

United States Bankruptcy Court Central District of California

PROOF OF CLAIM

Name of Debtor REED SLATKIN

Case Number ND 01-11549 RR

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

LEON BRENER

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case

Check box if the address differs from the address on the envelope sent to you by the court.

FILED

JAN 23

DMC

This space is for Court Use Only

Name and address where notices should be sent

Apt. K6, Residence Apollo 30 ave. Marechal Koenig Cannes 06400 France Telephone number: 33-4-93-99-92-40 France

Account or other number by which creditor identifies debtor:

12505

Check here if this claim replaces or amends a previously filed claim, dated:

1. Basis for Claim

- Goods sold
Services performed
Money loaned
Personal injury/wrongful death
Taxes
Other

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
Wages, salaries, and compensation (Fill out below)
Your SS#:
Unpaid compensation for services performed from to (date) (date)

2. Date debt was incurred: January/April 2000

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$750,000

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate
Motor Vehicle
Other

Value of Collateral: \$

Amount of arrearage and other charges at time case filed included in secured claim, if any \$

6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim

Amount entitled to priority \$

Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$4,650), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5)
Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7)
Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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173

Date JANUARY 10, 2002

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Leon Brener

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

EXHIBIT

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089

LEON BRENER

K6, Residence Apollo  
30, ave Marechal Koenig  
Cannes 06400 FRANCE

Tel: 04 93 99 92 40  
Fax: 04 92 99 18 45  
E-mail: lbr5173304@aol.com  
and leonbrener@aol.com

LEON BRENER INVESTMENT WITH REED SLATKIN

Monies invested with Reed Slatkin were:

- 1) US\$ 500,000 sent to: 12 January 2000  
Bank One Texas  
Dallas Texas  
ABA+ 111000614  
FBO First Southwest Company  
A /C + 1822155345  
For further credit to: Reed Slatkin  
Account + 73833415
- 2) US\$ 250,000 April 11, 2000  
Union Bank of Switzerland AG  
Account + 02040. 587. 194. UZ  
8 rue de Rhone  
PO Box 2600 CH-1211 Geneva 2, Switzerland
- 3) Reed Slatkin  
Realized Gains and Losses Statement: A/ C 12505  
From 01-01 00 to 12-31-00
- 4) Various Statements received from Reed Slatkin from 05-15-00 to 01-  
~~17-01~~.

**In re Reed Slatkin**  
**United States Bankruptcy Court Case No.: ND 01-11549 RR**  
**SUPPLEMENT TO PROOF OF CLAIM**

Name of Creditor: LEON BEAVER  
 Address: Ap. K 6, Residence Apollo  
30 avenue Marechal Koenig  
CANNES 06400 FRANCE

Attach Additional Sheets if Necessary

Payments or Investments Made				Payments Received			
Date <sup>1</sup>	Amount	To Whom <sup>2</sup>	Type <sup>3</sup>	Date <sup>4</sup>	Amount	From Whom <sup>5</sup>	Type <sup>6</sup>
01-12-2000	500,000	REED Slatkin	Wire transfer				
04-01-2000	250,000	Union Bank of Switzerland At 0240-577 194. 11Z 8 rue de Rhone Geneve 2 - CH 1211 Switzerland	Wire transfer			NIL	

<sup>1</sup> Date of payment to or investment with Slatkin or his Affiliates.  
<sup>2</sup> Payment or investment made to what entity.  
<sup>3</sup> Payment method: check, wire transfer, etc.

<sup>4</sup> Date of payment received from Slatkin or his Affiliates.  
<sup>5</sup> Payment or investment made from what entity.  
<sup>6</sup> Payment method: check, wire transfer, etc.

File the Original of This Supplement Form with the Proof of Claim form with:  
 Clerk  
 United States Bankruptcy Court  
 1415 State Street  
 Santa Barbara, CA 93101

Mail A Copy of This Supplement Form with the Proof of Claim form to:  
 Neilson Elggren LLP  
 c/o David Judd  
 10100 Santa Monica Blvd., Suite 410  
 Los Angeles, CA 90067

IT IS REQUIRED THAT COPIES OF ALL SUPPORTING DOCUMENTATION BE ATTACHED.  
 DO NOT SEND ORIGINAL DOCUMENTS.