

**AFFIDAVIT OF CLAIM AND CONSENT TO ASSIGNMENT**

WE, THE UNDERSIGNED, A CREDITOR OF:

**AUTISM SOCIETY OF ILLINOIS**

(Hereafter referred to as "Assignor")

do hereby become a part of and to, and further consent to, the terms and conditions of a Assignment for the Benefit of Creditors dated November 15, 2016, by and between Assignor, George E. Shoup III, Assignee, and the creditors of Assignor. The undersigned acknowledges receipt of a copy of the Notice of Assignment for the Benefit of Creditors, and by execution of this separate instrument, consents to the terms of the Assignment to the same effect as if the undersigned had executed the original Assignment.

The undersigned hereby further represents that the amount set opposite its signature is a true and correct statement of and of the amount owing to the undersigned, as of the date of the execution of the Assignment, for all credit extended to Assignor, after making such prior adjustments for credits and setoffs, that may be due, a copy of such statement of account being attached hereto and made a part hereof, and marked as Exhibit A.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(please fill in the date of your execution on this affidavit)

NAME OF CREDITOR: \_\_\_\_\_

BY: \_\_\_\_\_ (Duly Authorized Agent)

TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE OR PROVIDENCE AND ZIP OR POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER WITH AREA CODE: \_\_\_\_\_

AMOUNT OF CLAIM \$ \_\_\_\_\_ (Claim must be stated in U.S. Dollars)

Attach statement showing date or dates when debt was  
incurred and mail this form to the address below or submit through [www.dsiassignments.biz](http://www.dsiassignments.biz).

**GEORGE E. SHOUP III  
AS ASSIGNEE FOR THE BENEFIT OF CREDITORS  
C/O DEVELOPMENT SPECIALISTS, INC.  
70 WEST MADISON STREET  
SUITE 2300  
CHICAGO, ILLINOIS 60602  
PHONE: (614) 734-2717**

**THIS FORM MUST BE RETURNED WITH YOUR CLAIM(S) SUBMISSION FOR ANY AND ALL CLAIMS TO BE PROPERLY RECORDED BY THE CLAIMS ADMINISTRATOR.**