SECAUCUS INVESTORS LLC and HEALTH CARE GROWERS, LLC, Plaintiffs, v. HARMONY FOUNDATION OF NEW JERSEY, INC.; JESHAYAHU BRODCHANDEL; YEHUDA MEER; HARMONY HOLDINGS OF NEW JERSEY, LLC; UNITED STATES DIVISION OF THE INTERNATIONAL FOUNDATION HARMONY; MARINA KARAVAS; and ROBERT MORONI Defendants.	:	SUPERIOR COURT OF NEW JERSEY CHANCERY DIVISION BERGEN COUNTY Civil Action Docket NO: BER-C-275-21 **PROOF OF CLAIM AGAINST HARMONY FOUNDATION OF NEW JERSEY, INC.**

Instructions: Please complete and return this form on or before **May 31, 2024**. When returning this claim form, provide copies (do not send originals) of any supporting documents including invoices, purchase orders, statements of account, or other evidence supporting your claim.

To Return by Mail: Send this completed form and any supporting documentation to the following address:

Allen Wilen, Receiver for Harmony Foundation of New Jersey, Inc.
PO Box 4109, Baton Rouge, LA 70821

To Return Online: Upload this completed form and any supporting documents to www.Harmony.EAGclaims.com. An electronic version of this form can be downloaded from the site.

If you require additional information regarding the filing of a proof of claim, you may contact the Statutory Receiver in writing at Allen Wilen, PO Box 4109, Baton Rouge, LA 70821 or by email (harmony@EAGclaims.com).

I. CREDITOR IDENTIFICATION (required). Please print clearly or type.

Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____

Telephone No: _____

Email: _____

II. NATURE OF CLAIM

Claim Amount: $_____

What is the basis of our claim: _____

_____

Is all or part of your claim secured: ☐Yes ☐No (check one)

If Yes – please describe what property secures the claim:

_____

III. CERTIFICATION

I hereby certify under penalty of perjury that the foregoing statements and information I have provided in this Proof of Claim form is true and correct. I understand that the information contained in this Proof of Claim is subject to verification by the Receiver.

_____ Date: _____

Print Name of Creditor

_____

Print Name and Title of Person signing on behalf of Creditor

_____

Signature of Authorized Signor