

1 IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

2 IN AND FOR THE COUNTY OF MARICOPA

3 Case No. CV2010-003106

4
5 **PROOF OF CLAIM**

6
7 The undersigned, having reviewed the “Order Establishing Procedures and Deadline (Bar
8 Date) for Submitting Claims against Receivership Estate” and the “Notice of Entry of
9 Order Establishing Procedures and Deadline (Bar Date) for Submitting Claims against
10 Receivership Estate,” hereby submits this proof of claim against the following Cheyenne
11 Entities:¹

12 **Check one or more boxes below to indicate which of the**
13 **Cheyenne Entities your claim is asserted against**

- 14 Cheyenne Mountain Entertainment, Inc.
- 15 Cheyenne Mountain Games, Inc.
- 16 Cheyenne Mountain Productions, Inc.
- 17 Cheyenne Mountain Software, Inc.
- 18 Firesky, LLC
- 19 Stargate Worlds LLC
- 20 Superstition Studios LLC
- 21 Handcranked Games LLC
- 22 Mass Illusions LLC
- 23 Knowledge Relay, LLC
- 24 Cine Mundo, LLC
- 25 World Games, Inc.

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¹ As defined in the “Notice of Entry of Order Establishing Procedures and Deadline (Bar Date) for Submitting Claims against Receivership Estate.”

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1. Name of Claimant (the person or other entity to whom one or more of the
Cheyenne Entities (as indicated above) owes money:

2. Claimant's address where notices and payment (if any) should be sent:

_____ (street address)

_____ (street address)

_____ (City/State/Zip)

3. Claimant's telephone number:

4. Claimant's email address:

5. Total Amount of Claim:

\$ _____

The amount of your claim identified above must include credit for any
payments you have previously received toward the debt.

Check this box if your claim includes interest or other charges in addition
to the principal amount of your claim. If so, you **must** attach an itemized
statement of interest or charges.

Check this box if all or part of your claim is **secured**, and complete
item 7 below. If all of your claim is unsecured, do not complete item 7.

6. In the space below, provide a detailed description of the basis for your claim. If
your description does not fit in the space provided, attach additional pages.

1 7. If your claim is secured by a lien on property or a right of setoff and provide the
2 requested information below:

3 In the space below, describe the nature of the property or right of setoff securing
4 your claim. If your description does not fit in the space provided, attach
5 additional pages. Attach copies of all lien documentation.

6 _____
7 _____
8 _____

9 Value of property securing your claim: \$ _____
10 Amount of arrearages and other charges included in your claim: \$ _____
11 Basis for perfection of secured claim: _____
12 Amount of secured claim: \$ _____ Amount unsecured: \$ _____

13 8. Attach copies of **all** documents that support your claim, such as promissory notes,
14 purchase orders, invoices, itemized statements of running accounts, contracts, judgments,
15 mortgages, security agreements, canceled checks, payments records and stock certificates.
16 Also attach copies of **all** documents providing evidence of perfection of a security interest.
17 You may also attach a summary of such documents in addition to the actual documents
18 themselves.

19 **DO NOT SEND ORIGINAL DOCUMENTS. DOCUMENTS YOU ATTACH MAY BE
20 DESTROYED OR DISCARDED AFTER SCANNING.**

21 If the documents supporting your claim and evidencing the perfection of any security
22 interest are not available, please explain why in the space provided below. If your
23 description does not fit in the space provided, attach additional pages.

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To be considered, this claim form must be completed, signed, and delivered in person or
mailed to the Court-appointed Receiver for the Cheyenne Entities at the following address
such that it is actually **received** no later than January 2, 2012:

MCA Financial Group, Ltd.
Attn: Karilyn Krahe
4909 North 44th Street
Phoenix, AZ 85018
(602) 710-2512

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Claim Forms sent to any person or entity other than the Receiver will be deemed not properly or timely submitted.

DO NOT FILE YOUR CLAIM FORM WITH THE SUPERIOR COURT
OR SEND IT TO THE JUDGE PRESIDING OVER THIS MATTER.

Statement Under Penalty of Perjury. The person submitting this claim must date and sign it in the space provided below, and print their name and title, if any. By signing this claim form, the person signing below is stating under penalty of perjury, under the laws of the State of Arizona, that the information provided herein and in any attachments to this claim form is true and correct to the best of his or her knowledge.

Dated: _____

_____ (signature)

By: _____ (print name)

_____ (print title)