

201 st JUDICIAL DISTRICT COURT OF TRAVIS COUNTY, TEXAS	PROOF OF CLAIM
<i>Sajid Maqsood, Trustee of the Sajid Maqsood & Joan M. Maqsood Revocable Trust, et al. v. Pride of Austin High Yield Fund, LLC, et al.</i>	Cause No. D-1-GN-24-001018
Name of Claimant (the person or other entity to whom is owed money or property): Name of the Entity who owes you money or property:	Received (FOR CLAIMS AGENT USE ONLY)
Name and address where notices should be sent: Telephone Number: Email:	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim # _____
Name and address where payment should be sent (if different from above): Telephone Number: Email:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim and attach a copy of such claim.
1. Amount of Claim: _____ If all or part of the claim is secured, complete item 3. If all or part of the claim is based upon taxes, complete item 4.	
2. Basis for Claim: _____	
3. Secured Claim. Basis for perfection: _____ Amount of Secured Claim: _____ Annual Interest Rate: _____	
4. Tax Claims. Taxing Entity: _____ Basis for Tax: _____ Taxes Owed: _____ Penalties Owed: _____ Annual Interest Rate: _____	

5. **Documents.** Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, etc. If the claim is secured, box 3 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED.

If the documents are not available, please explain: _____

6. Signature.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information and reasonable belief.

(Signature) (Date)

Print Name: _____

Title: _____

Company: _____

Address: _____

Phone Number: _____

Email: _____

STATE OF _____ §

§

COUNTY OF _____ §

SUBSCRIBED and SWORN TO BEFORE ME, the undersigned authority on _____, 202__, to certify which witness my hand and seal of office.

Notary Public, State of _____