

EXHIBIT 1

IF YOU DISAGREE WITH THE ANIC AS SET FORTH HEREIN, YOU ARE REQUIRED TO SUBMIT THIS FORM WITH AN ORIGINAL SIGNATURE (COPIES WILL NOT BE ACCEPTED) AND ANY SUPPORTING DOCUMENTATION TO THE ADDRESS PROVIDED BELOW FOR RECEIPT BY THE CLAIMS BAR DATE OF AUGUST 15, 2008.

STATEMENT OF CLAIM FORM

Re: *United States Securities & Exchange Commission v. Alanar, Inc., et al.* United States District Court of the Southern District of Indiana (Indianapolis Division) Case No. 1:05-cv-01102-DFH-TAB

Investor No.: _____
 [Investor Name]
 [Address]
 [2nd Investor's Name]
 [Address]

Based on the Alanar, Inc. business records, the Receiver has determined your Adjusted Net Investor Claim¹ ("ANIC") as follows:

Payments made to an Alanar Business Entity	\$0.00
Less: All payments received from an Alanar Business Entity	-\$0.00
ANIC	\$0.00

(1) IF YOU AGREE WITH ANIC:

If you agree with the ANIC stated above, NO FURTHER ACTION IS NECESSARY to preserve your claim. Any distribution you receive from the Receiver in this action will be based on the ANIC amount, as stated.

(2) IF YOU DISAGREE WITH ANIC:

If you do NOT agree with the ANIC stated above, you MUST: (i) complete and sign this form in the space provided below indicating your disagreement with the ANIC; (ii) state what

¹ "ANIC" or the "Investor's Adjusted Net Investor Claim" is calculated by subtracting all payments made to Investors on account of investment in Bond Issues or Bond Funds from all Investor payments to an Alanar Business Entity in connection with or on account of Bond Issues or Bond Funds as defined in Section I.(i) of the Investor Claims Procedure. Investors who have zero or negative ANICs may not be entitled to participate in a Receivership distribution. In calculating ANIC for Investors with multiple investments, the Receiver has netted positive and negative ANIC's to arrive at one combined ANIC for each investor.

you believe your ANIC should be; (iii) provide any additional documentation to support what you believe your ANIC should be; and (iv) submit this Form to the Receiver by the Claims Bar Date of August 15, 2008 at the following address:

Bradley W. Skolnik, Receiver
c/o Stenger & Stenger, P.C.
4095 Embassy Dr. S.E., Suite A
Grand Rapids, MI 49546-2425

You may also fax this form and any supporting documentation to (616) 940-1192 or email to sara@stengerlaw.com in addition to mailing. Your return of this Statement of Claim Form will be treated as a Request for Redetermination of your ANIC amount. Submitting additional documentation to the Receiver without completing this form will result in your ANIC remaining as stated above.

I/we do not agree with the ANIC as stated. I/we believe my/our ANIC should be \$ _____.

I/we understand that the Receiver will rely on the information and documentation provided with this Form. **This form is submitted under penalties of perjury.**

Dated: _____

(First Investor)

[Print Name]

Dated: _____

(Second Investor)

[Print Name]

(3) CHANGE OF CONTACT INFORMATION:

It is your sole responsibility to keep the Receiver updated with your current contact information. The Receiver is not obligated to take measures 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 with the Receiver, please do so in the space provided below. Completing this portion of the Statement of Claim Form will **not** result in a redetermination of your ANIC amount. Redeterminations of ANIC amount, if any, will only be provided to Investors who complete Section (2) above.

Address: _____

Home Telephone: _____

Work Telephone: _____

Email: _____

Instructions for completing the Statement of Claim Form:

1. Terms used in this Statement of Claim Form that are also defined in the Investor Claims Procedure adopted by the United States District Court for the Southern District of Indiana in the case of *United States Securities & Exchange Commission v. Alanar, Inc., et al.*, Case No. 1:05-cv-01102-DFH-TAB, will have the same meaning as set forth in such Investor Claims Procedure. Read these terms carefully! A copy of the Investor Claims Procedure and the Order of the Court adopting the Investor Claims Procedure is posted on the Receiver's website at www.alanarinfo.com.

2. Please complete a separate Statement of Claim Form for each claim (as represented by the account number which was assigned to you by Alanar or by the Receiver for processing each of your claims).

3. **If you agree with your ANIC as stated herein, you do not need to complete this Statement of Claim Form (except to update your contact information). If you disagree with your ANIC as stated herein, the Receiver must receive your Statement of Claim Form by the Claims Bar Date of August 15, 2008.**

4. If you disagree with your ANIC as stated herein, this Statement of Claim Form must be: (a) completed in English; (b) in ink or typed; and (c) submitted by the Claims Bar Date with an original signature to: Bradley Skolnik, Receiver, c/o Stenger & Stenger PC, 4095 Embassy Dr. SE, Grand Rapids, MI 49546.

5. Any Investor who disagrees with his/her ANIC as stated herein and who does not file a properly completed and documented Statement of Claim Form on or before the Claims Bar Date shall be forever barred from disputing the ANIC shown on the Statement of Claim Form unless waived by the Receiver in his sole discretion for good cause shown. It is the Investor's responsibility to insure that the Statement of Claim Form is received by the Receiver on or before the Claims Bar Date. The Receiver will send a letter confirming receipt of your Statement of Claim Form.

6. If you do not agree with the ANIC as stated in this Statement of Claim Form, you **must** request redetermination of your ANIC in writing using this Statement of Claim Form. Failure to make this request in writing will result in your ANIC remaining as stated in this Statement of Claim Form. Please note that if you are requesting redetermination of your ANIC, you will not be eligible to participate in any distributions until the resolution of your request.

7. If you request a redetermination of your ANIC as stated in this Statement of Claim Form, you must provide documentation to the Receiver to support your reasons why the ANIC is inaccurate.

8. **Whether or not you disagree with the ANIC as stated in this Statement of Claim Form, it is your sole responsibility to keep the Receiver updated with your current contact information. The Receiver is not obligated to take measures to locate your current whereabouts. Failure to update your contact information may result in removal of your claim from future distribution lists.**

9. Neither the Receiver nor any of his agents represents you and, as such, cannot give you legal or financial advice. If you have any questions concerning how to complete this form, consult your own attorney or other independent advisor. The Receiver recommends that you secure such independent advice.

10. ***Remember, this Statement of Claim Form is submitted by you under penalties of perjury!***