CLAIM NO.

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLORADO

CASE NO. 01-CV-645-JLK

SECURITIES AND EXCHANGE COMMISSION

Plaintiff,

v.

KENNETH ROY WEARE a/k/a ROY WEAVER, J&K GLOBAL MARKETING CORPORATION, and AAA-AUCTION.COM, INC.,

Defendants.

PROOF OF CLAIM FORM

YOU MUST COMPLETE AND FILE THIS CLAIM FORM ON OR BEFORE MIDNIGHT MOUNTAIN STANDARD TIME (0700 UTC GMT) MARCH 12, 2007, IN ORDER TO SHARE IN THE DISTRIBUTION OF ASSETS FROM THE RECEIVERSHIP ESTATE, EVEN IF YOU PREVIOUSLY SUBMITTED A CLAIM OR OTHER INFORMATION TO THE RECEIVER

To be eligible to share in any distribution from the Receivership Estate, you must submit to the Receiver this Proof of Claim Form. <u>The Receiver requests that you submit your Proof</u> <u>of Claim Form electronically at the Receiver's website, as this will ensure a complete and</u> <u>accurate recording of your claim by the Receiver, as well as its timely receipt</u>.

Although not recommended by the Receiver, you may mail your Proof of Claim Form to the following address:

Patten, MacPhee & Associates, Inc., Receiver PO Box 18309 Denver, Colorado 80218 United States of America

Or a scanned copy of the Proof of Claim Form can be submitted via email at:

receiver@jkglobalreceivership.com

If you choose to submit your Proof of Claim Form by mail, the Receiver recommends that you send it via **Certified Mail, Return Receipt Requested**, and that you retain a photocopy of your completed Proof of Claim Form. **This is the only way you will be protected in the event your**

Exhibit A

Proof of Claim Form is lost in the mail. If submitted via postal mail or email, this Proof of Claim Form **MUST BE TYPED OR PRINTED**.

Before completing and submitting this Proof of Claim Form, you should read and be familiar with the accompanying Claims Bar Date Notice (the "Notice"), including the matters and terms defined in the Notice. By submitting this Proof of Claim Form, you acknowledge that you have read the Notice and are bound by its terms and conditions.

If your Proof of Claim Form is not received by the Receiver on or before midnight Mountain Standard Time (0700 UTC GMT) on March 12, 2007 (the "Claims Bar Date"), it will be disallowed and you will be precluded from participating in any distribution from the Receivership Estate.

POTENTIALLY ELIGIBLE CLAIMANTS MUST ANSWER FULLY ALL PARTS OF THIS FORM IN THE ENGLISH LANGUAGE, WITH AMOUNTS IN U.S. DOLLARS

PART I: IDENTITY OF CLAIMANT

Check one of the following:

□ Initial Proof of Claim Form	Replaces Proof of Claim form number
	(Proof of Claim Form number is on upper right hand
	corner of first page of the Proof of Claim Form)

Name and Address of Claimant:

* Name(s)		
* Address		
* City	* State/Province	_* Postal Code
* Daytime Phone	Evening Phone	
* E-mail		

YOU MUST NOTIFY THE RECEIVER VIA EMAIL OR POSTAL MAIL IF THERE IS A CHANGE TO THE ADDRESS AND/OR ANY OF THE TELEPHONE NUMBERS OR E-MAIL LISTED ABOVE

* Required

Claimant's Status (check one):

	Corporation		Partnership		Limited Liability Company
	Executor		Trustee		Trust
	Individual		Estate		Other
	Taxpayer Identifi ity Number or Tax				
Name and a	ddress of person t	t o be contac and address	ted regarding	this C s the N	Claim: Name and Address of Claimant
Name(s)					
Address					
City			State/Provinc	e	Postal Code
Daytime Pho	one		_ Evening Ph	one	
E-mail					

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(remainder of page intentionally left blank)

Has your name, address, or any other contact information changed during the course of your relationship with Mr. Kenneth Roy Weare a/k/a Roy Weaver, J&K Global Marketing Corporation, and AAA-Auction.com, Inc?

