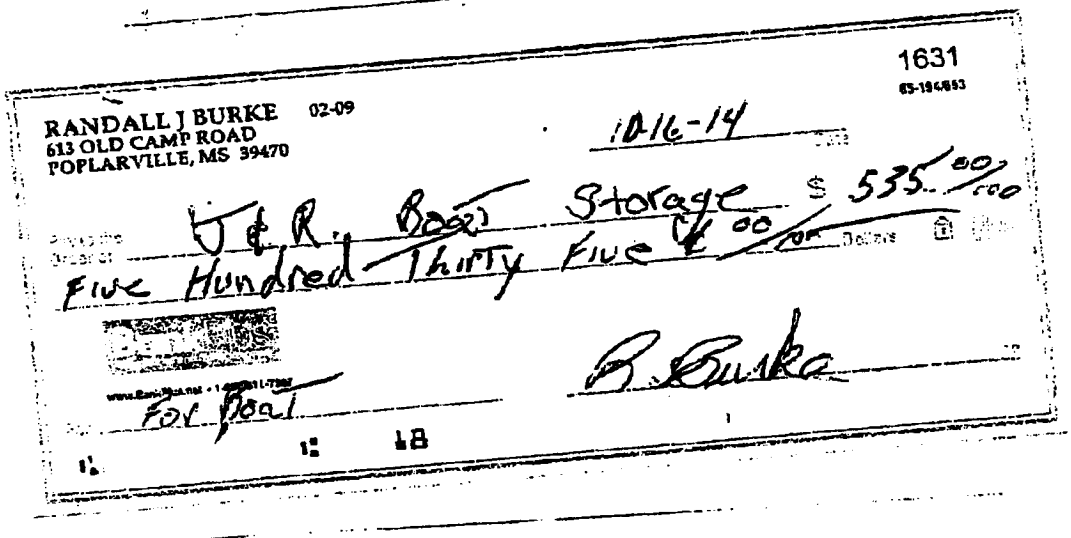
If you have any questions please call my cell 941-769-0493 or work 941-698-1144.

Best regards,
Rhondia Pocklington

Rhondia Pocklington
Joe Pocklington

1631

65-194/653



RANDALL J BURKE 02-09
613 OLD CAMP ROAD
POPLARVILLE, MS 39470

10-16-14

Date

Pay to the Order of J & R. Boat Storage $ 535.00/100

Five Hundred Thirty Five & 00/100 Dollars

For Boat

B. Burke

18

TAB 2

CARMAX

THE AUTO SUPERSTORE

CarMax, INC. #7247
901 TOWNE CENTER BLVD
SANFORD, FL 32771

Customer Information

ID Number: 196533
Name: JOSEPH SETTECASE
Address: 122 OSPREY LAKES CIR
OVIEDO, FL 32766-0000

Name(s) On title

Name: ROBB EVANS
REA LLC, RECV OF WIS INC., ET AL

Detail

Stock Number:	11136142	VIN:	5LMFU27528LJ21515	Mileage	56628	Body:	4D SPORT UTILITY
Year:	2008	Make:	LINCOLN	Model:	NAVIGATOR	Trim:	(no trim)

Check Information

Number: 7247021846
Date: 12/15/14
Amount: $16,000.00

CarMax®

Appraiser: IH
Cashier: IH

Comments

THANK YOU FOR DOING BUSINESS WITH CARMAX®!!

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CARMAX

THE AUTO SUPERSTORE

CarMax, INC. #7247
901 TOWNE CENTER BLVD
SANFORD, FL 32771

Wachovia Bank, N.A.
Oakton, VA 22124
68-7270/2560

VIN Number	Stock #	Check No.
5LMFU27528LJ21515	11136142	7247021846

Check Date	Check Amount
12/15/14	$16,000.00

Void After 60 Days

Payable Through
Wachovia Bank, N.A.

TO THE ORDER OF **ROBB EVANS & REA LLC, RECV OF WIS INC., ET AL**
122 OSPREY LAKES CIR
OVIEDO, FL 32766-0000

PAY Sixteen Thousand And 00/100 Dollars

AUTHORIZED SIGNATURE

Payable only upon receipt and verification by the payor of the title to the vehicle described above

⑈7247021846⑈ ⑆256072701⑆ 20799200049377⑈

CARMAX
THE AUTO SUPERSTORE
CarMax, INC. #7247
901 TOWNE CENTER BLVD
SANFORD, FL 32771

Customer Information

ID Number: 196533
Name: JOSEPH SETTECASE
Address: 122 OSPREY LAKES CIR
OVIEDO, FL 32766-0000

Name(s) On title

Name: ROBB EVANS
REA LLC, RECV OF WIS INC., ET AL .

Detail

Stock Number:	11136141	VIN:	WDBSK75F04F084055	Mileage	81046	Body:	2D CONVERTIBLE
Year:	2004	Make:	MERCEDES-BENZ	Model:	SL500	Trim:	(no trim)

Check Information

Number: 7247021845
Date: 12/15/14
Amount: $8,000.00

CarMax®

Appraiser: IH
Cashier: IH

Comments

THANK YOU FOR DOING BUSINESS WITH CARMAX®!!

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CARMAX
THE AUTO SUPERSTORE
CarMax, INC. #7247
901 TOWNE CENTER BLVD
SANFORD, FL 32771

Wachovia Bank, N.A.
Oakton, VA 22124
68-7270/2560

VIN Number	Stock #	Check No.
WDBSK75F04F084055	11136141	7247021845

Check Date	Check Amount
12/15/14	$8,000.00

Void After 60 Days

Payable Through
Wachovia Bank, N.A.

TO THE ORDER OF **ROBB EVANS & REA LLC, RECV OF WIS INC., ET AL .**
122 OSPREY LAKES CIR
OVIEDO, FL 32766-0000

PAY Eight Thousand And 00/100 Dollars

AUTHORIZED SIGNATURE

Payable only upon receipt and verification by the payor of the title to the vehicle described above

⑈7247021845⑈ ⑆256072701⑆ 2079920004937⑈

TAB 3

[redacted]

Affordable Office Installation LLC
4408 Seawater Street
Orlando, FL 32812

1440 Gemini Blvd. Warehouse 14
Orlando, FL 32837

450 S. Orange Avenue
Suite 500
Orlando, FL 32801-3370
Renee Kemper

3/25/2015

To Whom It May Concern:

Your cost to prep all boxes and package computer equipment for shipment to Chicago, using Fed Ex guidelines will be $1300. This price includes transporting everything in storage unit to Fed Ex and all packing materials needed. Price does not include shipping fees.

Please do not hesitate to contact me with any questions.

Thank you,

S Renard

Steve "Red" Renard
Affordable Office Installation LLC

www.AOI-Florida.com
407-405-5996 Cell
407-442-3414 Fax

TAB 4

ROBB EVANS ASSOCIATES LLC
Receiver of
Worldwide Info Services, Inc., et al.

Receiver Administration Report and Fund Balance

From Inception January 7, 2014 to January 31 2015 and Estimate to Close

	Previously Reported and Approved	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	7/1/14-1/31/15	Estimate to Close	TOTAL
Funds Transferred In											
Bank of America											
Arcagen Inc #3076	84,349.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84,349.03
Global Interactive #2176	8,458.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,458.83
Total Bank of America	92,807.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92,807.86
BB&T											
Worldwide Info A/C#6831	17,179.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,179.76
Total BB&T	17,179.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,179.76
Cash & Money Orders	719.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	719.71
Cove & Associates											
Turnover of retainer	35,423.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,423.72
Total Cove & Associates	35,423.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,423.72
Regions Bank											
Absolute Solutions #7312	5,743.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,743.92
Total Regions Bank	5,743.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,743.92
SunTrust											
American Innovative #9098	52,557.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52,557.92
Michael Hilgar #4707	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total SunTrust	52,557.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52,557.92
Wells Fargo											
Regal Marketing #7826	470.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	470.02
Regal Marketing #8984	1,136.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,136.12
Total Wells Fargo	1,606.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,606.14
Total Funds Transferred In	206,039.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	206,039.03
Sale of Vehicles	0.00	0.00	0.00	0.00	0.00	0.00	24,000.00	0.00	24,000.00	0.00	24,000.00
Miscellaneous	1,590.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,590.06
Total Income	207,629.09	0.00	0.00	0.00	0.00	0.00	24,000.00	0.00	24,000.00	0.00	231,629.09
Expense											
Business Expenses											
Vehicles	0.00	0.00	0.00	0.00	0.00	0.00	358.00	0.00	358.00	0.00	358.00
Security/Alarm	167.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	167.74
Moving/Storage/Box Records	1,148.75	67.30	67.30	67.30	67.30	67.30	67.30	67.85	471.65	203.55	1,823.95
Total Business Expenses	1,316.49	67.30	67.30	67.30	67.30	67.30	425.30	67.85	829.65	203.55	2,349.69

Case 6:14-cv-00008-CEM-DAB Document 114-1 Filed 04/13/15 Page 28 of 89 PageID 3007

ROBB EVANS ASSOCIATES LLC
Receiver of
Worldwide Info Services, Inc., et al.

Receiver Administration Report and Fund Balance

From Inception January 7, 2014 to January 31 2015 and Estimate to Close

	Previously Reported and Approved	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	7/1/14-1/31/15	Estimate to Close	TOTAL
Receiver's Fees & Costs											
Receiver Fees											
Receiver											
R. Evans	290.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	290.70
A. Jen	4,181.81	0.00	1,869.30	150.75	0.00	0.00	0.00	331.65	2,351.70	904.50	7,438.00
B. Kane	13,547.90	422.10	241.20	331.65	0.00	150.75	90.45	(0.00)	1,236.15	1,507.50	16,291.55
K. Johnson	12,115.78	0.00	120.60	0.00	0.00	0.00	0.00	0.00	120.60	0.00	12,236.38
S. Krishnan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
V. Miller	11,915.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,915.28
Total Receiver	42,051.47	422.10	2,231.10	482.40	0.00	150.75	90.45	331.65	3,708.45	2,412.00	48,171.91
Senior Accting & Support Staff											
C. Callahan	342.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	342.00
C. DeCius	2,753.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,753.10
F. Jen	14,349.89	0.00	120.60	0.00	0.00	0.00	0.00	(0.00)	120.60	0.00	14,470.49
J. Dadbin	4,091.18	0.00	0.00	0.00	0.00	115.50	445.50	0.01	561.01	0.00	4,652.18
L. Lee	12,774.56	0.00	30.15	60.30	30.15	0.00	30.15	30.15	180.90	0.00	12,955.45
N. Wolf	1,493.40	54.00	120.00	60.00	18.00	48.00	102.00	450.00	852.00	300.00	2,645.40
T. Chung	9,910.31	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	9,910.31
Support Staff	0.00	38.10	63.80	76.00	16.00	45.40	53.50	39.40	332.20	100.00	432.20
Total Senior Accting & Support Staff	45,714.43	92.10	334.55	196.30	64.15	208.90	631.15	519.55	2,046.70	400.00	48,161.13
IT Management											
E. Roop	19,006.65	297.00	432.00	0.00	0.00	0.00	1,944.00	0.00	2,673.00	0.00	21,679.65
N. Nafpliotis	5,664.80	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)	(0.00)	0.00	5,664.80
Total IT Management	24,671.45	297.00	432.00	0.00	0.00	0.00	1,944.00	(0.00)	2,673.00	0.00	27,344.45
Total Receiver Fees	112,437.35	811.20	2,997.65	678.70	64.15	359.65	2,665.60	851.20	8,428.15	2,812.00	123,677.49
Receiver's Costs											
Asset/Credit Searches	252.00	116.07	0.00	0.00	0.00	0.00	0.00	0.00	116.07	0.00	368.07
Document & Computer Shipping Prep.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,300.00	1,300.00
Document Reproduction/Copying	302.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	302.28
Hardware/Software	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hays Financial Consulting, LLC	9,789.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,789.96
IT Service	330.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	330.00
Postage/Delivery	654.38	0.48	37.87	5.80	1.88	0.48	5.80	32.15	84.46	0.00	738.84
Supplies/Telephone	0.00	30.71	0.78	0.00	0.00	0.00	0.00	0.00	31.49	0.00	31.49
Tax Preparation		0.00	0.00	0.00	0.00	0.00	0.00	3,000.00	3,000.00	0.00	3,000.00

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ROBB EVANS ASSOCIATES LLC
Receiver of
Worldwide Info Services, Inc., et al.
Receiver Administration Report and Fund Balance
From Inception January 7, 2014 to January 31 2015 and Estimate to Close

