

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

<hr/> SECURITIES AND EXCHANGE COMMISSION,	§	
	§	
Plaintiff,	§	
	§	
vs.	§	
	§	Civil Action No. 3:18-cv-00186-M
ARISEBANK, JARED RICE SR.,	§	
and STANLEY FORD,	§	
	§	
Defendants.	§	
	§	
<hr/>	§	

**ORDER APPROVING CLAIMS PROCESS,
NOTICE PROCEDURES, AND BAR DATE**

Before the Court is the motion (“Motion”) of Mark W. Rasmussen, in his capacity as Receiver of the AriseBank Receivership Estate seeking entry of an order (“Order”) for approval to: (i) give notice of, and instructions regarding, the Claims Process by electronic means; (ii) accept claims by electronic means; (iii) determine whether a claim is valid, and if that amount is disputed, assert the amount that is valid; and (iv) establish a Bar Date. The Court, having found that the relief requested in the Motion is in the best interests of the AriseBank Receivership Estate, claimants, and other parties in interest; and having reviewed the Motion and determining that the Motion establishes just cause for the relief granted herein; **HEREBY ORDERS THAT** the Motion [ECF No. 98] is in all respects **GRANTED**.

I. Requirement to File Claims.

1. All claimant victims of AriseBank with potential claims for recovery (each a “Claimant,” or collectively, “Claimants”) are required to file claims on or before the Bar Date.

II. Bar Date

2. Each Claimant of the AriseBank Receivership Estate shall be required to file an original claim (a “Claim”) using the Receiver’s online claim system in substantially the form (“Claim Form”) attached as **Exhibit B** to this Order. All Claim Forms must be submitted so that they are actually received by 11:59 p.m. (Central Time) on the first Tuesday that is 90 calendar days after the date of entry of this Order (the “Bar Date”). The Claim Form must be complete and submitted through the Receiver’s online claim system at <https://arisebankreceiver.com/claim>, unless the Claimant has express, written permission from the Receiver to submit a Claim via alternative means.

III. Untimely or Otherwise Improper Claims

3. All Claims must be filed so that they are actually received by the Receiver on or before 11:59 p.m. (Central Time) on the Bar Date. Claimants who have not timely filed Claims or who have filed Claims but fail to object to the Receiver’s Claim Determination before the expiration of 30 days after the date the Receiver’s Claim Determination is sent to the Claimant are barred from later asserting such Claim against the AriseBank Receivership Estate.

IV. Notice Procedure

4. The notice procedures proposed in the Motion are approved. Within fourteen days after entry of this Order, the Receiver shall apprise Claimants of the Bar Date and pendency of the Claims Process as follows:

a. the Receiver will provide notice of the Claims Process via email to all known Claimants in a form substantially similar to the Notice attached to this Order as **Exhibit A**;

b. the Receiver will provide the Notice via regular mail to known Claimants who provided a mailing address if the Receiver receives a return email demonstrating that the email address provided is no longer valid; and

c. the Receiver will publish Notice on the Receiver's website at <https://arisebankreceiver.com>, and to the Telegram chat room entitled “#ArisenArmy.”

V. Procedure for Filing a Claim

5. The Receiver's Claim Form is approved in substantially the form attached to this Order as **Exhibit B**.

6. All Claims should be submitted electronically using the Receiver's Claim Form, found at <https://arisebankreceiver.com/claim>, except where the Claimant can establish good cause, at the Receiver's discretion, to permit the Claimant to submit the Claim via alternative means.

7. Any Claimant who wishes to submit the Claim via alternative means, including any Claimant who wishes to request an extension of the Bar Date for submitting a Claim, should contact the Receiver at mail@arisebankreceiver.com, or by letter actually received on or before the Bar Date, to request approval of the alternative method, which may be granted at the Receiver's discretion. Such requests submitted via mail may be addressed to: AriseBank Receivership, c/o Jones Day and Mark Rasmussen, 2727 N. Harwood Street, Dallas, Texas 75201.

VI. Claims Determination Process

8. During the Claims Determination Process, the Receiver will establish the amount of a Claim that the Receiver believes is allowable (the “Claim Determination”), based on the Receiver's records, information provided in the Claim Form, and supporting documentation provided by the claimant. The allowable Claim shall not include amounts, if any, that were previously refunded to the Claimant. The Receiver is authorized to provide the Claim Determination to Claimants electronically, except to claimants with whom the Receiver has agreed to provide alternative notice.

9. Any objection to the Claim Determination should be submitted via email to the Receiver at mail@arisebankreceiver.com on or before 11:59 p.m. (Central Time) on the date that

is 30 days after the date the Receiver sent the Claim Determination to the Claimant. The Receiver will consider and evaluate an objection and communicate his determination of such objection within 30 days after receipt of an objection.

