

**PROOF OF CLAIM AGAINST  
OPTICARE OF UTAH, INC., IN LIQUIDATION**

READ THIS INSTRUCTION SHEET CAREFULLY  
**LAST DAY TO FILE A PROOF OF CLAIM IS MARCH 31, 2025, AT 5:00 P.M.  
MOUNTAIN DAYLIGHT TIME**

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**Attach Documentation to Support Your Claim**

Claimant Type	Claim Amount
<input type="checkbox"/> Member	_____
<input type="checkbox"/> Broker	_____
<input type="checkbox"/> Vendor	_____
<input type="checkbox"/> Other (Describe in Detail)	_____
Total	_____

The Particulars of the Claim (dates, nature, etc.) and the consideration (amount given) for the claim (attach an additional sheet if needed). If the claim has been assigned, so state:

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Identity and Amount of Security for the Claim, if any:

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Identity and Payments Made Against the Debt:

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**Claimant Name (PRINT)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Telephone

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

**Attorney (IF ANY)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Telephone

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

**The undersigned affirms that the claim is justly owing and there is no setoff, counterclaim or defense.**

\_\_\_\_\_  
Signature of Claimant or Attorney

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

\_\_\_\_\_  
Date