	Previously Reported and Approved	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	7/1/14-1/31/15	Estimate to Close	TOTAL
Travel Expense	23,174.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,174.76
Website Maintenance	190.75	0.00	0.00	0.00	0.00	39.92	0.00	48.80	88.72	88.72	368.19
Total Receiver's Costs	34,694.13	147.26	38.65	5.80	1.88	40.40	5.80	3,080.95	3,320.74	1,388.72	39,403.59
Legal Fees & Costs											
Carlton Fields Jorden Burt											
Legal-Fees	15,102.45	1,782.00	2,940.30	8,522.55	385.20	1,203.75	0.00	577.80	15,411.60	3,500.00	34,014.05
Legal-Costs	308.37	0.00	0.48	14.08	0.00	0.00	0.00	0.00	14.56	0.00	322.93
Total Carlton Fields Jorden Burt	15,410.82	1,782.00	2,940.78	8,536.63	385.20	1,203.75	0.00	577.80	15,426.16	3,500.00	34,336.98
Total Legal Fees & Costs	15,410.82	1,782.00	2,940.78	8,536.63	385.20	1,203.75	0.00	577.80	15,426.16	3,500.00	34,336.98
Total Receiver's Fees & Costs	162,542.30	2,740.46	5,977.08	9,221.13	451.23	1,603.80	2,671.40	4,509.95	27,175.05	7,700.72	197,418.06
Total Expense	163,858.79	2,807.76	6,044.38	9,288.43	518.53	1,671.10	3,096.70	4,577.80	28,004.70	7,904.27	199,767.75
Net Transactions		(2,807.76)	(6,044.38)	(9,288.43)	(518.53)	(1,671.10)	**20,903.30**	(4,577.80)	(4,004.70)	(7,904.27)	
Fund Balance	**43,770.31**										**31,861.34**

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Robb Evans & Associates LLC
Receiver of Worldwide Info Services, et al.
Expense Reimbursement Claim
Name: Jacklin Dadbin

Date	Description	Expense Amount	Amount Excluded	Amount Claimed
09-Dec-14	Exclusive Towing - Tow the Mercedes from Joseph Settecase's house to CarMax			$ 85.00

POSTED 12/23/14

#8020 12/23/14

TOTAL $85.00

Claimant
Date: 17-Dec-14

Check Number

Recommended by
Date

Disbursement Approval
Date

Audited by
Date

DATE	DESCRIPTION	CARD MEMBER	AMOUNT $
TUE, DEC 9	GOEXCLUSIVE@EXCLUSIVSANFORD FL	JACKLIN DADBIN	85.00

DOING BUSINESS AS	SQUARE
MERCHANT ADDRESS	STE 600, 1455 MARKET ST, SAN FRANCISCO, CA 94103 UNITED STATES
ADDITIONAL INFORMATION	NRZZ5X 8774174551
REFERENCE NUMBER	320143430006860801
CATEGORY	OTHER - MISCELLANEOUS
	8774174551

DISPUTE / INQUIRE ABOUT THIS CHARGE



Flat rate towing

Voucher

Exclusive Towing
407 701 4327
Casselberry fl
goexclusive@exclusive coachllc.com

DATE:
12/13/14

TO Jacklin Dadbin
Project Manager
Robb Evans & Associates LLC
11450 Sheldon Street
Sun Valley, CA 91352-1121

PAYMENT METHOD	CHECK NO.	JOB
Credit Card		Towing Service

QTY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL
1	Mercedez C500	From: 122 Ospery Lake CR Chuluoatta, FL 32766	---	---	---
		TO: 901 Town Center CR Snaford FL 32771	EA	N/A	$85.00

TOTAL DISCOUNT		0
	SUBTOTAL	
	SALES TAX	0
	TOTAL	$85.00

Thank you for your business!

Robb Evans & Associates LLC
Receiver of Worldwide Info Services, et al.
Expense Reimbursement Claim
Name: Brick Kane

Date	Description	Expense Amount	Amount Excluded	Amount Claimed
15-Dec-14	CarMax - Repaired starter on the Mercedes			$ 273.00

PAID #8024 12/23/14

POSTED 12/23/14 NW

TOTAL $273.00

Claimant
Date: 17-Dec-14

Check Number

Recommended by
Date

Disbursement Approval
Date

Audited by
Date

VIN: WDBSK75F04F084055 Year: 2004 Make: MERCEDES-BENZ Model: SL500 Color: SILVER License Plate: Mileage In: 81046 Out: 81047	**CARMAX** **SERVICE CENTER** 901 TOWNE CENTER BLVD SANFORD, FL 32771 Phone: (407)302-8989 Fax: (407)268-4608 Location: 7247 Service Registration Number: MV49385	**INVOICE # 249303** Open Date: 8:05 am 12/12/14 Invoice Date: 5:13 pm 12/12/14 Service Employee KIMBERLY TELLERIA Page 2 of 2
Name: JOSEPH SETTECASE Address: 3037 WOLFE CT OVIEDO, FL 32766 5068		Phone: (818) 683 - 1055 (contact)

LABOR TOTAL	2.8	$273.00	**PARTS TOTAL**	$0.00
SUBLET TOTAL		$0.00	*All parts are new unless otherwise noted.	

CarMax provides a Limited Warranty for all parts purchased at CarMax and all automotive service work performed by CarMax for a period of 6 months or 6,000 miles, whichever comes first. The full text of this Limited Warranty is set forth on the last page of this repair invoice.

If your original estimated repair charge was revised, please sign the following:

I acknowledge notice and oral approval of an increase in the original estimated price.

_____
(Customer Signature or Initials)

I acknowledge receiving a copy of this invoice.

Paid by Phone
Customer Signature

12/13/14
Date

ITEM	TOTAL
LABOR	$273.00
PARTS	$0.00
SUBLET Labor: $.00 Parts: $.00	$0.00
OTHER	$0.00
TOTAL CHARGES	$273.00
EXTENDED SERVICE PROTECTION (LESS)	($0.00)
EXTENDED SERVICE PROTECTION DEDUCTIBLE: $0.00	
MANUFACTURER WARRANTY (LESS)	($0.00)
SALES TAX	
LABOR	$0.00
PARTS	$0.00
SUBLET	$0.00
OTHER	$0.00
TOTAL TAX	$0.00
PLEASE PAY THIS AMOUNT	**$273.00**

ok per T. Long
JGV

[d_invoice_fl 11/2012]

VIN: WDBSK75F04F084055
Year: 2004
Make: MERCEDES-BENZ
Model: SL500
Color: SILVER
License Plate:
Mileage in: 81046 Out: 81047

CARMAX
SERVICE CENTER

901 TOWNE CENTER BLVD
SANFORD, FL 32771
Phone: (407)302-8989 Fax: (407)268-4608
Location: 7247
Service Registration Number: MV49385

INVOICE # 249303

Open Date: 8:05 am 12/12/14
Invoice Date: 5:13 pm 12/12/14

Service Employee
KIMBERLY TELLERIA

Page 1 of 2

Name: JOSEPH SETTECASE
Address: 3037 WOLFE CT
OVIEDO, FL 32766 5068

Phone: (818) 883 - 1055 (contact)

LABOR				PARTS*		
Technician	Labor Description	Time	Cost	Quantity	Part No. / Description	Charge

CONCERN #1: CUSTOMER STATES: NO CRANK, NO START. BATTERY MESSAGE ON MESSAGE CENTER, CHECK AND ADVISE.

CAUSE: NO CRANK, STARTER BATTERY DISCHARGED, JUMPED STARTER BATTERY, NO CRANK, CHECK STARTER CIRCUIT, NO VOLTAGE AT STARTER MOTOR SOLENOID, FUSE 52 AT FRONT SAM OPEN, REPLACE FUSE, NO CRANK. VOLTAGE PRESENT AT STARTER MOTOR, FAULTY STARTER MOTOR.

CORRECTION: REPLACE 30A STARTER RELAY FUSE. REPLACE STARTER MOTOR. CHARGE AND TEST STARTER BATTERY.

Gambill, J R	R&R - STARTER ASSEMBLY - OPERATION	1.6	$168.00		
Gambill, J R	ENGINE / NO START	0.0	$0		
Gambill, J R	DIAGNOSE - ENGINE / NO START - OPERATION	1.0	$105.00		
	Labor Subtotal for Concern # 1 :		$273.00	**Part Subtotal for Concern # 1 :**	$0.00

LIMITED WARRANTY

ALL PARTS AND SERVICES

CarMax warrants that all services and repairs conducted at its store locations will be free from defects in materials and workmanship for a period of 6 months or 6,000 miles, whichever comes first, from the date of the repair purchase. Any mechanical problem covered by this warranty shall be repaired by adjustment, replacement or repair of the part(s) and the labor required to make the repair. The warranty repairs shall be performed by a CarMax facility or a third party selected by CarMax to make such repairs, as determined by CarMax in its sole discretion. This warranty extends to the original customer only, and the repair invoice must be presented by the original customer at the time a warranty repair is requested. Some parts, such as shocks, tires, mufflers and batteries, may have additional coverage under the manufacturer's warranty.

WARRANTY LIMITATIONS

This warranty is not transferable and does not apply as follows:

a. To any vehicle used for commercial purposes;
b. To problems resulting from work performed by repair facilities other than CarMax;
c. When customer fails to have services or repairs performed which are recommended for satisfactory performance of the covered parts or services;
d. When the repair is required due to neglect or abuse in the operation of the vehicle; or
e. When the repair is required due to accident, fire, theft or vandalism.

THIS IS THE ONLY EXPRESS WARRANTY MADE BY CARMAX. NO OTHER WARRANTY OF ANY KIND IS MADE UNLESS EXPRESSLY PROVIDED HEREIN. ANY AND ALL IMPLIED WARRANTIES APPLICABLE TO THE PRODUCTS AND SERVICES WARRANTED HEREUNDER, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, ARE LIMITED TO THE DURATION OF THIS WRITTEN LIMITED WARRANTY. To the extent permitted by applicable law, CarMax shall not be liable for any damages relating to the loss of use of the products, loss of time, inconvenience or commercial loss, or any other incidental or consequential damages.

SOME STATES DO NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS OR EXCLUSIONS OR LIMITATIONS ON RELIEF SUCH AS INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THE ABOVE LIMITATIONS MAY NOT APPLY TO YOU. THIS WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS, AND YOU MAY ALSO HAVE OTHER RIGHTS WHICH VARY FROM STATE TO STATE.

Prior written or oral statements, negotiations, communications or representations regarding warranties have been merged into or superseded by this writing, and if not included in this writing, they shall not be binding. This is the total agreement about any and all warranties relating to the products and services warranted hereunder.

WARRANTY REPAIR PROCEDURE

If you experience a problem covered by this limited warranty, contact the local CarMax Service Center that performed the repairs. If this is not possible, contact the CarMax Service Center nearest you. To obtain information on this limited warranty or the locations of CarMax Service Centers, please contact CarMax at (407) 302-8989. Please have the invoice number available. It is 249303. CarMax will schedule your warranty repairs as soon as possible. You will then need to take your vehicle in for the warranty repair work to be performed.

CarMax service center

REPAIR AUTHORIZATION AND ESTIMATE FORM

Invoice # 249303

CARMAX - SANFORD
901 TOWNE CENTER BLVD
SANFORD, FL 32771
(407) 302-8989
Service Registration Number: MV49385

☐ APPT ☐ WALK IN ☐ WAIT ☒ DROP OFF ☐ TOW HAT/TAG#:

CUSTOMER INFORMATION

Name: JOSEPH SETTECASE
Address: 3037 WOLFE CT
City: OVIEDO
State / Zip:
Contact Phone: (818) 683-1055
Home Phone:
Rental ☐ Loaner ☐

VEHICLE INFORMATION

Year: 2004 Make: MERCEDES-BENZ
Model: SL500 Color: SILVER
Plate #: Mileage: 0
VIN: WDBSK75F04F084055

SERVICE INFORMATION

Date and Time In: 12/12/2014 07:33:36
Date Promised: 12/10/2014 17:00:00

I understand that I am entitled to replaced parts*:

☐ I wish that replaced parts be returned to me.
☐ I wish that replaced parts be saved for me to inspect.
☒ I do not wish that replaced parts be returned to me or that they be saved for me to inspect.

*If a part is covered by a manufacturer's warranty or has a core value, we regret that the part cannot be returned to you.