10. After all Claim Determinations have been made and any objections determined, the Receiver will determine a proposed *pro rata* distribution amount based on the total value of allowed claims and the assets available to the Receivership Estate, and will submit such proposal to the Court for approval. Upon Court approval, the Receiver will distribute any such approved amounts *pro rata* to the Claimants with allowed Claims.

VII. Release

11. The Receiver is authorized to obtain the release attached to this Order as **Exhibit C** from each Claimant who wishes to receive a distribution. If a Claimant does not provide a Release to the Receiver 30 days after the date the Receiver sends the Claim Determination, the Claimant's Claim will be disallowed.

12. If the Claimant submits a timely objection to the Claim Determination pursuant to paragraph 9 above, then the time for sending the Release to the Receiver shall be extended until 30 days after the date the objection is resolved.

VIII. Failure to Respond by Bar Date or Object to a Claim Determination.

13. Any Claimant who fails to file a timely Claim by the Bar Date or, in the case of a Claimant who received a written authorization from the Receiver to extend the Bar Date, by the authorized extension of the Bar Date, shall be forever barred, estopped, and enjoined from asserting such Claim, and participating in any distribution, or receiving further notices regarding such Claim. The AriseBank Receivership Estate shall be forever discharged from any and all indebtedness or liability with respect to or arising from such Claim.

14. Any Claimant who fails to file an objection to the Receiver's Claim Determination on or before 11:59 p.m. (Central Time) on the date that is 30 days after the date the Receiver sent the Claim Determination to the Claimant shall be forever barred, estopped, and enjoined from disputing the amount of the Claim Determination. The AriseBank Receivership Estate shall be forever discharged from any and all indebtedness or liability with respect to any amounts above the Claim Determination.

IX. Miscellaneous.

15. The Receiver shall retain the right to dispute, or assert offsets or defenses against, any filed Claim as to the nature, amount, liability, or classification thereof. Nothing in this Order is intended to preclude the Receiver from objecting to any Claim on any appropriate grounds.

16. The Court expressly concludes that the notice procedures as set forth in this Order and in the Motion will provide adequate and sufficient notice of the Bar Date and satisfy the requirements of due process.

17. This Order shall be immediately effective and enforceable upon its entry.

18. The Receiver is authorized to take all actions necessary to effectuate the relief granted pursuant to this Order in accordance with the Motion. The Court retains exclusive jurisdiction with respect to all matters arising from or related to the implementation of this Order.

SO ORDERED.

February 1, 2019.


BARBARA M. G. LYNN
CHIEF JUDGE

From:
Sent:
To:
Subject: AriseBank Receivership - Notice of Claim Bar Date

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

Securities and Exchange Commission v. AriseBank, Jared Rice Sr., and Stanley Ford,
Civil Action No. 3-18-CV-186-M

COURT-APPROVED NOTICE OF CLAIMS BAR DATE

THIS NOTICE MAY AFFECT YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY.

Dear Potential AriseBank Claimant:

On January 25, 2018, the United States District Court for the Northern District of Texas, Dallas Division (the “Court”) entered a Receivership Order (“Order”) appointing Mark W. Rasmussen to serve as the Receiver for AriseBank and its affiliates (the “AriseBank Receivership Estate” or “Estate”). On _____, 2019, the Court entered an order that authorized the Claims Process, set the Bar Date and authorized certain notice procedures in regard to the Claims Process and the Bar Date (“Claims Process and Bar Date Order”). Copies of the Claims Process and Bar Date Order and other information regarding this case are available free of charge on the AriseBank Receivership Estate’s website at <https://arisebankreceiver.com>.

You are receiving this Notice because our records indicate you *may* hold a claim against the AriseBank Receivership Estate. Receiving this Notice does not mean that you hold a claim.

Deadlines for Submitting Claims

NOTICE IS HEREBY GIVEN that all people with potential claims for recovery from the AriseBank Receivership Estate should file their claim with the Receiver so that it is actually uploaded and submitted on the Receiver’s online claim system (<https://arisebankreceiver.com/claim>) by **11:59 p.m. (prevailing Central Time) on _____, 2019 (the “Bar Date”)**. All claims should be filed electronically with the Receiver on the Receiver’s online claim system at <https://arisebankreceiver.com/claim>.

Individuals or entities that believe they have good cause to either extend the Bar Date or to submit their claim by means other than the Receiver’s online system should contact the Receiver at mail@arisebankreceiver.com, or by letter actually received by the Receiver no later than the Bar Date to request this relief, which relief may be granted at the Receiver’s discretion. The Receiver’s postal address is AriseBank Receivership, c/o Jones Day and Mark W. Rasmussen, 2727 N. Harwood Street, Dallas, Texas 75201. Except for claims as to which express relief extending the Bar Date is specifically requested and granted by the Receiver, all claims of claimants against

assets in the AriseBank Receivership Estate that are not received by the Receiver by the Bar Date are barred.

