

PROOF OF CLAIM

Completed Proof of Claim must be received on or before **AUGUST 20, 2021 at 5:00 P.M. Eastern Prevailing Time (the “Bar Date”)**.

You may submit your claims by fax, regular mail or by uploading them at <https://www.dsiassignments.biz/Cases/133>. In any case, your claims must be **received** on or before the Bar Date. Submit your claim to:

GF ABC
333 South Grand Avenue, Suite 4100
Los Angeles, CA 90071
(312) 263-4141

OR by FAX (312) 263-1180

OR by uploading claims at <https://www.dsiassignments.biz/Cases/133>

The undersigned creditor of:

**Green Farms CO, LLC, a Limited Liability Company
formed under the State of Colorado (“Assignor”)
558 East Castle Pines Parkway, Unit B-4 #350
Castle Pines, CO 80108**

Creditor/Claimant Information:

_____, of _____
(Name) (Business Name)

Complete Mailing Address

deposes and states as follows:

- Amount of Claim \$ _____ Consideration for Claim: _____

- Date(s) Debt was incurred: _____
- Date(s) Debt became due: _____
- Date Judgment Obtained, if any _____
- Amount of all payments on this Claim that have been credited and deducted for purposes of making this claim, (setoffs): \$ _____. In making this claim, Creditor has deducted all amounts that Creditor owes Assignor.

- Claimant does not hold any security, collateral or lien against the assets of Assignor except: _____
_____.
- Creditor has not, nor has any other person for Creditor's use, received any security or satisfaction of the claim other than what is set out in this Proof of Claim except: _____
_____.
- The total amount of the Claim is justly owed to Creditor by Assignor.
- Creditor appoints the undersigned attorney, if any, to receive all future notices in this matter.
- All supporting documents such as statement of accounts, notes, purchase orders, invoices, statements, contracts, judgments, etc., are attached to this Proof of Claim.

Creditor, being duly sworn, states that the above information is true and correct to the best of its knowledge, information and belief:

Creditor's Signature

Printed Name and Title

Telephone Number

Creditor's Attorney

VERIFICATION:

Subscribed and sworn before me on this
_____ day of _____, 2021.

Notary Public: _____ (County)

State of _____

My Commission Expires: _____