Written Repair Estimate
Date and Time Prepared: 12/12/14

You are being charged in the following manner:
☐ Flat Rate ☐ Hourly Rate ☒ Both

You intend to pay for this service in the following manner:
☒ Credit Card ☐ Check ☐ Cash

Any other person who may authorize repairs:
Name [illegible] Phone Number

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:

I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100:

☐ **I REQUEST A WRITTEN ESTIMATE.**

☒ **I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $ 105 Dollars. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.**

☐ **I DO NOT REQUEST A WRITTEN ESTIMATE.**

SIGNED: [signature] DATE: 12/12/14

CUSTOMER CONCERNS

02. ENGINE CRANKS BUT VEHICLE WILL NOT START - CUSTOMER STATES: DOESN'T CRANK OR START. CHECK AND ADVISE.

ESTIMATE FOR PARTS	ESTIMATE FOR LABOR	TOTAL
No Charge	$105.00	$105.00
No Charge	**$105.00**	**$105.00**

ORAL CONSENT FOR ADDITIONAL/REVISED TERMS

Item Authorized: Additional Cost: $_____
Revised Estimate: $_____
New Completion Date: _____
Authorized by: _____
Date: _____ Time: _____ Phone Number: _____
CarMax Signature: _____ Date: _____

By signing this form you agree that you have read, understand and agree to all of the terms and conditions on this written Repair Authorization and Estimate form, including any and all information on the last page of this document.

CUSTOMER SIGNATURE [signature]
DATE 12/12/14

CarMax accepts DCB, American Express, MasterCard, VISA and Discover at this location.

*SHADED AREA MUST BE COMPLETED BEFORE VEHICLE CAN BE ROUTED

FL

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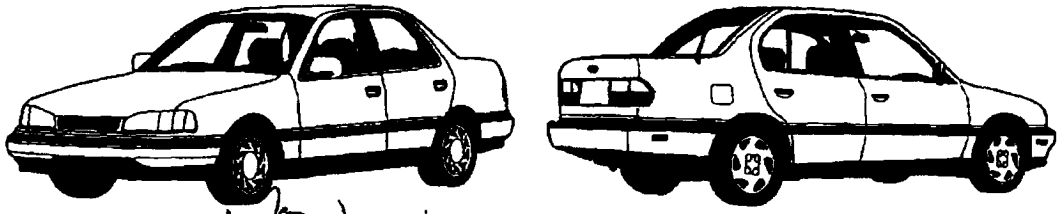
VEHICLE CONDITION

On the diagrams below note major dents, scratches or defects to the customer's vehicle before any work begins.



Customer's Initials JOW ☒ Vehicle received without face to face contact with customer

LIMITED WARRANTY

ALL PARTS AND SERVICES

CarMax warrants that all services and repairs conducted at its store locations will be free from defects in materials and workmanship for a period of 6 months or 6,000 miles, whichever comes first, from the date of the repair purchase. Any mechanical problem covered by this warranty shall be repaired by adjustment, replacement, or repair of the part(s) and the labor required to make the repair. The warranty repairs shall be performed by a CarMax facility or a third party selected by CarMax to make such repairs, as determined by CarMax in its sole discretion. This warranty extends to the original customer only, and the repair invoice must be presented by the original customer at the time a warranty repair is requested. Some parts, such as shocks, tires, mufflers and batteries, may have additional coverage under the manufacturer's warranty.

WARRANTY LIMITATIONS

This warranty is not transferable and does not apply as follows:

a. To any vehicle used for commercial purposes;
b. To problems resulting from work performed by repair facilities other than CarMax;
c. When customer fails to have services or repairs performed which are recommended for satisfactory performance of the covered parts or services;
d. When the repair is required due to neglect or abuse in the operation of the vehicle; or
e. When the repair is required due to accident, fire, theft or vandalism.

THIS IS THE ONLY EXPRESS WARRANTY MADE BY CARMAX. NO OTHER WARRANTY OF ANY KIND IS MADE UNLESS EXPRESSLY PROVIDED HEREIN. ANY AND ALL IMPLIED WARRANTIES APPLICABLE TO THE PRODUCTS AND SERVICES WARRANTED HEREUNDER, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, ARE LIMITED TO THE DURATION OF THIS WRITTEN LIMITED WARRANTY. To the extent permitted by applicable law, CarMax shall not be liable for any damages relating to loss of use of the products, loss of time, inconvenience or commercial loss, or any other incidental or consequential damages.

SOME STATES DO NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS OR EXCLUSIONS OR LIMITATIONS ON RELIEF SUCH AS INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THE ABOVE LIMITATIONS MAY NOT APPLY TO YOU. THIS WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS, AND YOU MAY ALSO HAVE OTHER RIGHTS WHICH VARY FROM STATE TO STATE.

Prior written or oral statements, negotiations, communications or representations regarding warranties have been merged into or superseded by this writing, and if not included in this writing, they shall not be binding. This is the total agreement about any and all warranties relating to the products and services warranted hereunder.

WARRANTY REPAIR PROCEDURE

If you experience a problem covered by this limited warranty, contact the local CarMax Service Center that performed the repairs. If this is not possible, contact the CarMax Service Center nearest you. To obtain information on this limited warranty or the locations of CarMax Service Centers, please contact CarMax at (407) 302-8989. Please have your invoice number available. It is 249303. CarMax will schedule your warranty repairs as soon as possible. You will then need to take your vehicle in for the warranty repair work to be performed.

TERMS OF THIS REPAIR: I authorize CarMax employees to operate the vehicle on public roads for the purpose of testing/inspecting my vehicle. To the extent permitted by law, CarMax disclaims liability for loss or damage to the vehicle due to lack of antifreeze. I understand that a storage fee of $10.00 per day will be charged if the vehicle is not picked up within 3 business days of the date of CarMax's notification that the repair work has been completed or the date I request that no work be performed. I further understand that a bailment relationship is not created between CarMax and me in connection with the servicing and/or repair of the vehicle. I also understand that to the extent permitted by applicable law, CarMax is not responsible for any articles, personal property or other items left in the vehicle. All items left in the vehicle are done so at my own risk, and I can not hold CarMax liable for any loss of or damage to such items. I authorize that the repair work set forth herein and all subsequently authorized revised estimates be performed by CarMax, including furnishing all parts or other materials which are necessary for such repair. If I decide not to have the above repairs performed, I agree to pay for (1) the cost of repairs completed that were authorized; (2) the cost of diagnostic work and teardown; (3) the cost of parts and labor to replace items destroyed by the teardown; and (4) the cost to reassemble any components of the vehicle.

base

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CarMax®

Associate: TRUSHNA

Print Date: 12/16/2014 17:40:07
Location: CARMAX - SANFORD 7247

JOSEPH SETTECASE
3037 WOLFE CT
OVIEDO, FL 32766

Order Num: 249303
Stock Num: 91497

Amount: $273.00

Card Num: ********
Auth Num: 103783

Total: $273.00

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown herein and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

Signature

FROM: Uncle Bob's Self Storage #806
510 Douglas Avenue
Altamonte Springs, FL 32714
(407) 865-7011

TO: Worldwide Information
Worldwide Info System, REA & Assoc. The Receiver
11450 Sheldon St
Sun Valley, CA 91352 USA

January 2015

INVOICE

Monday, January 12, 2015

Dear Worldwide Information:
Space #C2031

As you requested, this invoice is your reminder that rent on space C2031, will be due on 2/1/2015. Your monthly rent of $55.00 is always due on the 1st of the month.

Charges for 2/1/2015 to 3/1/2015	
Ins	$9.00
Rent	$55.00
Rent Tax	$3.85
Total Amount Due	**$67.85**

Thank you for your patronage and if you should have any questions, please do not hesitate to call.

Very truly yours,

Rusty Parsons
Manager

Pay online at www.unclebobs.com

POSTED 1-23-15 NW

PAID #8032 1/23/15

This transmission is intended only for the use of the individual or entity to which it is addressed. If you have reason to believe that you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this transmission is strictly prohibited. If you have reason to believe that you have received this transmission in error, please call the manager at above number immediately and delete and destroy this communication.

Nancy Wolf

From: Uncle Bob's Self Storage [noreply@email.unclebobs.com]
Sent: Wednesday, December 17, 2014 9:37 AM
To: nancy_wolf@robbevans.com
Subject: Uncle Bob's Account Summary

Dec 2014

Space #C2031

Your Uncle Bob's Account Summary

Hello Worldwide Information,
Thank you for choosing Uncle Bob's! Here is your storage account summary.

Uncle Bob's Self Storage #806
510 Douglas Avenue Suite 1001
Altamonte Springs, FL 32714
(407) 865-7011

1/1/15-1/31/15

Account Summary

December Balance	$0.00
Rent	$55.00
Rent Tax	$3.30
Insurance	$9.00
Amount due 01/01	**$67.30**

Leaving us? Need a few extra days in your space?
Normally, we charge a full month's rent on the first of each month. But if you notify us of your departure date by the first of the month, we'll charge you to the prorated amount (only the days you need in the month)!
Contact your store office to arrange it!

#8019
12/19/14

Tell us how we're doing!
We see you've been an Uncle Bob's customer for a while. Would you let us know how we're doing? Our 5 question survey takes just 2 minutes!
Customer Service Survey

Nancy Wolf

From: Uncle Bob's Self Storage [noreply@email.unclebobs.com]
Sent: Thursday, November 20, 2014 3:44 AM
To: nancy_wolf@robbevans.com
Subject: Uncle Bob's Account Summary

WIS Nov 2014

Your Uncle Bob's Account Summary

Hello Worldwide Information,
Thank you for choosing Uncle Bob's! Here is your storage account summary.

Uncle Bob's Self Storage #806
510 Douglas Avenue Suite 1001
Altamonte Springs, FL 32714
(407) 865-7011

Space # C2031

Account Summary	
November Balance	$0.00
Rent	$55.00
Rent Tax	$3.30
Insurance	$9.00
Amount due 12/01	**$67.30**

Tell us how we're doing!
We see you've been an Uncle Bob's customer for a while. Would you let us know how we're doing? Our 5 question survey takes just 2 minutes!
Customer Service Survey

POSTED 11/20/14 NW

To see more detail about your account balance at Uncle Bob's, login to your online account at: https://account.unclebobs.com
The mailbox is unattended, so please do not reply to this message. If you no longer wish to receive emails from Uncle Bob's Self Storage (unclebobs.com), unsubscribe here.

Nancy Wolf

From: reminders@email.unclebobs.com
Sent: Friday, October 31, 2014 5:07 AM
To: nancy_wolf@robbevans.com
Subject: Your Uncle Bob's Payment Reminder

Oct 2014

Your Uncle Bob's Payment Reminder

WLS

Hello,

Here is the Payment Reminder you have scheduled for your Uncle Bob's rental payment.

Your account is paid for the current month.
Your next storage rental payment is due on 11/1/14.

To check your Account Summary, Make a Payment, Manage Alerts, and more, visit us at:

https://account.unclebobs.com

To change or stop receiving payment reminders, please login to your Uncle Bob's account at the address above.

If you are having difficulty accessing your account, please contact us at payments@unclebobs.com.

Thank you!

This electronic transmission is intended only for the use of the individual or entity to which it is addressed. If you have reason to believe that you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this electronic transmission is strictly prohibited. If you have reason to believe that you have received this transmission in error, please call Uncle Bob's immediately at (866) 861-2805 and delete and destroy this communication.

6730
Space # C2031
November 2014

POSTED 10/31/14 KW

P #805

FROM: Uncle Bob's Self Storage #806
510 Douglas Avenue
Altamonte Springs, FL 32714
(407) 865-7011

TO: Worldwide Information
Worldwide Info System, REA & Assoc. The Receiver
11450 Sheldon St
Sun Valley, CA 91352 USA

Sept 2014

INVOICE

Thursday, September 11, 2014

Dear Worldwide Information:
Space #C2031

As you requested, this invoice is your reminder that rent on space C2031, will be due on 10/1/2014. Your monthly rent of $55.00 is always due on the 1st of the month.

Charges for 10/1/2014 to 11/1/2014	
Ins	$9.00
Rent	$55.00
Rent Tax	$3.30
Total Amount Due	**$67.30**

Thank you for your patronage and if you should have any questions, please do not hesitate to call.

Very truly yours,

Rusty Parsons
Manager

POSTED 9/25/14 MW

Pay online at www.unclebobs.com

PAID #8014 9/25/14

This transmission is intended only for the use of the individual or entity to which it is addressed. If you have reason to believe that you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this transmission is strictly prohibited. If you have reason to believe that you have received this transmission in error, please call the manager at above number immediately and delete and destroy this communication.

FROM: Uncle Bob's Self Storage #806
510 Douglas Avenue
Altamonte Springs, FL 32714
(407) 865-7011

TO: Worldwide Information
Worldwide Info System, REA & Assoc. The Receiver
11450 Sheldon St
Sun Valley, CA 91352 USA

Aug 2014

INVOICE

Tuesday, August 12, 2014

Dear Worldwide Information:
Space #C2031

As you requested, this invoice is your reminder that rent on space C2031, will be due on 9/1/2014. Your monthly rent of $55.00 is always due on the 1st of the month.

