

EXHIBIT A

PROOF OF CLAIM FORM

SECURITIES AND EXCHANGE COMMISSION,
Plaintiff,
v.
ARTHUR NADEL, SCOOP CAPITAL, LLC, SCOOP
MANAGEMENT, INC.,
Defendants,
SCOOP REAL ESTATE, L.P., VALHALLA
INVESTMENT PARTNERS, L.P., VALHALLA
MANAGEMENT, INC., VICTORY IRA FUND, LTD.,
VICTORY FUND, LTD., VIKING IRA FUND, LLC,
VIKING FUND, LLC, AND VIKING MANAGEMENT,
LLC,
Relief Defendants.

Name and address of Claimant
(Please print or type):

Case Number: 8:09-CV-00087-T-26TBM
U.S. District Court Middle District of
Florida (Tampa Division)

ATTENTION:

On May 24, 2013, the Honorable Richard A. Lazzara of the United States District Court, Middle District of Florida, entered an Order appointing Burton W. Wiand as Receiver of QUEST ENERGY MANAGEMENT GROUP, INC. ("QUEST"). On June 17, 2016, the Court issued an Order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from QUEST's assets, you must complete and return this entire Proof of Claim Form and provide the requested documentation, so that it is received on or before **October 12, 2016, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to calculate your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided in order to determine the proper distribution amount, if any, to which you may be entitled.

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF FLORIDA FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH QUEST OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. FURTHER, CLAIMANTS WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS. IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY **OCTOBER 12, 2016**, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST QUEST AND ITS ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

General Instructions:

You **must** answer each and every question. Please answer each question as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name, current address, telephone number, and email address of the Claimant (the person or entity making this claim to QUEST's assets). _____

2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. _____

3. If this form is being completed on behalf of an entity, please provide the full name of the entity and all of its trustees, officers, directors, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. _____

4. Provide **one** mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive. It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

[] check here to use the same address provided in response to question number 1. Use the lines below to designate a mailing address different than the address provided in response to question number 1.

5. Provide the basis for your claim (please check applicable boxes):

[] Investor
[] Provided Goods or Services to QUEST
[] Other (specify basis) _____

If you are not an investor, write "Not Applicable" to questions number 6 through 13. If you are an investor, write "Not Applicable" to questions number 14 through 16. All Claimants must answer question number 17.

Questions Specific to Investors

6. Please provide the following information regarding your investment in or with, or interest in QUEST or any project or venture promoted by QUEST, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1st investment in or with QUEST:

totaled \$ _____ and was made on _____ (date); through a check (or wire transfer) made payable to _____ and drawn on account number _____ with _____ (identify financial institution).

If applicable, 2nd investment in or with QUEST:

totaled \$ _____ and was made on _____ (date); through a check (or wire transfer) made payable to _____ and drawn on account number _____ with _____ (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.

Total amount you invested with QUEST: \$ _____

7. Have you ever received any money from QUEST, including as an “interest” payment or “return of principal” on your investment or for any other reason? _____ Yes _____ No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>	<u>Reason for Payment</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____

If any additional amounts were received from QUEST, please attach a separate sheet identifying those amounts, the dates on which they were received, the payor and payee of the check(s) or wire transfers, and the reasons for the payments.

Total amount you received from QUEST: \$ _____

8. **State the total amount of your claim (this is the amount that you are claiming you are owed from QUEST): \$ _____**

9. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from QUEST, Paul Downey, Jeffry Downey, or anyone acting on their behalf? ____ Yes ____ No. If yes, please identify how much or what you received, from whom, the date it was received, and the reason it was paid to you. _____

10. Provide the name of the person or persons who solicited your investment in or with QUEST. _____

11. Please explain the way in which you came to learn about QUEST and thereafter invest in or with it, including the person who introduced you to this entity, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.

12. Are you related by blood or marriage to any of the Defendants in this matter (see case caption on first page for names), sales agents, Paul or Jeffry Downey, or any current or former employee of QUEST? ____ Yes ____ No. If yes, identify to whom are you related and the nature of the relationship.

13. Did you receive any commissions or other compensation of any nature from QUEST? ____ Yes ____ No. If yes, please identify how much or what you received, from whom, the date it was received, and the reason it was paid to you. _____

Questions Specific To Non-Investor Claimants

14. If you were not an investor, state with specificity how you claim an interest in any distribution by QUEST (for example, you provided goods or services to QUEST for which you have not been paid). _____

15. State the amount you claim you are owed by QUEST. \$ _____
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to QUEST and copies of records of all payments received from same). If you delivered goods to QUEST, include a copy of the document confirming receipt by a representative of QUEST.

16. Identify your contact person or persons at QUEST. _____

Question for all Claimants:

17. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim? ___ Yes ___ No. If yes, please identify the nature and status of any such action, the name of the attorney who commenced the action, and any monies received. _____

Please submit this completed and signed, under penalty of perjury, Proof of Claim Form and legible copies of all documentation requested in this form to **Burton W. Wiand, Receiver, c/o Maya M. Lockwood., Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609, SO THAT IT IS RECEIVED NO LATER THAN OCTOBER 12, 2016.**

YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT RELATE IN ANY WAY TO YOUR INVESTMENT IN QUEST, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST QUEST, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND QUEST, STATEMENTS FROM QUEST, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM(S).

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct.

Signature of Claimant: _____

Print Name: _____

Date: _____

Title (if any): _____