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AriseBank Receivership

SEC v. AriseBank, Jared Rice, Sr., and Stanley Ford, No. 3:18-cv-186 (N.D. Tex.)

Claim Form

Instructions

1. If you contributed to the Initial Coin Offering (“ICO”) of AriseBank or otherwise are a creditor of AriseBank, you may be entitled to receive a payment from funds recovered. To be eligible to receive funds to which you may be entitled, you must provide the information required by this online form (the “Proof of Claim”) and submit a release. If you fail to timely submit a Proof of Claim or provide necessary supporting documentation, your claim may be rejected and you may be precluded from any recovery from the AriseBank Receivership Estate (as defined in the Notice of Claims Bar Date).
2. Submission of this Proof of Claim, however, does not guarantee that you will receive a share of the recovered assets of the AriseBank Receivership Estate or that you will be fully compensated for your loss.
3. Please fill out this Proof of Claim form completely. Please submit only one Proof of Claim form, even if you contributed to the ICO multiple times. Additional information will be requested if this form is incomplete or insufficient to process your claim. In the event that additional information is required, you must provide the requested information or else your claim may not be processed.
4. Please submit documents to support your claim. Types of documents that you may submit include, but are not limited to, email correspondence with the defendants, screen shots, customer support chat transcripts, or account records. You should submit sufficient evidence to establish the validity and amount of your contribution or other claim.
5. This form requires you to specifically identify all amounts contributed to the ICO or that you are otherwise seeking to recover from the AriseBank Receivership Estate, as well as any amounts you may have received back from the defendants. Please do not include claims for transactions that were not completed.
6. While we prefer to receive your Proof of Claim form electronically, if you believe that you require an alternative method to submit your claim, you may contact the Receiver, Mark Rasmussen, at mail@arisebankreceiver.com, or by letter, to request approval of the alternative method. If you believe you need additional time to submit your claim, you may include a request to extend the time for submission of your claim. All such requests must be actually received by the Receiver on or before the Bar Date, and requests will be approved by the Receiver at his discretion. Requests via mail may be addressed to: AriseBank Receivership, c/o Jones Day and Mark Rasmussen, 2727 N. Harwood Street, Dallas, Texas 75201, U.S.A.
7. We will acknowledge receipt of your Proof of Claim and supporting documentation by email. Accordingly, please provide a valid and current email address to receive the acknowledgement. Please be aware that it will take time to fully process all of the claims and that we will work as quickly as circumstances permit.
8. Once completed, the Claim Determination will be sent via email. Any Claim Determination may be objected to by emailing the Receiver at mail@arisebankreceiver.com on or before 11:59 pm (prevailing Central time) on the date that is 30 days after the date the Receiver sent the Claim Determination to you.
9. We will continue to update you through the Receiver’s website: www.arisebankreceiver.com
10. If your contact information changes, please notify us at mail@arisebankreceiver.com

Contact Information

First Name:	
Last Name:	
Address Street 1:	
Address Street 2:	
City:	
State:	
Country:	
Zip Code/Postal Code:	
Daytime Phone:	
Evening Phone:	
Email:	
Social Security Number or Taxpayer ID:	

Claim Information

Did you contribute to the AriseBank ICO or are you owed money from AriseBank?	Yes/No
What email address did you provide to AriseBank, if any?	
What type of currency did you contribute (e.g., bitcoin, ether, bitshares, U.S. dollars)?	
How much of the currency did you contribute or are you seeking to recover?	
On what date(s) did you contribute funds or did your claim for money arise?	
What was the AriseBank wallet address, account name, or account number that your contribution was sent to?	
What was the contributor wallet address, account name, or account number that the contribution was sent from?	
If you did not contribute to the ICO and are claiming AriseBank owes you money for some other reason, please explain the basis for your claim.	
If you contributed to the ICO in cryptocurrency, what was the transaction identification number, if any?	
If you contributed in USD, what was the confirmation number, if any?	
How much currency, if any, was returned to you by AriseBank?	

Claim Documentation

Identify the types of documentation you are submitting to support your claim (you will be directed to a page to upload your documents after you hit submit):	
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Acknowledgement of Claimant

By submitting this form, the claimant acknowledges and agrees that she or he submits to the exclusive jurisdiction of the United States District Court for the Northern District of Texas (the “Court”) for all purposes associated with the administration of this Proof of Claim. The claimant agrees to waive a trial by jury, to the extent such a right exists, and agrees to the Court’s summary disposition of the determination of the validity or the amount of the claim by this Proof of Claim form. The claimant further consents to the Receiver and his agents’ use of any information provided in this Proof of Claim, including but not limited to, Social Security Number or Taxpayer ID, mailing address, email, wallet address and phone number to verify and process the claim, and understands that the information provided will be processed in the United States, protected by appropriate safeguards, stored for as long as is required to complete the claim verification process and during the pendency of any related judicial proceedings, and shared with agents of the Receiver for purposes of verifying and responding to the claim.

