

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

SECURITIES AND EXCHANGE)
COMMISSION,)

Plaintiff,)

v.)

CIVIL ACTION FILE
NO.: 1:06CV1801-RWS

ARCHIE PAUL REYNOLDS a/k/a)
DR. A. PAUL REYNOLDS, and)
SUCCESS TRUST AND HOLDING)
LLC,)

JUDGE RICHARD W. STORY

Defendants.)

PROOF OF CLAIM FORM

INSTRUCTIONS

THE PURPOSE OF THIS PROOF OF CLAIM FORM IS TO DETERMINE WHETHER YOU HAVE A CLAIM AGAINST SUCCESS TRUST & HOLDING, LLC AND/OR ARCHIE PAUL REYNOLDS A/K/A DR. A. PAUL REYNOLDS (“DEFENDANTS”). YOU SHOULD FILE THIS FORM TO REPORT ANY CLAIM YOU HAVE AGAINST THE DEFENDANTS ARISING DURING THE PERIOD APRIL 21, 2005 TO AND THROUGH AUGUST 2, 2006. YOUR CLAIM SHOULD INCLUDE, BUT NOT BE LIMITED TO, ANY CLAIM FOR MONIES PAID TO THESE ENTITIES FOR INVESTMENT PURPOSES. IF YOU PAID ANY MONIES TO THE DEFENDANTS FOR ANY PURPOSE AND/OR FOR INVESTMENT PURPOSES, IT IS VERY IMPORTANT THAT YOU COMPLETELY AND ACCURATELY FILL OUT THE FORM AND RETURN IT WITH SUPPORTING DOCUMENTS ON OR BEFORE JULY 6, 2007 TO THE COURT-APPOINTED RECEIVER IN THIS MATTER AT THE FOLLOWING ADDRESS:

**Success Trust and Holding Claim Department
The Huddleston Law Firm
707 Whitlock Avenue, SW Suite B-21
Marietta, GA 30064**

IN CALCULATING THE AMOUNT OF YOUR CLAIM, PLEASE INCLUDE ONLY THE PRINCIPAL AMOUNT OWED TO YOU OR INVESTED BY YOU LESS ALL CREDITS, OFFSETS AND PAYMENTS RECEIVED BY YOU. DO NOT ADD ANY INTEREST, PENALTIES OR OTHER CHARGES. IN ADDITION, DO NOT INCLUDE ANY RETURNS ON YOUR INVESTMENT WHICH MAY HAVE BEEN REPORTED TO YOU.

SHOULD YOU FAIL TO RETURN THIS FORM TO THE RECEIVER ON OR BEFORE JULY 6, 2007, THE RECEIVER RESERVES THE RIGHT TO SEEK TO DISALLOW ALL OR PART OF ANY CLAIM YOU MIGHT HAVE AGAINST THE DEFENDANTS. IF YOU DID NOT INVEST ANY MONIES WITH THESE DEFENDANTS AND ARE NOT OWED ANY MONEY BY THESE DEFENDANTS, YOU MAY DISREGARD THIS FORM.

IF YOUR ADDRESS CHANGES AFTER SUBMITTING THIS FORM TO THE RECEIVER, PLEASE NOTIFY THE RECEIVER OF YOUR NEW ADDRESS AS SOON AS POSSIBLE. IT IS YOUR RESPONSIBILITY TO KEEP THE RECEIVER ADVISED OF YOUR CURRENT ADDRESS.

CLAIM INFORMATION

1. Claimant Information:

Name or Company Name: _____

Contact Person: _____

Tax ID or SSN: _____

Full Postal Address: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2. The undersigned Claimant holds a claim in the amount of \$ _____ against the following Defendants (if you hold claims against more than one of the following, please identify the amounts owed by each on a separate piece of paper) either for monies invested in or with such entities or for monies you claimed to be owed to you:

- Success Trust and Holding, LLC
- Archie Paul Reynolds
- Other _____

3. The basis for this claim is as follows (Check all that apply and provide ANY explanation on a separate piece of paper, also provide a copy of all sales documents, offering memorandum, prospectus and/or similar documents). Please write on the line provided the principal amount of any money invested in or owed in connection with the categories checked:

- ST&H Mortgage Program _____
- ST&H Auto/Student Loan/Credit Card Program _____
- ST&H 480% Best Efforts Cash Program _____
- Other ST&H Program (Specify: _____) _____
- ST&H Independent Representative Fee _____
- Services Performed _____
- Wages and Compensation _____
- Taxes _____
- Money Loaned _____
- Severance _____
- Amount Due on Contract _____
- Amount Due on Open Account _____
- Other _____

4. Date(s) on which investment made or claim arose: _____

PLEASE ATTACH COPIES OF ALL INVOICES, CONTRACTS, CHECKS, WIRE TRANSFER RECEIPTS, OR OTHER DOCUMENTS EVIDENCING THE PRINCIPAL AMOUNTS OWED TO YOU. IF YOU INVESTED FUNDS WITH ANY OF THE DEFENDANTS, PLEASE INCLUDE COPIES OF ALL ACCOUNT STATEMENTS RECEIVED FROM SUCH DEFENDANTS.

5. Were you an ST&H Independent Representative?

Yes

No

If so, please list the names of all persons who you introduced to any of the ST&H Programs who ultimately participated in the program(s): _____

If you were an ST&H IR, please state the total amount of commissions you received from ST&H and attach documentation reflecting those commission payments: _____

6. To the extent you withdrew any portion of your investment or received any money from the Defendants or related entities during the period April 21, 2005 through August 2, 2006, please identify all withdrawals and payments by date and amount and attach copies of any checks, wire transfer receipts, or other documents concerning such payments:

7. In making this claim, Claimant hereby affirms, under penalty of perjury* :
- a. That the amounts claimed herein are true and correct;
 - b. That the claim amount set forth herein is the principal amount invested by the undersigned and does not include any interest, earnings or returns;
 - c. The claim amount set forth above is the net amount owed after crediting all offsets, credits and payments received by the undersigned.

This ____ day of _____, 2007.

Signature

Print Name

Title (if Corporation)

* *Penalty for presenting fraudulent claim: Fine of up to \$50,000 or imprisonment for up to 5 years, or both 18 U.S.C. §152.*