Charges for 9/1/2014 to 10/1/2014	
Ins	$9.00
Rent	$55.00
Rent Tax	$3.30
Total Amount Due	**$67.30**

Thank you for your patronage and if you should have any questions, please do not hesitate to call.

Very truly yours,

Rusty Parsons
Manager

Pay online at www.unclebobs.com

PAID #8013 8/27/14

RECEIVED 8/27/14

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Nancy Wolf

From: Uncle Bob's Self Storage [noreply@email.unclebobs.com]
Sent: Thursday, July 17, 2014 6:36 AM
To: nancy_wolf@robbevans.com
Subject: Uncle Bob's Account Summary

July 2014

WIS

Your Uncle Bob's Account Summary

Hello Worldwide Information,
Thank you for choosing Uncle Bob's! Here is your storage account summary.

Space # C2031

Uncle Bob's Self Storage #806
510 Douglas Avenue Suite 1001
Altamonte Springs, FL 32714
(407) 865-7011

Account Summary	
July Balance	$0.00
Rent	$55.00
Rent Tax	$3.30
Insurance	$9.00
Amount due 08/01	$67.30

POSTED 7/21/14 MW

PAID #806 7/21/14

Tell us how we're doing!
We see you've been an Uncle Bob's customer for a while. Would you let us know how we're doing? Our 5 question survey takes just 2 minutes!
Customer Service Survey

To see more detail about your account balance at Uncle Bob's, login to your online account at: https://account.unclebobs.com
The mailbox is unattended, so please do not reply to this message. If you no longer wish to receive emails from Uncle Bob's Self Storage (unclebobs.com), unsubscribe here.

INVOICE NO:	INVOICE DATE
1401394810	31-JAN-14

BILLING PERIOD 01-JAN-14 - 31-JAN-14

ACCOUNT NUMBER
144FMB

INVOICE TO:
ROBB EVANS & ASSOCIATES LLC
SUN VALLEY CA 91353-0880

ITEMIZATION OF LEXISNEXIS & RELATED CHARGES

ACCOUNT SUMMARY BY CLIENT

CLIENT	CONTRACT USE			TRANSACTIONAL USE				
	GROSS AMOUNT	ADJUSTMENT	NET AMOUNT	OVER THE CAP	OUTSIDE CONTRACT	TOTAL BEFORE TAX	TAX	TOTAL CHARGES
	-	-	$ 0.00	-	-	$ 0.00	-	
	$ 301.11	($ 271.13)	$ 29.98	-	-	$ 29.98	-	
	$ 4,111.14	($ 3,701.76)	$ 409.38	-	-	$ 409.38	-	$
	$ 286.81	($ 257.24)	$ 29.57	-	-	$ 29.57	-	
WIS	$ 1,165.64	($ 1,049.57)	$ 116.07	-	-	$ 116.07	-	$
ACCOUNT TOTAL:	$ 5,874.70	($ 5,280.70)	$ 595.00	$ 0.00	$ 0.00	$ 595.00	$ 0.00	$

0-6

29.98 P
409.38
WIS 116.07
29.57

7/14/14

Squar, Milner, Peterson, Miranda & Williamson, LLP

Certified Public Accountants and Financial Advisors

TO: Anita Jen
Robb Evans & Associates LLC
11450 Sheldon Street
Sun Valley, CA 91352-1121

INVOICE

Dated: January 23, 2015

Preparation of 2014 first and final QSF Income Tax Returns for:

Worldwide Info. Services Inc. et. al. Receivership QSF	$ 3,000.00
Total Professional Fees	*$ 3,000.00*

Please make your check payable to Squar, Milner, Peterson, Miranda & Williamson, LLP, and remit to:

Squar, Milner, Peterson, Miranda & Williamson
4100 Newport Place Drive, Suite 300
Newport Beach, CA 92660

Thank you for allowing us to assist you with your tax needs.

POSTED 1/23/15

FEDERAL FORM 1120SF

Form **1120-SF**
(Rev. October 2013)
Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for Settlement Funds (Under Section 468B)

INITIAL YEAR - 1/7/14 - 12/31/14
▶ Information about Form 1120-SF and its separate instructions is at www.irs.gov/form1120sf.
For calendar year 20 _____

OMB No. 1545-1394

Please Type or Print

Name of fund: WORLDWIDE INFO SERVICES INC ET AL RECEIVERSHIP QSF
Employer identification number of fund (see instructions):
Number, street, and room or suite no. (If a P.O. box, see instructions.): C/O RECEIVER, 11450 SHELDON STREET
City or town: SUN VALLEY | State: CA | ZIP code: 91352-1121
Foreign country name | Foreign province/state/county | Foreign postal code
Name and address of administrator (defined on page 3 of the instructions): ROBB EVANS & ASSOCIATES LLC - 11450 SHELDON STREET, SUN VALLEY, CA 91352-1121

Check applicable boxes: (1) [X] Final return (2) [ ] Name change (3) [ ] Address change (4) [ ] Amended return

Part I Income and Deductions (see instructions)

Income	1	Taxable interest	1	
	2	Dividends	2	
	3	Capital gain net income (attach Schedule D (Form 1120))	3	NONE
	4	Items of income or gain from a partnership interest	4	
	5	Other income (attach schedule)	5	
	6	**Gross income.** Add lines 1 through 5	6	0
Deductions	7	Trustee/administrator fees	7	48,172
	8	Taxes	8	
	9	Accounting and legal services (attach schedule)	9	85,498
	10	Notification of claimants and claim processing expenses	10	
	11	Other deductions (attach schedule)	11	64,662
	12	Net operating loss deduction	12	
	13	**Total deductions.** Add lines 7 through 12	13	198,332

Part II Tax Computation (see instructions)

14	**Modified gross income.** Subtract line 13 from line 6	14	-198,332	
15	**Total tax.** Multiply the amount on line 14 by 39.6%	15	0	
16	**Credits and payments:**			
a	Overpayment from prior year allowed as a credit	16a		
b	Current year estimated tax payments	16b		
c	Refund of overpaid estimated tax applied for on Form 4466	16c		
d	Subtract line 16c from the total of lines 16a and 16b	16d	0	
e	Tax deposited with Form 7004	16e		
f	Total credits and payments (add lines 16d and 16e)	16f		0
17	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ [ ]	17		
18	**Tax due.** If the total of lines 15 and 17 is more than line 16f, enter amount owed	18		0
19	**Overpayment.** If line 16f is more than the total of lines 15 and 17, enter amount overpaid	19		0
20	Enter amount of line 19 you want: **Credited to next year's estimated tax** ▶ _____ **Refunded** ▶	20		0

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fund administrator | Date | Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name: GABRIEL TORRE | Preparer's signature | Date | Check [ ] if self-employed | PTIN
Firm's name ▶ SQUAR MILNER PETERSON ET AL LLP | Firm's EIN ▶
Firm's address ▶ 4100 NEWPORT PL DR #300, NEWPORT BEACH, CA 92660 | Phone no. (949) 222-2999

For Paperwork Reduction Act Notice, see separate instructions. Form **1120-SF** (Rev. 10-2013)
HTA

Form **7004**
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

▶ File a separate application for each return.
▶ Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

OMB No. 1545-0233

Print or Type

Name: Worldwide Info Services Inc et al Receivership QSF
Identifying number:
Number, street, and room or suite no. (If P.O. box, see instructions.): c/o Receiver, 11450 Sheldon Street
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)): Sun Valley, CA 91352-1121

Note. File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below) . . . . . [ ]

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below) . . . . . [2] [6]

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here . . . . . ▶ ☐

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here . . . . . ▶ ☐
If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . ▶ ☐

5a The application is for calendar year 20 ___, or tax year beginning 1/7, 20 14, and ending 12/31, 20 14

b **Short tax year.** If this tax year is less than 12 months, check the reason: ☑ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions-attach explanation)

6	Tentative total tax	6	NONE
7	Total payments and credits (see instructions)	7	NONE
8	**Balance due.** Subtract line 7 from line 6 (see instructions)	8	NONE

Schedule L Balance Sheets		(a) Beginning of year	(b) End of year
Assets			
1 Cash	1	NONE	NONE
2 U.S. Government obligations	2		
3 State and local government obligations	3		
4 Other investments (attach schedule)	4		
5 Other assets (attach schedule)	5		
6 Total assets. Add lines 1 through 5	6	NONE	NONE
Liabilities and Fund Balance			
7 Liabilities	7	NONE	NONE
8 Fund balance	8	NONE	NONE
9 Total. Add lines 7 and 8	9	NONE	NONE

Additional Information

	Yes	No
1a Enter the amount of cash and the fair market value of property, valued at the date of the transfer, transferred to the fund during the tax year $ 231,629		
b For transfers of property included on line 1a, attach a copy of each qualified appraisal and the statements received from a transferor under Regulations sections 1.468B-3(b) and 1.468B-3(e).		
c Were amounts transferred to the fund during the tax year by a person other than a transferor? ▶		X
2 Enter the amount of tax-exempt interest received or accrued during the tax year $ NONE		
3a Were direct and indirect distributions made to claimants during the tax year? ▶	X	
b If "Yes," enter the amount of the total distributions $ 33,297		
4a Did the fund make any distributions (including deemed distributions) to a transferor or related party during the tax year? ▶		X
b If "Yes," enter the amount of the total distributions and attach a statement showing the name, identifying number, and the amount of distributions to each transferor or related party $		

5a Check the type of liability (or liabilities) for which the fund was established.

- ☐ Tort
- ☐ Breach of Contract
- ☒ Violation of Law
- ☐ CERCLA
- ☐ Other

b If "Other" is checked, enter the percent (by value) of the assets of the fund that are allocated to the "Other" liability ▶ _____ %
Attach a statement describing the type of liability (or liabilities).

6 If the fund was established by a court order, enter the Court Order Number under which the fund was established 6:14-CV-8-ORL-28DAB
US DISTRICT COURT, MIDDLE DISTRICT OF FLORIDA, ORLANDO DIVISION

Line 5 (1120-SF) - Other Income

1	COD INCOME	1	198,332
2	LESS EXCLUSION UNDER SEC 108 - SEE FORM 982	2	-198,332
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total other income	10	0

Line 9 (1120-SF) - Accounting and Legal Services

1	ACCOUNTING SERVICES	1	48,161
2	TAX PREPARATION	2	3,000
3	LEGAL EXPENSE	3	34,337
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total accounting and legal services	10	85,498

Line 11 (1120-SF) - Other Deductions

1	QSF ADMINISTRATIVE EXPENSE	1	35,104
2	IT MANAGEMENT	2	27,344
3	RECEIVERSHIP EXPENSE	3	2,214
4	Total other deductions	4	64,662

Line 12 (1120-SF) - Net Operating Loss Carryover

Carryover Period	Beginning Loss Period (M/D/YYYY)	Ending Loss Period (M/D/YYYY)	Amount of Net Operating Loss	Amount Used in Prior Years / Carrybacks	Adjustments	Amount Available This Year	Amount Used This Year	Expiring Losses	Net Operating Loss Available for Carryover	Cumulative Unused Net Operating Loss
20th Preceding Period						0	0	0	0	0
19th Preceding Period						0	0	0	0	0
18th Preceding Period						0	0	0	0	0
17th Preceding Period						0	0	0	0	0
16th Preceding Period						0	0	0	0	0
15th Preceding Period						0	0	0	0	0
14th Preceding Period						0	0	0	0	0
13th Preceding Period						0	0	0	0	0
12th Preceding Period						0	0	0	0	0
11th Preceding Period						0	0	0	0	0
10th Preceding Period						0	0	0	0	0
9th Preceding Period						0	0	0	0	0
8th Preceding Period						0	0	0	0	0
7th Preceding Period						0	0	0	0	0
6th Preceding Period						0	0	0	0	0
5th Preceding Period						0	0	0	0	0
4th Preceding Period						0	0	0	0	0
3rd Preceding Period						0	0	0	0	0
2nd Preceding Period						0	0	0	0	0
1st Preceding Period						0	0	0	0	0
Current Period	1/7/2014	12/31/2014	198,332	0		198,332			198,332	198,332

Taxable Income After Special Deductions: 0 **Total Net Operating Loss Used This Year:** 0

NOL Special Rules Explanation

Case 6:14-cv-00008-CEM-DAB Document 114-1 Filed 04/13/15 Page 55 of 89 PageID 3034

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at *www.irs.gov/form8949*.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2014
Attachment Sequence No. **12A**

Name(s) shown on return: WORLDWIDE INFO SERVICES INC ET AL RECEIVERSHIP QSF

Social security number or taxpayer identification number:

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
2004 MERCEDES	1/7/2014	12/17/2014	8,000	8,000			0
2008 LINCOLN NAVIGATOR	1/7/2014	12/17/2014	16,000	16,000			0
2 **Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			24,000	24,000		0	0

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Gain / Loss Summary (8949)

	Federal		Short Term	Long Term
1	Proceeds (sales price)	1	24,000	0
2	Gain (Loss)	2	0	0
3	28% Gain (Loss)	3	[redacted]	0
	State			
7	Proceeds (sales price)	7	24,000	0
8	Gain (Loss)	8	0	0

SCHEDULE D (Form 1120)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Information about Schedule D (Form 1120) and its separate instructions is at *www.irs.gov/form1120*.

