

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

FEDERAL TRADE COMMISSION,

Case No.: 09-23507

Plaintiff,

v.

PROOF OF CLAIM FORM

KIRKLAND YOUNG, LLC, a limited liability company, ATTORNEY AID, LLC, a limited liability company, DAVID BOTTON, individually and as manager of KIRKLAND YOUNG, LLC, APRIL BOTTON KRAWIECKI, and SAMY BOTTON,

Defendants.

INSTRUCTIONS

Mark F. Raymond, the Federal Court-Appointed Receiver is responsible for reviewing Proofs of Claim Forms, and when appropriate, objecting to Proofs of Claim, and making distributions on account of Allowed Claims. **The purpose of the Proof of Claim Form is to help the Receiver learn who you are, how much you are owed, and reason(s) you have a claim, and how the Receiver can contact you.**

If you believe you are owed money from Kirkland Young or its related entities, including Michael Botton, P.A., RMG Law, PLLC, Brian Rokaw P.A. and Attorney Aid, LLC (collectively "Kirkland Young"), you **must** complete a Proof of Claim Form in order to be eligible for a possible distribution on your Claim. The more information you provide, the more quickly and cheaply the Proof of Claim Form can be reviewed.

Your completed Proof of Claim Form and supporting documentation (*do not send originals of supporting* documentation) may be submitted by mailing paper copies to:

Mark F. Raymond, Receiver
One Biscayne Tower, Suite 2100
2 South Biscayne Blvd.
Miami, Florida 33131

The Receiver plans to ask the Court for permission to make a distribution of money by November 12, 2010. If you believe you are owed money by Kirkland Young or its related entities, it is very important that you submit a completed Proof of Claim as soon as possible. **Failure to timely submit a Proof of Claim Form may result in you being denied the right to share in distributions under the Distribution Plan involving the Kirkland Young Receivership.** If the Receiver has questions about or objections to your Proof of Claim Form, you will be contacted by the Receiver or his agents.

PROOF OF CLAIM FORM

CLAIMANT CONTACT INFORMATION:

Name of Claimant: _____

Name of Person Submitting Form
(if different from Claimant): _____

Name and Address Where Notices Should be Sent:

Telephone No.: _____

Email Address: _____

Fax No.: _____

Note that communications and any objections to your Proof of Claim will be transmitted by the Receiver to you via email at the Contact name above. It is the preferred method of communication.

Please check all boxes that apply to you and provide the requested information at the end of this Proof of Claim For or attach separate sheets:

1. Customer Claim.

A. [] Kirkland Young Customer. *(For example, if you paid money to obtain a loan modification with the assistance of Kirkland Young. Please provide the amount of payment(s), the date(s), what you assert you are owed, and any documents that support your claim.*

B. [] Michael Botton, P.A. *(For example, if you paid money to obtain a loan modification with the assistance of Michael Botton, P.A. Please provide the amount of payment(s), the date(s), what you assert you are owed, and any documents that support your claim.*

C. [] RMG Law, PLLC. *(For example, if you paid money to obtain a loan modification with the assistance of RMG Law, PLLC. Please provide the amount of payment(s), the date(s), what you assert you are owed, and any documents that support your claim.*

D. [] Brian Rokaw, P.A. *(For example, if you paid money to obtain a loan modification with the assistance of Brian Rokaw, P.A. Please provide the amount of payment(s), the date(s), what you assert you are owed, and any documents that support your claim.*

E. [] Attorney Aid, LLC. (For example, if you paid money to obtain a loan modification with the assistance of Attorney Aid, LLC. Please provide the amount of payment(s), the date(s), what you assert you are owed, and any documents that support your claim.

F. [] Employee. (For example, an obligation to an employee of Kirkland Young or one of its related entities for unpaid employee services in accordance with the terms of employment). Please provide a job title and description, the employer name, the amount owed, the date of the obligation, the date of the last payment on account of employment, and any documents that support your claim.

G. [] Creditor. (For example, you contend Kirkland Young or any of its related entities owes you money unrelated to any of the categories listed. Please describe the facts giving rise to the alleged obligation of Kirkland Young, the dollar amount you claim you are owed, the date the alleged obligation(s) arose, and any documents that support your claim.

Please provide the information requested above in the space below or attach separate sheets:

[] Check box if additional pages are attached.

DATE:

_____, 2010

Name (print)

Signature

The person filing this Claim must sign it. Sign and print name and title, if any, of the Claimant or other person authorized to file this Proof of Claim and state address and telephone number if different from the address above. Attach a Power of Attorney, if any.