

VICTIM CLAIM FORM

***UNITED STATES OF AMERICA v. MICHAEL E. KELLY*, No. 06 CR 964 (the "Action"),
UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF ILLINOIS, EASTERN
DIVISION (the "Court")**

PRELIMINARY COMPUTATION OF RESTITUTION

UNDER THE MANDATORY VICTIM RESTITUTION ACT 18 U.S.C. §§3663a-3664

*Issued pursuant to the April 27, 2010 Amended Order Adopting the Proposed Claims Procedure of the
Special Master (the "Claims Procedure Order")*

INSTRUCTIONS FOR COMPLETING THE VICTIM CLAIM FORM:

1. The terms used in the Victim Claim Form are defined in the Claims Procedure Order entered by the United States District Court, Northern District of Illinois, Eastern Division on April 27, 2010. A copy of the Claims Procedure Order is posted on both the Claims Processing Agent's website www.michaelkelly.com and the website established by the United States Attorney's Office ("USAO") for the benefit of the victims, www.notify.usdoj.gov. Victims may access the USAO website with the Victim Identification Number ("VIN") and Personal Identification Number ("PIN") provided to them by the USAO. Alternatively, a copy of the Claims Procedure Order may be obtained by contacting the United States Attorney's Office at (866) 364-2621.
2. The Victim Claim Form **MUST** be postmarked to the Claims Processing Agent for the Special Master by the **CLAIMS BAR DATE of August 25, 2010** or the claim will be barred unless such failure is excused by the Claims Processing Agent in his sole discretion for good cause shown.
3. The Victim Claim Form must: a) be completed in English; b) be completed in ink or typed; and c) be postmarked by the CLAIMS BAR DATE with an original signature to the Claims Processing Agent:

Phillip S. Stenger
Stenger & Stenger, P.C.
4095 Embassy Drive SE
Grand Rapids MI 49546
Phone: 1-877-482-4119
Fax: 1-800-429-5805
Email: claimsagent@stengerlaw.com

VICTIM CLAIM FORM

Page 2 of 8

4. All victims must return a properly completed Victim Claim Form to the Claims Processing Agent by the CLAIMS BAR DATE. Failure to file the properly completed Victim Claim Form by the CLAIMS BAR DATE will result in the waiver and denial of your restitution claim unless such failure is excused by the Claims Processing Agent in his sole discretion for good cause shown. It is each victim's responsibility to ensure that the Victim Claim Form is postmarked to the Claims Processing Agent on or before the CLAIMS BAR DATE and that the investor's address in the Claims Processing Agent's records is correct. The Claims Processing Agent will send a letter to each investor confirming receipt of each Victim Claim Form.
5. If you disagree with your Total Restitution Amount, you must provide records to the Claims Processing Agent to support your reasons why the Total Restitution Amount is inaccurate. Requests for redetermination that do not include an explanation and supporting documentation will **NOT** be considered. (See Part B)
6. If you request redetermination of your Total Restitution Amount, you will **NOT** be eligible to participate in any distributions until the resolution of your request. (See Part B)
7. Neither the Special Master nor any of his agents represents you and, as such, cannot give you legal, tax or financial advice. If you have any questions concerning how to complete this form, consult your own attorney or other independent advisor.

VICTIM CLAIM FORM

NOTE: PERSONS RECEIVING MORE THAN ONE VICTIM CLAIM FORM MUST ADD THE AMOUNTS IN EACH CLAIM FORM RECEIVED TOGETHER TO CALCULATE YOUR TOTAL RESTITUTION AMOUNT. YOU ARE REQUIRED TO SUBMIT THIS FORM TO THE CLAIMS PROCESSING AGENT FOR THE SPECIAL MASTER BY POSTMARKING THIS FORM BY AUGUST 25, 2010 (the "CLAIMS BAR DATE")

[Please Complete]

Lease number(s): _____

1st Victim Name: _____

2nd Victim Name: _____

Address: _____

TOTAL RESTITUTION CALCULATION

[Please Input Amounts]

<p>(1) Total Out of Pocket Investment in Universal Lease Program (includes ONLY those investors who assigned their Universal Lease to World Phantasy Tours (also known as "Majesty Travel") or to Galaxy Properties in exchange for "rental" or "interest" payments)</p>	\$
<p>(2) Minus: Total Payments from 1999 to 2005 received including: a) rental payments¹; b) lease payout²; c) CVP program layout³; d) money actually received from judgment or settlements of a lawsuit or arbitration proceeding; e) refunds received from a broker or from or on behalf of Michael E. Kelly; or f) the value of any interest.</p>	\$
<p>(3) Plus: Total Penalties incurred including: a) surrender fees; and b) early withdrawal penalties.⁴</p>	\$
<p>(4) EQUALS: TOTAL RESTITUTION AMOUNT ⁵</p>	\$ ⁶

¹Payments actually received by investors from World Phantasy Tours (Majesty Travel) or Galaxy Properties as part of the rental agreements.

²Payments made by Michael E. Kelly to repurchase or cancel investor's lease and terminate the Universal Lease agreement.

³Payments received as part of negotiated repurchase of an investor's lease through Club Vacacional de Panama ("CVP"), a program run by Edy Investment.

⁴"Total Penalties" are surrender charges and tax penalties incurred by investors at the time of their investment and is further defined in the Claims Procedure Order.

⁵The Court has determined that restitution will be made according to this formula.