OMB No. 1545-0123

2014

Name: WORLDWIDE INFO SERVICES INC ET AL RECEIVERSHIP QSF

Employer identification number:

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	24,000	24,000		0

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37	4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824	5	
6 Unused capital loss carryover (attach computation)	6	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	7	0

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0

11 Enter gain from Form 4797, line 7 or 9	11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	13	
14 Capital gain distributions (see instructions)	14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	15	0

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	0
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	0
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	18	0

Note. *If losses exceed gains, see Capital losses in the instructions.*

Form **982**
(Rev. July 2013)
Department of the Treasury
Internal Revenue Service

Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment)

▶ Attach this form to your income tax return.
▶ Information about Form 982 and its instructions is at www.irs.gov/form982.

OMB No. 1545-0046
Attachment Sequence No. **94**

Name shown on return: WORLDWIDE INFO SERVICES INC ET AL RECEIVERSHIP QSF
Identifying number:

Part I General Information (see instructions)

1 Amount excluded is due to (check applicable box(es)):
- a Discharge of indebtedness in a title 11 case . . . ☐
- b Discharge of indebtedness to the extent insolvent (not in a title 11 case) . . . ☒
- c Discharge of qualified farm indebtedness . . . ☐
- d Discharge of qualified real property business indebtedness . . . ☐
- e Discharge of qualified principal residence indebtedness . . . ☐

2 Total amount of discharged indebtedness excluded from gross income . . . 2 — 198,332

3 Do you elect to treat all real property described in section 1221(a)(1), relating to property held for sale to customers in the ordinary course of a trade or business, as if it were depreciable property? . . . ☐ Yes ☐ No

Part II Reduction of Tax Attributes. You must attach a description of any transactions resulting in the reduction in basis under section 1017. See Regulations section 1.1017-1 for basis reduction ordering rules, and, if applicable, required partnership consent statements. (For additional information, see the instructions for Part II.)

Enter amount excluded from gross income:

4 For a discharge of qualified real property business indebtedness applied to reduce the basis of depreciable real property	4	
5 That you elect under section 108(b)(5) to apply first to reduce the basis (under section 1017) of depreciable property	5	
6 Applied to reduce any net operating loss that occurred in the tax year of the discharge or carried over to the tax year of the discharge	6	198,332
7 Applied to reduce any general business credit carryover to or from the tax year of the discharge	7	
8 Applied to reduce any minimum tax credit as of the beginning of the tax year immediately after the tax year of the discharge	8	
9 Applied to reduce any net capital loss for the tax year of the discharge, including any capital loss carryovers to the tax year of the discharge	9	
10 a Applied to reduce the basis of nondepreciable and depreciable property if not reduced on line 5. *DO NOT use in the case of discharge of qualified farm indebtedness*	10a	
b Applied to reduce the basis of your principal residence. *Enter amount here ONLY if line 1e is checked.*	10b	
11 For a discharge of qualified farm indebtedness applied to reduce the basis of:		
a Depreciable property used or held for use in a trade or business or for the production of income if not reduced on line 5	11a	
b Land used or held for use in a trade or business of farming	11b	
c Other property used or held for use in a trade or business or for the production of income	11c	
12 Applied to reduce any passive activity loss and credit carryovers from the tax year of the discharge	12	
13 Applied to reduce any foreign tax credit carryover to or from the tax year of the discharge	13	

Part III Consent of Corporation to Adjustment of Basis of Its Property Under Section 1082(a)(2)

Under section 1081(b), the corporation named above has excluded $ _____ from its gross income for the tax year beginning _____ and ending _____.
Under that section, the corporation consents to have the basis of its property adjusted in accordance with the regulations prescribed under section 1082(a)(2) in effect at the time of filing its income tax return for that year. The corporation is organized under the laws of _____.
(State of incorporation)

Note. *You must attach a description of the transactions resulting in the nonrecognition of gain under section 1081.*

§ 1.468B-3 Statement

The undersigned (the "Transferor(s)") has made a transfer of money and/or property to the qualified settlement fund named below (the "QSF"). Pursuant to Treasury Regulations § 1.468B-3(e), this statement is being provided to the administrator of the QSF on or before February 15 of the year following the calendar year in which the Transferor(s) (or the other person acting on behalf of the Transferor(s)) made the transfer to the QSF. The Transferor(s) will attach a copy of this statement to (and as part of) its timely filed income tax return for the taxable year in which the transfer is made.

1. Transferor(s):

   See attached *Exhibit A*

1. Qualified Settlement Fund:

   Worldwide Info Services Inc et al Receivership, QSF
   c/o Receiver, 11450 Sheldon St.
   Sun Valley, CA 91352

   TIN:

2. Date of Transfer: Various in 2014
3. Amount of Cash Transferred: $207,629
4. In addition to the cash reported above, the property listed below at fair market value was transferred by the Transferor(s) to the Qualified Settlement Fund identified above during the 2014 calendar year:

   Vehicles $24,000

5. The Transferor(s) is not also a claimant of the QSF.

This statement is effective as of the 31st Day of December 2014.

By: _____

Name: _____

Its: _____

Receivership Estate of Worldwide Info Services, Inc. et al.
§ 1.468B-3 Statement
Exhibit A

Transferor Names	TIN	Address
Worldwide Info Services, Inc., a Florida corporation, also d/b/a The Credit Voice		Same as QSF
Elite Information Solutions, Inc., a Florida corporation, also d/b/a The Credit Voice		Same as QSF
Absolute Solutions Group, Inc., a Florida corporation, also d/b/a The Credit Voice		Same as QSF
Global Interactive Technologies, Inc., a Florida corporation, also d/b/a The Credit Voice, Inc.		Same as QSF
Global Service Providers, Inc., a Florida corporation		Same as QSF
The Credit Voice, Inc., a Florida corporation, also d/b/a TCV		Same as QSF
Live Agent Response 1 LLC, a Florida limited liability company, also d/b/a LAR		Same as QSF
Arcagen, Inc., a Florida corporation also d/b/a ARI		Same as QSF
American Innovative Concepts, Inc., a Florida corporation		Same as QSF
Information Technology of America		Same as QSF
Unique Information Services, Inc., a Florida corporation		Same as QSF
Regal Marketing International Group, Inc.		Same as QSF
National Life Network, Inc.		Same as QSF
Michael Hilgar		Same as QSF
Gary Michael Martin		Same as QSF
Joseph Settecase		Same as QSF
Yuluisa Nieves		Same as QSF

CALIFORNIA FORM 541

QSF

TAXABLE YEAR **2014**

California Fiduciary Income Tax Return

FORM **541**

For calendar year 2014 or fiscal year beginning (mm/dd/yyyy) 01/07/2014 , and ending (mm/dd/yyyy) 12/31/2014 .

● Type of entity. Check all that apply.
(1) ☐ Decedent's estate
(2) ☐ Simple trust
(3) ☒ Complex trust
(4) ☐ Grantor trust
(5) ☐ Bankruptcy estate - Chapter 7
(6) ☐ Bankruptcy estate - Chapter 11
(7) ☐ Pooled income fund
(8) ☐ ESBT
(9) ☐ QSST
(10) ☐ Apportioning Trust

Name of estate or trust: WORLDWIDE INFO SERVICES INC ET AL
RECEIVERSHIP QSF - C/O RECEIVER

FEIN:

Name and title of all fiduciaries, see instructions:
ROBB EVANS, RECEIVER

Additional information (see instructions):

PBA Code:

Street address (number and street) or PO Box: 11450 SHELDON STREET

Apt no./Suite no.:

PMB/Private mailbox:

City (if you have a foreign address, see page 7): SUN VALLEY

State: CA

ZIP code: 91352

Foreign country name:

Foreign province/state/county:

Foreign postal code:

Check applicable boxes: ● ☒ Initial tax return ☒ Final tax return ☐ REMIC ☐ Amended tax return ☐ Change in fiduciary's name or address

A
R
RP

Trusts that have nonresident trustees and/or nonresident beneficiaries must first complete Schedule G on Side 3.

Income

1	Interest income	1	00
2	Dividends	2	00
3	Business income or (loss). Attach federal Schedule C or C-EZ (Form 1040)	● 3	00
4	Capital gain or (loss). Attach Schedule D (541)	● 4	00
5	Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040)	● 5	00
6	Farm income or (loss). Attach federal Schedule F (Form 1040)	● 6	00
7	Ordinary gain or (loss). Attach Schedule D-1	● 7	00
8	Other income. See instructions. State nature of income ATTACHMENT 1	● 8	00
9	**Total income.** Add line 1 through line 8. (Apportioning fiduciaries: Complete Schedule G on Side 3)	● 9	00

Deductions

10	Interest	10	00
11	Taxes	11	00
12	Fiduciary fees . ATCH.2	● 12	48,172.00
13	Charitable deduction. Enter the amount from Side 2, Schedule A, line 5	● 13	00
14	Attorney, accountant, and return preparer fees . . . . ATTACHMENT 3	14	85,498.00
15 a	Other deductions not subject to 2% floor. Attach schedule.	● 15a	64,662.00 ATTACHMENT 4
b	Allowable misc. itemized deductions subject to 2% floor	● 15b	00
c	Total. Add line 15a and line 15b	● 15c	64,662.00
16	Total. Add line 10 through line 14 and line 15c. (Apportioning fiduciaries: Complete Schedule G on Side 3)	● 16	198,332.00
17	Adjusted total income (or loss). Subtract line 16 from line 9. Enter here and on Side 3, Schedule B, line 1	● 17	-198,332.00
18	Income distribution deduction from Side 3, Schedule B, line 15. Attach Schedule K-1 (541)	● 18	00
20 a	Taxable income of fiduciary. Subtract line 18 from line 17	◉ 20a	-198,332.00
b	ESBT taxable income (S-portion only) See instructions	● 20b	00

Tax and Payments

21	a Regular tax ____; b Other taxes ____; c QSF tax ____; d Total	● 21	00
22	Exemption credit. See instructions	22	00
23	Credits. Attach worksheet. Enter code ● ☐ and amount	● 23	00
	If more than one credit, see instructions.		
24	Total. Add line 22 and line 23	● 24	00
25	Subtract line 24 from line 21. If less than zero, enter -0-	25	00
26	Alternative minimum tax. Attach Schedule P (541)	● 26	00
27	Mental Health Services Tax. See instructions	● 27	00
28	Total tax. Add line 25, line 26, and line 27	● 28	00
29	California income tax withheld. See instructions	● 29	00
30	California income tax previously paid. See instructions	● 30	00
31	2014 Real estate and other withholding. See instructions	● 31	00
32	2014 CA estimated tax, amount applied from 2013 tax return, and payment with form FTB 3563	● 32	00
33	Total payments. Add line 29, line 30, line 31, and line 32	33	00
34	Tax due. Subtract line 33 from line 28	● 34	00

Tax and Payments

35	Overpaid tax. Subtract line 28 from line 33 from Side 1	• 35	00
36	Amount of line 35 to be credited to 2015 estimated tax	• 36	00
37	Amount of overpaid tax available this year. Subtract line 36 from line 35	• 37	00
38	Use tax. See instructions	• 38	00
39	Total voluntary contributions from line 61 below.	39	00
40	**Refund or no amount due.** See instructions	40	00
41	**Amount due.** See instructions	◉ 41	00
42	Underpayment of estimated tax. Check the box ☐ FTB 5805 attached ☐ FTB 5805F attached.	• 42	00

Voluntary Contributions

	Code	Amount		Code	Amount
Alzheimer's Disease/Related Disorders Fund	• 401	00	Child Victims of Human Trafficking Fund	• 419	00
Rare and Endangered Species Preservation Program	• 403	00	School Supplies for Homeless Children Fund	• 422	00
CA Breast Cancer Research Fund	• 405	00	Protect Our Coast and Oceans Fund	• 424	00
CA Firefighters' Memorial Fund	• 406	00	Keep Arts in Schools Fund	• 425	00
Emergency Food For Families Fund	• 407	00	American Red Cross, California Chapters Fund	• 426	00
CA Peace Officer Memorial Foundation Fund	• 408	00	California Senior Legislature Fund	• 427	00
CA Sea Otter Fund	• 410	00	Habitat For Humanity Fund	• 428	00
CA Cancer Research Fund	• 413	00	California Sexual Violence Victim Services Fund	• 429	00

61 **Total voluntary contributions.** Add line 401 through line 429. Enter here and on line 39, above. • 61 00

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund. See instructions.

