Assignment for the Benefit of Creditors of:

Name of Assignor: Mouth Foods, Inc.

Name of Assignee: MFI (assignment for the benefit of creditors), LLC

Date of Assignment: May 21, 2018

PROOF OF CLAIM

THIS SPACE IS FOR OFFICE USE ONLY

DATE RECEIVED:

CLAIM NO.: _____

Name of Creditor (*the person or entity to whom Assignor owes money or property):*

Social Security or Tax I.D. #: _____

Name and address where notices should be sent:

Telephone Number: ( ) _____ - _____

Contact name: _____

Email Address: _____

Additional Information: (check box)

❒ Address differs from the address on the envelope sent to you on behalf of the Assignee.

❒ Claim amends a previously filed claim. If so, for such claim, indicate:
- Claim number: _____
- Date claim mailed: _____

❒ Payment should be sent to different address. Indicate name and address:

_____

_____

1. Amount of Claim (as of assignment date): $_____

❒ Check box if all or part of claim is secured and complete item 4.
❒ Check box if all or part of claim is entitled to priority and complete item 5.
❒ Check box if all or part of amount is for equity interest and complete item 6.
❒ Check box if claim includes interest or other charges in addition to the Principle amount of the claim and state amount: $_____
In addition, attach statement that itemizes interest or charges.

Date debt was incurred: _____

2. Basis for Claim: (check one)

❒ Goods sold ❒ Services performed
❒ Money loaned ❒ Equipment leased
❒ Taxes ❒ Equity Interest
❒ Other (Describe briefly): _____

_____

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:

_____

4. Secured Claim:

Check the appropriate box if the claim is secured by a lien on property or a right of 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

Describe: _____

Value of Property: $_____

Annual Interest Rate: _____ **%** ❒ Fixed ❒ Variable (when assignment started)

Amount of arrearage and other charges as of the time the of assignment, included in secured claim, if any: $_____

Basis for perfection: _____

_____

Amount of Secured Claim: $_____

Amount Unsecured: $_____

5. Priority Claim: Amount of Claim entitled to priority (See instruction #5) and the basis on which such priority is claimed. If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

❒ Wages, salaries, bonuses, severance or commissions earned within 90 days prior to the assignment.

❒ Contributions to an employee benefit plan.

❒ Taxes or penalties owed to governmental units.

❒ Other – Specify: _____

Amount entitled to priority: $_____

Basis for priority (describe): _____

6. Equity Interest: **Number of Shares Held:** _____ **Basis/Value Per Share: $** _____ **Type:** ❒ Common ❒ Preferred; attach documentation

7. Documents: 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:** ❒ I am the creditor. ❒I am the creditor's authorized agent. ❒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 DELAWARE, 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:** _____