⁶The Total Restitution Amount will be the basis of your claim; however, the amount of your actual distribution may be reduced depending on the funds recovered. All victims will receive a pro rata share of the proceeds available for restitution if the proceeds from the liquidation of the Assets are insufficient to make full restitution to all victims.

VICTIM CLAIM FORM

Page 4 of 8

(A) CLAIMS BAR DATE

August 25, 2010 is the **CLAIMS BAR DATE**. The court has ordered that all Victim Claim Forms must be postmarked to the Claims Processing Agent by this date.

(B) CHECK ONE OF THE FOLLOWING BOXES:

I/we **AGREE** with the Total Restitution Amount stated in line (4) above.

If you agree with the Total Restitution Amount stated on line (4) above, check the above box and sign and date this Victim Claim Form and postmark it to the Claims Processing Agent by the CLAIMS BAR DATE. Failure to do so will result in the disallowance of your claim. By checking this box, you agree that any distribution you receive from the Special Master in this action will be based on this Total Restitution Amount as stated in line (4) above.

I/we **DISAGREE** with the Total Restitution Amount stated in line (4) above. I/we believe

my/our Total Restitution Amount should be: \$_____

[attach supporting documentation and explanation]

If you do NOT agree with the Total Restitution Amount stated in line (4) above, you MUST:

(i) check the above box and sign and date this Victim Claim Form and postmark it by the CLAIMS BAR DATE to the Claims Processing Agent;

(ii) state what you believe your Total Restitution Amount should be and provide a detailed explanation as to how you arrived at what you believe your Total Restitution Amount should be; and

(iii) provide records to support what you believe your Total Restitution Amount should be.

If you disagree with your Total Restitution Amount, return of this Victim Claim Form will be treated as a Request for Redetermination of your Total Restitution Amount as defined in the Claims Procedure Order. The Claims Processing Agent will rely on the information and documentation you provide with this form when reviewing your Request for Redetermination.

VICTIM CLAIM FORM

Page 5 of 8

(C) CLAIMS PROCESSING AGENT

Send this Victim Claim Form and all, if any, attachments to the Claims Processing Agent at the following address:

Stenger & Stenger, P.C.
Attn: Phillip S. Stenger
4095 Embassy Drive SE
Grand Rapids MI 49546

You may also fax this form and any supporting documentation to 1-800-429-5805 or email it to claimsagent@stengerlaw.com.

(D) WAIVER/RELEASE

I/we understand that by signing this Victim Claim Form, my/our lease(s) is/are terminated effective immediately to allow the sale of properties free and clear of all liens and/or liabilities, at the maximum value possible.

Furthermore, I/we declare that I/we are barred from asserting any claim against the Special Master and the Claims Processing Agent whom I/we agree to hold harmless and defend, and irrevocably waive and relinquish any claims or rights that I/we may potentially have under the laws of Mexico or Panama, or under any other venue or jurisdiction, and also waive, decline and desist from initiating, pursuing or bringing any claim resulting thereof before any competent court in any jurisdiction, regarding the Universal Lease Program, including our lease number(s): _____ **[Please Complete]** or any assets purchased, directly or indirectly, with the proceeds thereof, and any remedy and/or action I/we might have been entitled to under the Universal Lease Program is understood to have been waived and assigned in benefit of the Special Master or to whom he may designate.

Also, I/we declare that I/we are barred from asserting any claim against any transferee of or successor in interest to any asset or any third party beneficiary of any asset owned by or affiliated with Grupo Kelly and I/we agree to hold harmless and defend such transferee, successor in interest or third party beneficiary, and irrevocably waive and relinquish any claims or rights that I/we may potentially have under the laws of Mexico or Panama, or under any other venue or jurisdiction.

VICTIM CLAIM FORM

Page 6 of 8

This release does NOT apply to any claims I/we might have against Michael E. Kelly in his personal capacity, or any agent, servant, or co-conspirator of Michael E. Kelly.

(E) THIRD PARTY DISTRIBUTION

Under the Claims Procedure payments or recoveries from third parties will be deducted from your Total Restitution Amount.

(i) Have you directly or indirectly recovered or do you anticipate recovering payments from a third party action or settlement?

Yes

No

(ii) If the answer to the above question is "Yes", please complete the following table:

NAME OF THIRD PARTY	AMOUNT OF DISTRIBUTION US\$
	\$
	\$
	\$
	\$
TOTAL	\$

(iii) If you had any third party distribution(s), subtract the total amount of third party distributions from the Total Restitution Amount and enter the new Total Restitution Amount here: \$_____

VICTIM CLAIM FORM

Page 7 of 8

I/we hereby affirm that the answers provided in the Victim Claim Form are truthful and submitted under the penalties of perjury. I/we will supplement this Victim Claim Form if any information given becomes inaccurate or incomplete.

Date: _____

(First Investor Signature)

(Print Name)

(Phone Number)

(Email Address)

(Social Security Number)

Date: _____

(Second Investor Signature)

(Print Name)

(Phone Number)

(Email Address)

(Social Security Number)

(F) CHANGE OF CONTACT INFORMATION:

It is your sole responsibility to keep the Claims Processing Agent updated with your current contact information. Neither the Special Master nor the Claims Processing Agent are required to locate your current whereabouts. Failure to update your contact information may result in removal of your claim from future distribution lists. If you need to update your address or contact information, please do so in the space provided below and return to the Claims Processing Agent as specified in Section (C) above. Completing this portion of the Victim Claim Form will not result in a redetermination of your Total Restitution Amount.

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Email: _____