1a	Amounts paid for charitable purposes from gross income	1a 00	
1b	Amounts permanently set aside for charitable purposes from gross income. See instructions •	1b 00	
1c	Total. Add line 1a and line 1b	1c	00
2	Tax-exempt income allocable to charitable contributions. See instructions	2	00
3	Subtract line 2 from line 1c	3	00
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	00
5	**Charitable deduction.** Add line 3 and line 4. Enter here and on Side 1, line 13.	5	00

Other Information.

1 Date trust was created or, if an estate, date of decedent's death:
- a • (mm/dd/yyyy) 01/07/2014
- b Name of Grantor(s) of Trust _____ (attach an additional sheet if necessary)

2 a If an estate, was decedent a California resident? NA ☐ Yes ☐ No
b Was decedent married at date of death? NA ☐ Yes ☐ No
c If "Yes," enter surviving spouse's/RDP's social security number (or ITIN) and name:

3 If an estate, enter fair market value (FMV) of:
- a Decedent's assets at date of death N/A
- b Assets located in California N/A
- c Assets located outside California N/A

Note: Income of final year is taxable to beneficiaries.

4 If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution 12/31/2014

5 Did the estate or trust receive tax-exempt income? ☐ Yes ☒ No
If "Yes," attach computation of the allocation of expenses.

6 Is this tax return for a short taxable year? ☒ Yes ☐ No

7 Has the estate or trust included a Reportable Transaction, or Listed Transaction within this tax return? ☐ Yes ☒ No
If "Yes," complete and attach federal Form 8886.

8 Does this trust have a beneficial interest in a trust or is it a grantor of another trust? Attach schedule of trusts and federal IDs • ☐ Yes ☒ No

9 During the year did the estate or trust defer any income from the disposition of assets? • ☐ Yes ☒ No

Sign Here

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of trustee or officer representing fiduciary — X — Date

Paid Preparer's Use Only

Preparer's signature — X — Date — Check if self-employed ☐ — • PTIN

Firm's name (or yours, if self-employed) and address: SQUAR MILNER PETERSON ET. AL. LLP
4100 NEWPORT PLACE DRIVE, SUITE 600
NEWPORT BEACH, CA 92660

• FEIN

Telephone 949-222-2999

May the FTB discuss this tax return with the preparer shown above (see instructions)? • ☒ Yes ☐ No

Schedule B Income Distribution Deduction.

1	Adjusted total income. Enter amount from Side 1, line 17	1	00
2	Adjusted tax-exempt interest and nontaxable gain from installment sale of small business stock. See instructions	2	00
3	Net gain shown on Schedule D (541), line 9, column (a). If net loss, enter -0-. See instructions	3	00
4	Enter amount from Schedule A, line 4	4	00
5	Enter capital gain included on Schedule A, line 1c	5	00
6	If the amount on Side 1, line 4 is a gain, enter the amount here as a negative number. If the amount on Side 1, line 4 is a loss, enter the loss as a positive number	6	00
7	Distributable net income. Combine line 1 through line 6	7	00
8	Income for the taxable year determined under the governing instrument (accounting income) 8 -198,332.00		
9	Income required to be distributed currently (IRC Section 651)	9	00
10	Other amounts paid, credited, or otherwise required to be distributed (IRC Section 661)	10	00
11	Total distributions. Add line 9 and line 10. If the result is greater than line 8, see federal Form 1041, Schedule B, line 11 instructions to see if you must complete Schedule J (541)	11	00
12	Enter the total amount of tax-exempt income included on line 11	12	00
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	00
14	Tentative income distribution deduction. Subtract line 2 from line 7	14	00
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on Side 1, line 18	15	00

Schedule G California Source Income and Deduction Apportionment. Complete line 1a through line 1f before Part II.

Part I: If a trust, enter the number of:

1 a	California resident trustees	1
b	Nonresident trustees	0
c	Total number of trustees (line a plus line b)	1
d	California resident beneficiaries	0
e	Nonresident beneficiaries	0
f	Total number of beneficiaries (line d plus line e)	0

Part II: Income Allocation. Complete column A through column F. Enter the amounts from lines 1-9, column F, on Form 541, Side 1, lines 1-9.

Type of Income	A California Source Income	B Non-California Source Income	C Apportioned Income # CA Trustees X B / # Total Trustees	D Remaining Non-California Source Income Col. B - Col. C	E Apportioned Income # CA Beneficiaries X D / # Total Beneficiaries	F Income Reportable to California (Col. A+C+E)
1 Interest	●	●				
2 Dividends	●	●				
3 Business income	●	●				
4 Capital gain	●	●				
5 Rents, royalties, etc.	●	●				
6 Farm income	●	●				
7 Ordinary gain	●	●				
8 Other income	●	●				
9 Total income	●	●				

Deduction Allocation. Complete column G and column H. Enter the amounts from lines 10-15b, Column H, on Form 541, Side 1, lines 10-15b.

Type of Deduction	G Total Deductions	H Amounts Allocable To California
10 Interest		
11 Taxes		
12 Fiduciary fees		
13 Charitable deduction		
14 Attorney, accountant, and tax return preparer fees		
15 a Other deduction not subject to 2% floor		
15 b Allowable misc. itemized deductions subject to 2% floor		
16 Total deductions		

TAXABLE YEAR

2014 Capital Gain or Loss

CALIFORNIA SCHEDULE

D (541)

Attach to Form 541 or Form 109.

Name as shown on the tax return	FEIN
WORLDWIDE INFO SERVICES INC ET AL RECEIVERSHIP QSF - C/O RECEIVER	

Part I Capital Gain and Loss

(a) Description of property; Example, 100 shares 7% preferred of "Z" Co.	(b) How was property held, community, separately, jointly?	(c) Date acquired (mm/dd/yyyy)	(d) Date sold (mm/dd/yyyy)	(e) Gross sales price	(f) Cost or other basis, as adjusted, plus expense of sale	(g) Gain (or loss) column (e) less column (f)
1	ATTACHMENT 5			24,000.	24,000.	

2 Capital gain from installment sales from form FTB 3805E, line 26 or line 37 2

3 Enter your share of net gain or (loss) from partnerships, S corporations, limited liability companies (LLCs), and other fiduciaries 3

4 Capital gain distributions. See instructions 4

5 Net gain or (loss). Combine line 1, column (g), line 2, line 3, and line 4. 5

6 Enter gain, if applicable, from California Schedule D-1. 6

7 Capital loss carryover from 2013. There is no capital loss carryover from a decedent to an estate. 7

8 Net gain or (loss). Combine line 5, line 6, and line 7 8

Part II Summary of Part I

	(a) Beneficiaries	(b) Fiduciary	(c) Total
9 Enter the net gain or (loss) from line 8, above. If line 9, column (c), is a net gain, enter the gain on Form 541, line 4 or Form 109, Side 2, Part I, line 4a. If line 9, column (c), is a net loss, complete Part III. See instructions 9			

Part III Computation of Capital Loss Limitation

10 Enter here and enter as a loss on Form 541, line 4 or Form 109, Side 2, Part I, line 4c the smaller of:
The net loss on line 9, column (c) or $3000 10

Part IV Computation of Capital Loss Carryover from 2014 to 2015

If the net loss on line 8 is more than $3000, determine the capital loss carryover. Attach a copy of federal Schedule D (Form 1041) to Form 541 or Form 109. See instructions.

Instructions for Schedule D (541)

Capital Gain or Loss

References in these instructions are to the Internal Revenue Code (IRC) as of January 1, 2009, and to the California Revenue and Taxation Code (R&TC).

General Information

In general, for taxable years beginning on or after January 1, 2010, California law conforms to the Internal Revenue Code (IRC) as of January 1, 2009. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to ftb.ca.gov and search for conformity. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments, the instructions for California Schedule CA (540 or 540NR), and the Business Entity tax booklets.

The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the California Revenue and Taxation Code (R&TC) in the tax booklets. Taxpayers should not consider the tax booklets as authoritative law.

A Purpose

Use Schedule D (541), Capital Gain or Loss, to report gains and losses from the sale or exchange of capital assets by an exempt organization, estate, or trust. Generally, California law follows federal law.

To report sales or exchanges of property other than capital assets, including the sale or exchange of property used in a trade or business and involuntary conversions (other than casualties and thefts), get California Schedule D-1, Sales of Business Property.

If property is involuntarily converted because of casualty or theft, complete federal Form 4684, Casualties and Thefts, using California amounts.

California does not have a special capital gain tax rate.

B Miscellaneous Information

See the instructions for federal Schedule D (Form 1041), Capital Gains and Losses, for the definition of capital assets.

In computing gross income, no distinction is made between gains and losses allocable to income account and those allocable to corpus account.

Qualified Small Business Stock

California does not conform to the qualified small business stock deferral and gain exclusion under IRC Section 1045 and IRC Section 1202.

C Basis

California law generally follows federal law with respect to basis. In determining the basis of property apply one of the following:

Gift

Generally, use the donor's basis if the transaction results in a gain. Use the lower of the donor's basis or the fair market value (FMV) on the date of the gift if the transaction results in a loss.

Inherited property

Use the FMV at the date of death, unless an alternate valuation date election is made under IRC Section 2032.

TAXABLE YEAR **2014**

Alternative Minimum Tax and Credit Limitations - Fiduciaries

CALIFORNIA SCHEDULE **P (541)**

Attach this schedule to Form 541.

Names as shown on Form 541: WORLDWIDE INFO SERVICES INC ET AL
RECEIVERSHIP QSF - C/O RECEIVER

FEIN:

Part I Fiduciary's Share of Alternative Minimum Taxable Income (AMTI)

1	Adjusted total income (or loss). Enter the amount from Form 541, line 17	1	-198,332.00
2	Net operating loss (NOL) deduction, if any from Form 541, line 15a. Enter as a positive amount	2	00
3	Add line 1 and line 2, enter total	3	-198,332.00

Adjustments and tax preference items:

4	a Interest	a	00	
	b Personal property taxes and real property taxes	b	00	
	c Miscellaneous itemized deductions from Form 541, line 15b	c	00	
	d Refund of personal property taxes and real property taxes	d	(00)	
	e Depreciation of property placed in service after 1986	e	00	
	f Circulation and research and experimental expenditures paid or incurred after 1986	f	00	
	g Mining exploration and development costs paid or incurred after 1986	g	00	
	h Long-term contracts entered into after February 28, 1986	h	00	
	i Amortization of pollution control facilities placed in service after 1986	i	00	
	j Installment sales of certain property	j	00	
	k Adjusted gain or loss (including incentive stock options)	k	00	
	l Certain loss limitations	l	00	
	m Tax shelter farm activities	m	00	
	n Passive activities	n	00	
	o Beneficiaries of other trusts or decedent's estates	o	00	
	p Depletion	p	00	
	q Intangible drilling costs	q	00	
	r California qualified stock options	r	00	
	s Other adjustments	s	00	
5	Combine line 4a through line 4s	5		00
6	Add line 3 and line 5	6		-198,332.00

Alternative minimum taxable income deduction and exclusion:

7	a Alternative minimum tax NOL deduction. See instructions	7a	00	
	b AMTI exclusion. See instructions	7b	00	
	c Add line 7a and 7b, enter total	7c		00
8	Adjusted alternative minimum taxable income. Subtract line 7c from line 6	8		-198,332.00
9	Income distribution deduction from Part II, line 15	9		00
10	Fiduciary's share of alternative minimum taxable income. Subtract line 9 from line 8	10		-198,332.00

If line 10 is $43,250 or less and you are not claiming any credits, do not complete Part III and Part IV of this schedule.

