

IN THE CIRCUIT COURT OF THE 11TH JUDICIAL CIRCUIT,
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

In re:

ASSIGNMENT FOR THE BENEFIT OF CREDITORS
OF BUY OWNER, INC., BUY OWNER
INTERNATIONAL, INC., BUY OWNER TITLE, INC.,
BUY OWNER FRANCHISE, INC., MLS REALTY OF
HOUSTON, INC., BUY OWNER OF HOUSTON,
INC., BUY OWNER OF PHOENIX, INC., BUY OWNER
OF TAMPA, INC., MLS REALTY OF ATLANTA, INC.,
THE REALTY CHANNEL, INC., S&S FINANCIAL, INC.,
MLS REALTY OF CHICAGO, INC., MLS REALTY, INC.,
BUY OWNER OF SOUTH FLORIDA, INC., BUY OWNER
OF ORLANDO, INC., BUY OWNER OF MILWAUKEE, INC.,
BUY OWNER OF ATLANTA, INC., BUY OWNER OF
JACKSONVILLE, INC., BUY OWNER OF CHICAGO, INC.,

CASE NO.: 10-30418

Assignor,

TO:

PHILIP J. VON KAHLE,

Assignee,
_____ /

PROOF OF CLAIM

TO RECEIVE ANY DIVIDED IN THIS PROCEEDING, YOU MUST COMPLETE AND MAIL THIS
PROOF OF CLAIM SO THAT THE ASSIGNEE RECEIVES IT NO LATER THAN:

NOVEMBER 23, 2010

THE ASSIGNEE'S NAME AND ADDRESS ARE AS FOLLOWS:

Philip J. Von Kahle
Michael Moecker & Associates, Inc.
6861 SW 196 Avenue, Suite 201-04
Fort Lauderdale, FL 33332

1. CREDITOR NAME (Your Name): _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

Please be sure to notify us if you have a change of address

2. **BASIS FOR CLAIM:**

- | | |
|---|---|
| <input type="checkbox"/> Goods Sold | <input type="checkbox"/> Wages, Salaries and Compensation |
| <input type="checkbox"/> Services Performed | <input type="checkbox"/> Taxes |
| <input type="checkbox"/> Money Loaned | <input type="checkbox"/> Customer Deposit |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Other: _____ |

3. **DATE DEBT WAS INCURRED:** _____

4. **AMOUNT OF CLAIM:** _____

5. **SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase order, invoices, itemized statement of running accounts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

6. **SIGNATURE:** Sign and print name and title, if any, of the creditor or other person authorized to file this claim:

DATED: _____

BY: _____
Signature of Claimant or Representative

Print Name and Title Here