Residents of the European Economic Area (“EEA”): The claimant further understands that he or she may withdraw his or her consent at any time, unless there are other legal grounds for processing his or her personal data. Revocation, however, will not affect any personal data that Receiver and its agents have already processed and transferred with the claimant’s consent. Claimant may exercise certain rights that may be afforded to him or her under applicable data protection law, including to access, rectify, erase or restrict, or object to, the processing of personal data or make use of the right to data portability by contacting the Receiver at mail@arisebankreceiver.com. Claimant also can lodge a complaint with the supervisory authority in his or her country of residence at any time.

Click here to make the above acknowledgement: [■](#)

Continued on next page

Certification

By signing this form, the claimant certifies that the information submitted is true and correct to the best of her or his knowledge and belief. The claimant agrees that the electronic signature below is the legal equivalent of the claimant's handwritten signature. By typing the claimant's name below, the claimant consents to be legally bound and agrees that the typed name will have the full force and effect of a handwritten signature.

Date:	
Full Name:	

By clicking here, I accept the above typed name as a valid electronic signature: 

Once you press submit, you will be directed to the next step of uploading your claim documentation. All investors are required to submit this Proof of Claim form and supporting documentation electronically using this form. If you believe you require an alternative method to submit your claim, you may contact the Receiver at mail@arisebankreceiver.com, or by letter, to request approval of the alternative method, which may be granted in the Receiver's sole discretion. Requests for approval of an alternative means of claim submittal via mail must be received by the Receiver by the Bar Date and may be addressed to: AriseBank Receivership, c/o Jones Day and Mark Rasmussen, 2727 N. Harwood Street, Dallas, Texas 75201.

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

SECURITIES AND EXCHANGE COMMISSION,	§	
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Plaintiff,	§	
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	§	Civil Action No. 3:18-cv-00186-M
ARISEBANK, JARED RICE SR.,	§	
and STANLEY FORD,	§	
	§	
Defendants.	§	
	§	

RELEASE

CLAIMANT NAME: _____

The above-referenced claimant (“Claimant”), on behalf of Claimant and Claimant’s heirs, successors and assigns, and in exchange for the right to receive a *pro rata* share of funds distributed by the AriseBank Receivership Estate pursuant to the terms of the Claim Determination (the “Consideration”) from the Receiver after receipt by the Receiver of this signed Release, hereby releases and forever discharges the Receiver, the AriseBank Receivership Estate, and all of their agents, employees, professionals, successors and assigns (all of the foregoing, collectively, the “Released Persons”) of and from any and all claims arising out of or relating to the Claimant’s demand for funds from the AriseBank Receivership Estate (the “Claim”) or the circumstances that gave rise to the Claim, which the Claimant now has, or hereafter can, shall, or may have, for or by any reason of any cause, matter, or thing whatsoever, prior to and including the date of execution hereof.

Notwithstanding any rights or remedies available to Claimant under applicable law, Claimant acknowledges and agrees to return immediately any property to the AriseBank Receivership Estate that is later found by the Receiver or determined by a court (1) to have been distributed in error, or (2) to exceed Claimant’s *pro rata* share of funds distributed by the AriseBank Receivership Estate, and will indemnify and hold harmless the Released Persons from and against any damages, costs or losses that may result from any assertion by any such other entity or other person of any such claims.

Claimant hereby consents to jurisdiction of the United States District Court of the Northern District of Texas, Dallas Division, for all purposes, including personal jurisdiction, related to this Claim, and this Release, and hereby agrees to be bound by its decisions, including, without limitation, a determination as to the validity and amount of the Claim for

funds that have been recovered and are in the possession of the AriseBank Receivership Estate, and any claim or counterclaim which the AriseBank Receivership Estate has asserted or does assert against Claimant.

Claimant further acknowledges the sufficiency of the Consideration and that Receiver may deliver such Consideration in multiple installments in any form of currency that the Receiver determines to be in the best interests of the AriseBank Receivership Estate, whether that is in government currency or in a form of cryptocurrency. Notwithstanding anything to the contrary herein, to the extent the Consideration is delivered in multiple installments, the releases set forth herein shall take effect only with respect to the portion of the Claim which has been satisfied by such portion of the Consideration.

Claimant further acknowledges that she or he has full authority and capacity to sign this Release and enter into this agreement.

This Release does not release any claims the claimant may have against any current or former employee, officer, member or managing member of AriseBank, Jared Rice Sr., or Stanley Ford.

I certify under penalty of perjury under the laws of the United States of America (and the applicable laws of any other jurisdiction) that the foregoing is true and correct.

Signature of Claimant: _____

Name of Claimant: _____

Date: _____