Part II **Income Distribution Deduction on an Alternative Minimum Tax (AMT) Basis**

1	Adjusted alternative minimum taxable income from Part I, line 8	1	00
2	Adjusted tax-exempt interest	2	00
3	Net capital gains from Schedule D (541), line 9, column (a). If zero or less, enter -0-	3	00
4	Capital gains allocable to corpus paid or set aside for charitable purposes from Form 541, Schedule A, line 4	4	00
5	Capital gains paid or permanently set aside for charitable purposes from current year's income. See instructions	5	00
6	Capital gains computed on an alternative minimum tax basis included in Part I, line 8	6	(00)
7	Capital losses computed on an alternative minimum tax basis included in Part I, line 8. Enter as a positive amount	7	00
8	Distributable net alternative minimum taxable income (DNAMTI). Combine line 1 through line 7	8	00
9	Income required to be distributed currently from Form 541, Schedule B, line 9	9	00
10	Other amounts paid, credited, or required to be distributed from Form 541, Schedule B, line 10	10	00
11	Total distributions. Add line 9 and line 10	11	00
12	Tax-exempt income included on line 11	12	00
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	00
14	Tentative income distribution deduction. Subtract line 2 from line 8	14	00
15	Income distribution deduction on an AMT basis. Enter the smaller of line 13 or line 14 here and on Part I, line 9	15	00

Part III **Tentative Minimum Tax (TMT) and Alternative Minimum Tax (AMT) Computation**

1	Enter the amount from Part I, line 10		1	00
2	Exemption amount	2 $ 43,250	00	
3	Phase-out of exemption amount	3 162,191	00	
4	Subtract line 3 from line 1. If zero or less, enter -0-		4	00
5	Multiply line 4 by 25% (.25)		5	00
6	Subtract line 5 from line 2. If zero or less, enter -0-		6	00
7	Subtract line 6 from line 1. If zero or less, enter -0-		7	00
8	**Tentative minimum tax.** Multiply line 7 by 7.0% (.07)		8	00
9	Regular tax before credits from Form 541, line 21a		9	00
10	**Alternative minimum tax.** Subtract line 9 from line 8. If zero or less, enter -0-. If there are no Part IV, Section C credits, enter this amount on Form 541, line 26 or Form 109, line 13		10	00

WORLDWIDE INFO SERVICES INC ET AL

CALIFORNIA EXPLANATION OF INCOME AND DEDUCTIONS

INCOME

	ATTACHMENT 1
OTHER INCOME	
COD INCOME	198,332.
LEE EXCLUSION UNDER SEC 108 - SEE FORM 982	-198,332.
TOTAL OTHER INCOME	

DEDUCTIONS

	ATTACHMENT 2
ADMINISTRATION COSTS	
NONALLOCABLE:	
RECEIVER FEES	48,172.
TOTAL NONALLOCABLE	48,172.
LESS: AMOUNT ALLOCATED TO TAX-EXEMPT INCOME	
NET ALLOCABLE ADMINISTRATION COSTS	
TOTAL NET ADMINISTRATION COSTS	48,172.

	ATTACHMENT 3
ATTORNEY, ACCOUNTANT AND RETURN PREPARER FEES	
NONALLOCABLE:	
ACCOUNTING SERVICES	48,161.
TAX PREPARATION	3,000.
LEGAL EXPENSE	34,337.
TOTAL NONALLOCABLE FEES	85,498.
LESS: AMOUNT ALLOCATED TO TAX EXEMPT INCOME	
NET ALLOCABLE FEES	
TOTAL NET ATTORNEY, ACCOUNTANT AND PREPARER FEES	85,498.

WORLDWIDE INFO SERVICES INC ET AL

CALIFORNIA EXPLANATION OF INCOME AND DEDUCTIONS

ATTACHMENT 4

OTHER DEDUCTIONS

NONALLOCABLE:	
QSF ADMINISTRATIVE EXPENSE	35,104.
IT MANAGEMENT	27,344.
RECEIVERSHIP EXPENSE	2,214.
TOTAL NONALLOCABLE	64,662.
TOTAL NET OTHER DEDUCTIONS	64,662.

WORLDWIDE INFO SERVICES INC ET AL

THO

California D (541) Detail of Capital Gains and Losses

ATTACHMENT 5

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Gain/Loss
2004 MERCEDES	01/07/2014	12/17/2014	8,000.	8,000.	
2008 LINCOLN NAVIGATOR	01/07/2014	12/17/2014	16,000.	16,000.	

CALIFORNIA

Form **982** (Rev. July 2013)
Department of the Treasury Internal Revenue Service

Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment)

▶Attach this form to your income tax return.
▶ Information about Form 982 and its instructions is at www.irs.gov/form982.

OMB No. 1545-0046
Attachment Sequence No. **94**

Name shown on return: WORLDWIDE INFO SERVICES INC ET AL RECEIVERSHIP QSF
Identifying number:

Part I General Information (see instructions)

1 Amount excluded is due to (check applicable box(es)):
- a Discharge of indebtedness in a title 11 case . . . ☐
- b Discharge of indebtedness to the extent insolvent (not in a title 11 case) . . . ☒
- c Discharge of qualified farm indebtedness . . . ☐
- d Discharge of qualified real property business indebtedness . . . ☐
- e Discharge of qualified principal residence indebtedness . . . ☐

2 Total amount of discharged indebtedness excluded from gross income . . . 2 198,332

3 Do you elect to treat all real property described in section 1221(a)(1), relating to property held for sale to customers in the ordinary course of a trade or business, as if it were depreciable property? . . . ☐ Yes ☐ No

Part II Reduction of Tax Attributes. You must attach a description of any transactions resulting in the reduction in basis under section 1017. See Regulations section 1.1017-1 for basis reduction ordering rules, and, if applicable, required partnership consent statements. (For additional information, see the instructions for Part II.)

Enter amount excluded from gross income:		
4 For a discharge of qualified real property business indebtedness applied to reduce the basis of depreciable real property	4	
5 That you elect under section 108(b)(5) to apply first to reduce the basis (under section 1017) of depreciable property	5	
6 Applied to reduce any net operating loss that occurred in the tax year of the discharge or carried over to the tax year of the discharge	6	198,332
7 Applied to reduce any general business credit carryover to or from the tax year of the discharge	7	
8 Applied to reduce any minimum tax credit as of the beginning of the tax year immediately after the tax year of the discharge	8	
9 Applied to reduce any net capital loss for the tax year of the discharge, including any capital loss carryovers to the tax year of the discharge	9	
10 a Applied to reduce the basis of nondepreciable and depreciable property if not reduced on line 5. *DO NOT use in the case of discharge of qualified farm indebtedness*	10a	
b Applied to reduce the basis of your principal residence. *Enter amount here ONLY if line 1e is checked.*	10b	
11 For a discharge of qualified farm indebtedness applied to reduce the basis of:		
a Depreciable property used or held for use in a trade or business or for the production of income if not reduced on line 5	11a	
b Land used or held for use in a trade or business of farming	11b	
c Other property used or held for use in a trade or business or for the production of income	11c	
12 Applied to reduce any passive activity loss and credit carryovers from the tax year of the discharge	12	
13 Applied to reduce any foreign tax credit carryover to or from the tax year of the discharge	13	

Part III Consent of Corporation to Adjustment of Basis of Its Property Under Section 1082(a)(2)

Under section 1081(b), the corporation named above has excluded $ _____ from its gross income for the tax year beginning _____ and ending _____. Under that section, the corporation consents to have the basis of its property adjusted in accordance with the regulations prescribed under section 1082(a)(2) in effect at the time of filing its income tax return for that year. The corporation is organized under the laws of _____.
(State of incorporation)

Note. *You must attach a description of the transactions resulting in the nonrecognition of gain under section 1081.*

A COPY OF THE FEDERAL RETURN WAS INCLUDED WITH THE FILING OF THIS RETURN

Anita

From: Stamps.com Account Support <no-reply@stamps.com>
Sent: Saturday, July 19, 2014 8:23 PM
To: anita_jen@robbevans.com
Subject: Reference Code Usage Summary Report: June 20, 2014 To July 19, 2014

Dear Anita,

Thank you for using Stamps.com! The following is your Stamps.com print activity subtotaled by reference code for the period from June 20, 2014 to July 19, 2014.

****

Postage Summary for June 20, 2014 to July 19, 2014

****

1	- 5774	0.96
2	- 4240	1.40
3		14.40
4	- 3629	0.69
5		4.60
6	- 3759	8.57
7	- 5714	0.48
8	- 1803	0.90
9	- 6173	1.40
10	- 2008	5.01
11	- 4732	5.28
12	- 1733	11.52
13	- 1658	5.56
14	- 2621	0.69
15		3.43
16	- 2361	1.19
17	- 1111	37.08
18	- 5689	0.96
19		96.65
20	- 2677	1.17
21	- 5303	0.48
22	- 1556	14.30
23	WORLDWIDE INFO SERVICES - 5996	0.48
24	Total Postage Printed	$217.20

POSTED 8/4/14

****

For support please visit our website at http://www.stamps.com/support/postage/
If you require contact information log in to your Stamps.com account and select the Support tab.

Your user name is: reasunvalley.

FedEx.

Invoice Number	Invoice Date	Account Number	Page
2-742-94143	Aug 08, 2014	2118-2457-3	1 of 6

FedEx Tax ID: 71-0427007

Billing Address:
ROBB EVANS & ASSOC
11450 SHELDON ST
SUN VALLEY CA 91352-1121

Invoice Questions?
Contact FedEx Revenue Services
Phone: (800) 622-1147
M-F 7 AM to 8 PM CST
Sa 7 AM to 6 PM CST
Fax: (800) 548-3020
Internet: www.fedex.com

Invoice Summary Aug 08, 2014

FedEx Express Services

Transportation Charges		278.08
Special Handling Charges		33.81
Total Charges	USD	$311.89
TOTAL THIS INVOICE	**USD**	**$311.89**

Other discounts may apply.

9/25/14

17.44 WIS 37.39

- 37.89

64.46

77.03

14.14

53.54

Detailed descriptions of surcharges can be located at fedex.com

FedEx®

Invoice Number	Invoice Date	Account Number	Page
2-742-94143	Aug 08, 2014	2118-2457-3	3 of 6

FedEx Express Shipment Summary By Payor Type

FedEx Express Shipments (Original)

Shipper	6	13.0	207.13	27.08	234.21
Third Party	3		70.95	6.73	77.68

Total This Invoice **USD** **$311.89**

FedEx.

Invoice Number	Invoice Date	Account Number	Page
2-742-94143	Aug 08, 2014	2118-2457-3	5 of 6

Tracking ID: 778758877448 continued

Rated Weight	N/A			
Delivered	Aug 05, 2014 14:33			
Svc Area	A2	Transportation Charge		22.05
Signed by	N.WOLFE	Fuel Surcharge		2.09
FedEx Use	0000000000/0000211/	Total Charge	USD	$24.14

[redacted]

Fuel Surcharge - FedEx has applied a fuel surcharge of 9.50% to this shipment.
Distance Based Pricing. Zone 2

		Sender	Recipient	
Automation	INET	REA LLC		
Tracking ID	778758932384	ROBB EVANS & ASSOCIATES LLC		
Service Type	FedEx Priority Overnight	11450 SHELDON STREET		
Package Type	Customer Packaging	SUN VALLEY CA 91352 US		
Zone	02			
Packages	1			
Rated Weight	4.0 lbs. 1.8 kgs	Transportation Charge		30.05
Declared Value	USD 100.00	Fuel Surcharge		3.17
Delivered	Aug 05, 2014 10:16	Declared Value Charge		0.00
Svc Area	A1	Residential Delivery		3.35
Signed by	G.GARY	Direct Signature		3.75
FedEx Use	0000000000/0001488/	Total Charge	USD	$40.32

[redacted]

Fuel Surcharge - FedEx has applied a fuel surcharge of 9.50% to this shipment.
Distance Based Pricing. Zone 7

		Sender	Recipient	
Automation	INET	BRICK KANE	MARISSA REICH, Esq.	
Tracking ID	778768691797	ROBB EVANS & ASSOCIATES LLC	FEDERAL TRADE COMMISSION	
Service Type	FedEx Priority Overnight	11450 SHELDON STREET	55 W MONROE ST	
Package Type	FedEx Envelope	SUN VALLEY CA 91352 US	CHICAGO IL 60603 US	
Zone	07			
Packages	1			
Rated Weight	N/A			
Delivered	Aug 08, 2014 09:33			
Svc Area	A1	Transportation Charge		34.15
Signed by	G.STITT	Fuel Surcharge		3.24
FedEx Use	0000000000/0000241/	Total Charge	USD	$37.39

[redacted]

Fuel Surcharge - FedEx has applied a fuel surcharge of 9.50% to this shipment.
Distance Based Pricing. Zone 3

		Sender	Recipient
Automation	INET	Nancy Wolf	
Tracking ID	778738241285	ROBB EVANS & ASSOCIATES, LLC	
Service Type	FedEx Standard Overnight	6037 S. Ft. Apache Road	
Package Type	FedEx Envelope	LAS VEGAS NV 89148 US	
Zone	03		
Packages	1		
Rated Weight	N/A		
Delivered	Aug 01, 2014 10:52		
Svc Area	A2	Transportation Charge	22.05
Signed by	J.JEN	Fuel Surcharge	2.09
FedEx Use	0000000000/0000211/	Total Charge	USD $24.14

Anita

From: Stamps.com Account Support <no-reply@stamps.com>
Sent: Tuesday, August 19, 2014 8:47 PM
To: anita_jen@robbevans.com
Subject: Reference Code Usage Summary Report: July 20, 2014 To August 19, 2014

Dear Anita,

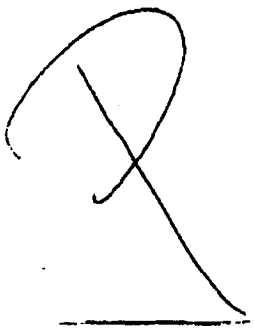
Thank you for using Stamps.com! The following is your Stamps.com print activity subtotaled by reference code for the period from July 20, 2014 to August 19, 2014.

