Assignment for the Benefit of Creditors of:	PROOF OF CLAIM	THIS SPACE IS FOR OFFICE USE ONLY	
Name of Assignor: Sonitus Medical, Inc.			
N SA Sa-ity- (assignment for the honofit of graditors) II C		DATE RECEIVED:	
Name of Assignee: Sonitus (assignment for the benefit of creditors), LLC  Date of Assignment: <u>February 04, 2015</u>	Additional Information: (check box)		
<b>Name of Creditor</b> (the person or entity to whom Assignor owes money or property):	☐ Address differs from the address on the envelope sent to you on behalf of the Assignee.		
Social Security or Tax I.D. #:	☐ Claim amends a previously filed claim. If so, for such claim, indicate:		
Name and address where notices should be sent:	- Claim number: Date claim mailed:		
	☐ Payment should be sent to different address. Indicate name and address:	CLAIM NO.:	
Telephone Number: ( )			
Contact name:  Email Address:	<del></del>		
<ol> <li>Amount of Claim (as of assignment date): \$</li></ol>	5. ☐ Money loaned ☐ Equipment ☐ Taxes ☐ Equity Into	☐ Goods sold ☐ Services performed	
Date debt was incurred:	If Court Judgment, date Judgment obtained: _	If Court Judgment, date Judgment obtained:	
3. Last four digits of any number by which creditor identifies assignor:	3a. Assignor may have scheduled account as:	3a. Assignor may have scheduled account as:	
4. Secured Claim:  Check the appropriate box if the claim is secured by a lien on property or a right setoff, attach all documents that support the contention that the claim is secured.  Nature of property or right to setoff:  □ Real Estate □ Personal Property □ Motor Vehicle □ Other			
Value of Property: \$	Amount of Secured Claim: \$ urted) Amount Unsecured: \$		
<ul> <li>5. Priority Claim: Amount of Claim entitled to priority (See instruction #5) following categories, check the box specifying the priority and state the amound Wages, salaries, bonuses, severance or commissions earned within 90 deprior to the assignment.</li> <li>Contributions to an employee benefit plan.</li> <li>Taxes or penalties owed to governmental units.</li> </ul>	nt.		
6. Equity Interest: Number of Shares Held: Basis/Value Per Share: \$ Type: □ Common □ Preferred; attach documentation			
7. <b>Documents:</b> Attach copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, and box 4 has been completed, attach copies of documents providing evidence of perfection of a security interest. (See instruction #7) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
9. Signature: Check the appropriate box: $\square$ I am the creditor. $\square$ I am the creditor's authorized agent. $\square$ I am a guarantor, surety, endorser, or other co-debtor.			
BY MY SIGNATURE BELOW, I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE INFORMATION PROVIDED HEREIN AND ATTACHED HERETO IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
Print Name: Title:	Company:		
Signature: Dated	:		
Telephone Number: ( ) - Email Address:			