□ Yes □ No

If yes, please describe all previous contact information in the following section:

First	Last	Previous	Previous	Previous	Previous	Other
Name	Name	Address	City	State/Province	Postal Code	Information

PART II: CLAIM INFORMATION

Name of Claimant: (automatically input claimant name from previous)

Check here to indicate that you are consolidating multiple Potentially Eligible Claimants that either you have control or are related to you. If checked, please complete as much of the following information as possible and have each identified person complete a separate Consent to Consolidation Form, which can be obtained from the Receiver's website:

Name of Person or Entity *	Six-digit ID Number Assigned by J&K Global (if known)	Tax Payer ID Number *	PMA Number (if known)	Relationship to Potentially Eligible Claimant*

Name of Person or Entity *	Six-digit ID Number Assigned by J&K Global (if known)	Tax Payer ID Number *	PMA Number (if known)	Relationship to Potentially Eligible Claimant*

PART III: CLAIM AMOUNT

Definition of Claim: "Claim" shall be broadly defined to include any right to payment, whether or not such right is reduced to judgment, is liquidated or unliquidated, is fixed or contingent, is matured or unmatured, is disputed or undisputed, is legal or equitable, or is secured or unsecured, existing as of April 11, 2001. The term "Claim" also includes any right to an equitable remedy for a breach of performance which gives rise to a right to payment, whether or not such right is reduced to judgment, is fixed or contingent, is matured or unmatured, is disputed or undisputed, or is secured or unsecured. On December 6, 2006, the Court ordered that a "Claim" will be allowed only in the amount of the Unpaid Principal Balance, which is defined as the principal amount of an investment in J&K Global Marketing Corporation or AAA-Auction.com, Inc., net of any return on, or of, the investment received by an Eligible Claimant. Therefore, Claims for any interest or return on any investment, or any investment principal previously returned to an Eligible Claimant, will not be allowed.

To the extent possible, please identify each deposit and withdrawal made, in U.S. Dollars, along with the date of such deposit or withdrawal. If dates are unknown, leave the date blank. Specifically identifying each investment or withdrawal will assist the Receiver in validating your claimed amount. Also, if known or applicable, please provide the six-digit identification number assigned to you at the time of your investment. If you only know the total amount invested, please provide that number. If the transaction amount reported relates to a Potentially Eligible Claimant that is being consolidated, please indicate so by selecting "Yes") in the "Consolidated Claim?" column.

Amounts Claimed:

Date of Deposit or Withdrawal	Amount of Deposit or Withdrawal *	Deposit?	Withdrawal?	Six-digit ID Number Associated with Deposit or Withdrawal (if known)	Consolidated Claim?*

Date of Deposit or Withdrawal	Amount of Deposit or Withdrawal*	Deposit?	Withdrawal?	Six-digit ID Number Associated with Deposit or Withdrawal (if known)	Consolidated Claim? *

Claimant's Relationship to the Defendants with regard to this Claim:

□ Investor □ Vendor □ Other _____

If known, please provide the identification number assigned to you by the Receiver. This identification number begins with the letters, "PMA".

РМА-_____

Supporting Documentation:

At this time, please **DO NOT SEND** supporting documentation for your claim to the Receiver. If necessary, the Receiver will request such documentation in those instances where it cannot validate the amount claimed.

If you have any additional information that may be useful to the Receiver regarding this Claim, including information on the aggregation of multiple claims, please provide it here (attach additional pages if necessary):

PART IV: SIGNATURE AND DATE

The undersigned declares under penalty of perjury, in accordance with the laws of the United States of America, that the information submitted on this Proof of Claim Form is true and correct.

Check here to acknowledge your agreement with the preceding statement.

Dated this _____ day of _____,

Type the name and title, if any, of the Claimant, or other person authorized to file this Proof of Claim Form.

Name/Title (printed)

If you are consolidating multiple Potentially Eligible Claimants, each person or entity being consolidated <u>must</u> complete a separate Consent to Consolidation Form, which is posted at the Receiver's website: www.jkglobalreceivership.com. The form may also be obtained by mailing a written request to the Receiver at its postal address, by faxing a request to (866) 321-3707, by leaving a voicemail at (866) 321-3707, or by sending an email request to the Receiver at receiver@jkglobalreceivership.com. Otherwise, all or part of your claim may be disallowed.