

PROOF OF CLAIM IS TO BE FILED WITH RECEIVER -- DO NOT FILE WITH COURT

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

COMMODITY FUTURES TRADING)	
COMMISSION,)	
)	
Plaintiff,)	
)	
v.)	Case No. 22-cv-2465
)	
SAM IKKURTY A/K/A SERENIVAS I)	Honorable Mary M. Rowland
RAO, RAVISHANKAR AVADHANAM,)	
AND JAFIA, LLC,)	Magistrate Judge Jeffrey Cummings
)	
Defendants,)	
)	
IKKURTY CAPITAL, LLC D/B/A ROSE)	
CITY INCOME FUND, ROSE CITY)	
INCOME FUND II LP, AND SENECA)	
VENTURES, LLC,)	
)	
Relief Defendants.)	

PROOF OF CLAIM FORM

Please use the fillable pdf to type information directly into the form. Alternatively, you may fill out the form in blue or black ink, scan the document as a .pdf file, and submit the completed form to the receiver as indicated in the directions at the end of the form.

To be eligible to receive a distribution from the Receivership Entities (as defined below), you must complete and return this Proof of Claim and provide supporting documentation to the Receiver's claims agent, Stretto, so that it is actually received on or before March 4, 2024 at 11:59 p.m. (prevailing Eastern Time) by: (a) electronic submission via <https://case.stretto.com/rosecity>, or (b) courier service, hand delivery, or mail addressed to Rose City Claims, c/o Stretto, 410 Exchange, Suite 100, Irvine, CA 92602.

Filing a proof of claim is not an expression of support for the plaintiff or defendant in the civil case, and will not be construed as your consent to the jurisdiction of the U.S. District Court for the Northern District of Illinois.

PART I – CLAIMANT IDENTIFICATION

Name of individual (last, first) or entity submitting the claim:

If entity, name of individual (last, first) completing form on behalf of entity:

Street address:

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name

Telephone number

Alternate Telephone Number

Email address

- Please indicate by checking this box if the address above differs from the address to which this form was mailed.

PART II – CLAIM

Please identify, by checking the appropriate box(es) below, the entity or entities (collectively, the "Receivership Entities") against whom this claim is asserted:

- IKKURTY CAPITAL, LLC D/B/A ROSE CITY INCOME FUND
- ROSE CITY INCOME FUND II LP
- SENECA VENTURES, LLC
- PROMISSORY NOTE

PART II(a): INVESTOR CLAIM QUESTIONS:

For each investment in a Receivership Entity list the date, principal amount of your investment, and the entity in which you invested. Use separate lines for each investment. If you made more than 5 separate investments, please attach a list of those investments to your claim form using the format below.

Date of Investment	Principal Amount Invested	Entity In Which You Invested	Check Number / Wire Detail Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For each disbursement you received from a Receivership Entity list the date, amount of the disbursement, and the entity that provided the disbursement. Use separate lines for each disbursement. If you received more than 5 separate disbursements, please attach a list of those disbursements to your claim form using the format below.

Date of Disbursement	Amount of Disbursement	Entity that Provided the Disbursement	Check Number / Wire Detail Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you received a referral fee from anyone in connection with your investment or otherwise, please identify the referral fee below:

Date of Referral Fee	Amount of Referral Fee	Entity that Provided the Referral Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART II(b): NON-INVESTOR CLAIM QUESTIONS:

If you are not an investor in any of the Receivership Entities, please state with specificity the basis of your claim against the Receivership Entities (e.g., goods or services provided for which you have not been paid):

State the amount of your claim: \$ _____

If you contend that your claim is secured, please complete this section:

Assessed value of collateral: \$ _____

Description of collateral: _____

Explain the basis for your contention that your claim is secured: _____

PART II(c): QUESTIONS FOR ALL CLAIMANTS:

If this Claim Form amends, supersedes or replaces a previously filed claim form, please indicate the specifics in the space below:

If you are aware of another person or entity filing a Proof of Claim Form on your behalf or that otherwise incorporates the claim asserted in this form, please identify the person / entity filing such a Proof of Claim Form with contact information (if available) below:

YOU MUST READ AND SIGN THE CERTIFICATION OF TRUTHFULNESS AT THE END OF THIS CLAIM FORM. FAILURE TO SIGN THE CERTIFICATION OF TRUTHFULNESS MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

SUPPORTING DOCUMENTATION: Please attach to your Proof of Claim Form only documents (including copies of emails and other electronic data) that support your Proof of Claim Form. Such documentation may include, but is not limited to: (1) **for Investors:** copies of personal checks, cashier's checks, wire transfer advices; account statements and other documents evidencing the investment or payment of funds; any written contract or agreement made in connection with any investment in or with any Receivership Entity; a chronological accounting of all money received by the Claimant from any Receivership Entity or the Receiver, whether such payments are denominated as the return of principal, interest, commissions, finder's fees, sponsor payments, or otherwise; copies of all documentation and records reflecting or regarding any withdrawals ever made by or payments received by the Claimant from any Receivership Entity or the Receiver; and (2) **for Non-Investors:** copies of all agreements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, or evidence of perfection of lien; and other documents evidencing the amount and basis of the Claim. **DO NOT SEND ORIGINAL DOCUMENTS.** If such documentation is not available, please attach an explanation of why the documents are not available.

Please do **not** submit the following types of materials with a Proof of Claim Form unless requested by the Receiver: (1) marketing brochures and other marketing materials received from the Receivership Entities; (2) routine or form correspondence received from the Receivership Entities; (3) copies of pleadings on file in any case involving the Receiver or the Receivership Entities; and (4) other documents received from Receivership Entities that do not reflect Claimant specific information concerning the existence or value of a Claim.

VERIFICATION OF CLAIMS: All Proof of Claim Forms submitted are subject to verification by the Receiver and approval by the Court. It is important to provide complete and accurate information to facilitate this effort. Claimants must be willing to submit to an interview and may be asked to supply additional information to complete the claims process.

CERTIFICATE OF TRUTHFULNESS: Pursuant to 28 U.S.C. § 1746, I, the undersigned, hereby certify, under penalty of perjury under the laws of the United States of America, that all of the information provided in this Proof of Claim Form, including all Schedules and attachments to the Proof of Claim, is true and correct and that the undersigned is authorized to make this Claim.

Type or print your name here

Signature

Capacity of person(s) signing

Date: _____

Reminder Checklist:

1. Please sign the above declaration.
2. Remember to attach supporting documentation, if available.
3. Keep a copy of your claim form and all supporting documentation for your records.
4. If your contact information changes, please send the Receiver updated information.

INSTRUCTIONS

Submit your Proof of Claim Form and supporting documentation to the Receiver's claims agent, Stretto: (1) by electronic submission via <https://case.stretto.com/rosecity>, or (b) courier service, hand delivery, or mail addressed to Rose City Claims, c/o Stretto, 410 Exchange, Suite 100, Irvine, CA 92602.