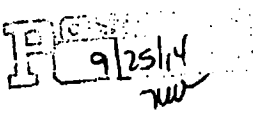
****

Postage Summary for July 20, 2014 to August 19, 2014

****

1	- 5774	15.55	
2	- 4240	0.69	
3	- 1138	15.43	
4	- 1885	11.46	
5	- 5433	7.82	
6	- 3629	0.69	
7		46.14	
8	- 1803	14.59	
9	- 2008	12.58	
10	- 4732	5.28	
11	- 1733	0.48	
12	-3628	1.65	
13	- 1658	7.51	
14		1.82	
15	- 3300	0.48	
16	- 1111	61.54	
17	- 5689	0.96	
18		5.74	
19	- 1625	0.48	
20	- 2677	0.48	
21		0.48	
22	- 5893	0.48	
23	- 1556	34.76	
24	WORLDWIDE INFO SERVICES - 5996	0.48	
25	Total Postage Printed	$247.57	





****

For support please visit our website at http://www.stamps.com/support/postage/
If you require contact information log in to your Stamps.com account and select the Support tab.

Your user name is: reasunvalley.

Anita

From: Stamps.com Account Support <no-reply@stamps.com>
Sent: Friday, September 19, 2014 8:56 PM
To: anita_jen@robbevans.com
Subject: Reference Code Usage Summary Report: August 20, 2014 To September 19, 2014

Dear Anita,

Thank you for using Stamps.com! The following is your Stamps.com print activity subtotaled by reference code for the period from August 20,
2014 to September 19, 2014.

****

Postage Summary for August 20, 2014 to September 19, 2014

****

1	5774	0.48	
2	4240	68.76	
3	1395	21.99	
4	6626	94.33	
5		21.24	
6	1885	12.67	
7		5.74	
8		0.48	
9	3759	74.63	
10	5714	14.55	
11	2008	165.00	
12	4732	123.93	
13	4837	0.69	
14	2474	15.47	
15	2949	42.02	
16	1733	193.43	
17	6101	29.39	
18	1658	6.63	
19	2861	27.18	
20		1.82	
21	1111	65.89	
22		11.20	
23	1625	14.80	
24	2677	17.20	
25	1783	0.48	
26	1556	42.31	
27	WORLDWIDE INFO SERVICES - 5996	5.80	
28	Total Postage Printed $1,078.11		

****

POSTED 10/31/14

Anita

From: Stamps.com Account Support <no-reply@stamps.com>
Sent: Sunday, October 19, 2014 8:11 PM
To: anita_jen@robbevans.com
Subject: Reference Code Usage Summary Report: September 20, 2014 To October 19, 2014

Dear Anita,

Thank you for using Stamps.com! The following is your Stamps.com print activity subtotaled by reference code for the period from September 20,
2014 to October 19, 2014.

****

Postage Summary for September 20, 2014 to October 19, 2014

****

1	5774	0.48	
2	- 4240	9.95	
3	- 1885	20.80	
4		1.17	
5	3759	14.80	
6	- 1803	0.69	
7	- 2008	6.72	
8	- 4732	39.69	
9	- 2474	1.92	
10	- 1733	18.63	
11	- 1658	3.53	
12	- 2621	0.69	
13		2.66	
14	- 1385	1.40	
15		1.88	
16	1111	33.80	
17	5689	0.48	
18		12.39	
19	- 1625	0.48	
20	1783	0.69	
21		1.40	
22	- 1556	15.98	
23	WORLDWIDE INFO SERVICES - 5996	1.88	
24	Total Postage Printed	$192.11	

****

POSTED 11/20/14 MW

For support please visit our website at http://www.stamps.com/support/postage/
If you require contact information log in to your Stamps.com account and select the Support tab.

Your user name is: reasunvalley.

Anita

From: Stamps.com Account Support <no-reply@stamps.com>
Sent: Wednesday, November 19, 2014 7:46 PM
To: anita_jen@robbevans.com
Subject: Reference Code Usage Summary Report: October 20, 2014 To November 19, 2014

Dear Anita,

Thank you for using Stamps.com! The following is your Stamps.com print activity subtotaled by reference code for the period from October 20,
2014 to November 19, 2014.

****

Postage Summary for October 20, 2014 to November 19, 2014

****

1	- 5774	0.48	
2	4240	0.96	
3	- 6626	67.70	
4	- 1885	14.60	
5	- 2008	5.76	
6	- 2769	0.90	
7	- 7878	51.46	
8	- 4732	16.08	
9	- 4837	0.48	
10	- 2474	0.96	
11	- 1733	0.48	
12		1.61	
13	- 1111	49.79	
14		19.94	
15	- 2677	0.96	
16	- 1556	23.73	
17	WORLDWIDE INFO SERVICES - 5996	0.48	
18	Total Postage Printed	$256.37	

POSTED 12/19/14

****

For support please visit our website at http://www.stamps.com/support/postage/
If you require contact information log in to your Stamps.com account and select the Support tab.

Your user name is: reasunvalley.

Thank you!

Stamps.com Account Support Team

****

Anita

From: Stamps.com Account Support <no-reply@stamps.com>
Sent: Friday, December 19, 2014 8:10 PM
To: anita_jen@robbevans.com
Subject: Reference Code Usage Summary Report: November 20, 2014 To December 19, 2014

Dear Anita,

Thank you for using Stamps.com! The following is your Stamps.com print activity subtotaled by reference code for the period from November 20,
2014 to December 19, 2014.

****

Postage Summary for November 20, 2014 to December 19, 2014

****

1	-5774	0.48	
2	-1395	0.48	
3	-6626	4.96	
4	-1885	38.09	
5	-1803	0.48	
6	-2008	7.20	
7	-7878	22.78	
8	-4732	11.29	
9	2474	0.48	
10	-1733	6.01	
11	-3628	0.96	
12	-1658	2.99	
13		0.48	
14	-1111	49.25	
15		27.47	
16	-2035	0.48	
17	-4812	0.48	
18	-1556	11.52	
19	WORLDWIDE INFO SERVICES - 9996	5.80	
20	Total Postage Printed	$191.68	

****

For support please visit our website at http://www.stamps.com/support/postage/
If you require contact information log in to your Stamps.com account and select the Support tab.

Your user name is: reasunvalley.

Thank you!

Stamps.com Account Support Team

Fed

Invoice Number	Invoice Date	Account Number	Page
2-896-31900	Jan 02, 2015	1745-5639-3	1 of 3

FedEx Tax ID: 71-0427007

Billing Address:
ROBB EVANS AND ASSOCIATES
6037 S FORT APACHE RD STE 130
LAS VEGAS NV 89148-5564

Shipping Address:
ROBB EVANS AND ASSOCIATES
6037 S FORT APACHE RD STE 130
LAS VEGAS NV 89148-5564

Invoice Questions?
Contact FedEx Revenue Services
Phone: (800) 622-1147
M-F 7 AM to 8 PM CST
Sa 7 AM to 6 PM CST
Fax: (800) 548-3020
Internet: www.fedex.com

Invoice Summary Jan 02, 2015

FedEx Express Services

WIS

Transportation Charges		33.20
Bonus Discounts		-3.32
Special Handling Charges		1.79
Total Charges	USD	$31.67
TOTAL THIS INVOICE	**USD**	**$31.67**

You saved $3.32 in discounts this period!

Shipments included in this invoice received an earned discount. If you would like to know how it was calculated, please go to the following URL: https://www.fedex.com/EarnedDiscounts/.
Other discounts may apply.
This is a summary of your shipping activity and charges during this billing cycle. For complete invoice and shipping details for your account, please go to www.fedex.com and select the Manage My Account tab and the 'View / Pay Bills Online' menu option.

WIS
Calvin Brown
Federal Trade Commission
400 7th St. SW
Washington, DC 20024

RECEIVED
JAN - 7 2015
BY:

POSTED
1/22/15

1/12/15

Detailed descriptions of surcharges can be located at fedex.com

ROBB EVANS & ASSOCIATES, LLC

50281

Fed Ex

1/12/2015

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
1/7/2015	Bill	WIS	31.67	31.67		31.67
					Check Amount	31.67

FedEx

Invoice Number	Invoice Date	Account Number	Page
2-896-31900	Jan 02, 2015	1745-5639-3	3 of 3

FedEx Express Shipment Summary By Payor Type

FedEx Express Shipments (Original)

Shipper	1	33.20	1.79	-3.32	31.67

Total This Invoice **USD** **$31.67**

Anita

From: Stamps.com Account Support <no-reply@stamps.com>
Sent: Monday, January 19, 2015 7:35 PM
To: anita_jen@robbevans.com
Subject: Reference Code Usage Summary Report: December 20, 2014 To January 19, 2015

Dear Anita,

Thank you for using Stamps.com! The following is your Stamps.com print activity subtotaled by reference code for the period from December 20,
2014 to January 19, 2015.

****

Postage Summary for December 20, 2014 to January 19, 2015

****

1	- 5774	2.78	
2	- 1885	4.32	
3	- 5490	0.48	
4	- 2008	7.25	
5	- 7878	25.16	
6	- 4732	4.76	
7	- 2474	0.96	
8	- 1733	13.92	
9	-3628	0.48	
10	- 1658	4.60	
11		0.96	
12	- 2361	0.48	
13	- 3232	0.69	
14	- 2361	0.69	
15	- 1111	45.82	
16	- 5689	0.48	
17		66.09	
18	- 1783	0.48	
19	- 2035	0.48	
20	- 1556	6.45	
21	WORLDWIDE INFO SERVICES - 5996	0.48	
22	Total Postage Printed	$187.81	

****

For support please visit our website at http://www.stamps.com/support/postage/
If you require contact information log in to your Stamps.com account and select the Support tab.

Your user name is: reasunvalley.

Thank you!

POSTED 2015

Kenneth Chapin
P. O. Box 355
Lawndale, CA 90260

Invoice

BILL TO
ROBB EVANS & ASSOCIATES, RECEIVER WORLDWIDE INFO SERVICES, INC., et al. 11450 SHELDON STREET SUN VALLEY CA 91352

DATE	INVOICE #
12/1/2014	2212 wis

Date	DESCRIPTION	Hours	Amount
11/30/2014	Per Attached Detail for November 2014.	0.9	39.92

PAID

Posted 12/19/14

Total	$39.92

Kenneth Chapin
Fee Claim for Robb Evans, Receiver
Worldwide Info Services, Inc., et al.
9-Nov-14
15-Nov-14

Date	Description	Hours
9-Nov-14		0.00
10-Nov-14		0.00
11-Nov-14		0.00
12-Nov-14		0.00
13-Nov-14		0.00
14-Nov-14	Prepare and publish document to public website.	0.90
15-Nov-14		0.00
		0.90

Kenneth Chapin
12/1/2014

Kenneth Chapin
P. O. Box 355
Lawndale, CA 90260

Invoice

BILL TO

ROBB EVANS & ASSOCIATES, RECEIVER
WORLDWIDE INFO SERVICES, INC., et al.
11450 SHELDON STREET
SUN VALLEY CA 91352

DATE	INVOICE #
2/1/2015	2228 wis

Date	DESCRIPTION	Hours	Amount
1/31/2015	Per Attached Detail for January 2015.	1.1	48.80

PAID

POSTED 2/10/15 KW

Total $48.80

Kenneth Chapin
Fee Claim for Robb Evans, Receiver
Worldwide Info Services, Inc., et al.
18-Jan-15
24-Jan-15

Date	Description	Hours
18-Jan-15		0.00
19-Jan-15		0.00
20-Jan-15	Prepare and publish documents to public website.	1.10
21-Jan-15		0.00
22-Jan-15		0.00
23-Jan-15		0.00
24-Jan-15		0.00
		1.10

Kenneth Chapin
2/1/2015