

**JAMES D. SILVER, AS RECEIVER FOR
Nexstar Communications LLC, TMT Equipment Company LLC,
TMT Management Group LLC, Posa LLC, Posa TMT LLC,
Televest Communication LLC, Televest Group LLC, and Spin Drift LLC
633 S. Federal Highway
Fort Lauderdale, FL 33301
954-462-5500
www.tmtreceivership.com**

March 21, 2008

VIA U.S. MAIL & WEBSITE POSTING

**Re: Securities & Exchange Commission v. Edward S. Digges, Jr., et al
U. S. District Court for the Middle District of Florida
Case No. 6:06-CV-137-GAP-DAB**

Dear Investors:

I am the court-appointed Receiver for Nexstar Communications LLC, TMT Equipment Company LLC, TMT Management Group LLC, Posa LLC, Posa TMT LLC, Televest Communications LLC, Televest Group LLC, and Spin Drift LLC (collectively, the "Receiver Entities").

On February 25, 2008, the United States District Court for the Middle District of Florida entered the enclosed Order (the "Order"). The Order directs the Receiver to send the attached Claim Form and Claim Amendment Form to all known investors. Copies of the Claim Form and Claim Amendment Form also are available on the Internet at: www.tmtreceivership.com.

If you want to submit a claim for any money that may be distributed from the Receivership Estate, you must complete, sign, and submit the Claim Form to James D. Silver, Receiver, at the address shown in the letterhead above by May 16, 2008, with a postmark on or before that date, along with the requested supporting documents. No faxed or e-mailed copies will be accepted. If you fail to submit a Claim Form postmarked by May 16, 2008, your claim may be permanently barred. By signing the Claim Form and Claim Amendment Form, you are declaring under penalty of perjury that the information you are providing is true and correct.

After receipt of all timely Claim Forms, the Receiver's staff will compare your claim and supporting documentation to the Receivership Entities' books and records in an attempt to verify your claim. The Receiver's Counsel, Conrad & Scherer, LLP, will review claims to determine any legal objections. If we are unable to agree on the validity or amount of your claim, the dispute will be resolved in accordance with the claims dispute procedure set forth in the Order.

Sincerely,



James D. Silver, Receiver

Your Name: _____

CLAIM FORM

From:

**JAMES D. SILVER, AS RECEIVER FOR
Nexstar Communications LLC, TMT Equipment Company LLC,
TMT Management Group LLC, Posa LLC, Posa TMT LLC,
Televest Communication,, LLC, Televest Group LLC, and Spin Drift LLC
633 S. Federal Highway
Fort Lauderdale, FL 33301
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IMPORTANT NOTICE

THE PURPOSE OF THIS CLAIM FORM IS TO PROVIDE THE RECEIVER WITH NOTICE OF YOUR CLAIM, AND INFORMATION NECESSARY TO VERIFY YOUR CLAIM. IN ORDER TO BE ELIGIBLE TO RECEIVE A DISTRIBUTION OF THE RECEIVERSHIP ENTITIES' ASSETS, YOU **MUST** COMPLETE THIS CLAIM FORM AND RETURN THE ORIGINAL SIGNED CLAIM FORM, ALONG WITH ANY REQUESTED DOCUMENTATION, TO THE RECEIVER BY **MAY 16, 2008**, WITH A POSTMARK ON OR BEFORE THAT DATE. DO NOT FILE OR OTHERWISE SUBMIT THIS CLAIM FORM TO THE COURT. NO FACSIMILE OR E-MAIL COPIES WILL BE ACCEPTED.

TO BE ELIGIBLE FOR ANY DISTRIBUTION, **YOU MUST COMPLETE AND SUBMIT THIS CLAIM FORM EVEN IF YOU HAVE PREVIOUSLY SUBMITTED CORRESPONDENCE AND/OR DOCUMENTS TO THE RECEIVER, TO A LAWYER, TO A GOVERNMENT AGENCY, OR TO LAW ENFORCEMENT OFFICIALS.**

PLEASE KEEP A COPY OF THIS CLAIM FORM, AND ALL DOCUMENTS SUBMITTED WITH IT, FOR YOUR RECORDS. PLEASE SUBMIT YOUR CLAIM FORM TO THE RECEIVER BY **MAY 16, 2008** EVEN IF YOU DO NOT HAVE COMPLETE INFORMATION OR COMPLETE DOCUMENTATION. YOU WILL HAVE THE OPPORTUNITY TO SUPPLEMENT YOUR CLAIM FORM TO PROVIDE ADDITIONAL INFORMATION.

IF YOUR ADDRESS OR OTHER CONTACT INFORMATION CHANGES, IT IS YOUR RESPONSIBILITY TO NOTIFY THE RECEIVER **USING THE ENCLOSED CLAIM AMENDMENT FORM.** THAT FORM IS ALSO AVAILABLE ON THE WWW.TMTRECEIVERSHIP.COM WEBSITE.

PLEASE NOTE THAT THE COURT HAS APPROVED THIS CLAIM FORM AND THE BASIC MANNER IN WHICH DISTRIBUTION OF THE RECEIVER ESTATE WILL BE MADE. ANY PERSON OR ENTITY SUBMITTING THIS CLAIM FORM SHALL SUBMIT TO THE EXCLUSIVE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF FLORIDA FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES OR COUNTERCLAIMS THAT COULD BE ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM ARISING OUT OF ANY AND ALL DEALINGS OR BUSINESS

TRANSACTIONED BY OR WITH ANY OF THE RECEIVERSHIP ENTITIES. CLAIMANTS FURTHER WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES OR COUNTERCLAIMS.

I, _____, declare and state as follows:
(Print Name)

I. Personal Information:

a) Name: _____

b) Address: _____

c) Home Telephone Number: _____

d) Alternate Telephone Number: _____

e) Email Address: _____

f) *Social Security/Tax I.D. Number: _____

** The Internal Revenue Service (IRS) requires that all U.S. recipients of distribution checks provide their social security numbers or tax identification numbers to the Receiver. No check will be issued without a corresponding social security number or tax identification number. An IRS Form K-1 will be issued to each recipient of a distribution, and a copy will be filed with the IRS.*

II. Claims Made on Behalf of a Deceased Claimant:

If you are making this claim on behalf of a deceased claimant, please provide your personal information in Section I above and the deceased claimant's name for whom you are submitting this Claim Form next to your own name (for example, Jane Doe for the Estate of John Smith). In addition, please state:

a) Your relationship to the deceased claimant: _____

b) The source of your authority to submit this Claim Form on the decedent's behalf (for example, a court appointment or a trust agreement):

Your Name: _____

c) In addition, and to the extent they exist, please attach the following documents to this Claim Form:

A certified copy of the deceased claimant's death certificate; *and*

If you are the decedent's authorized representative through a court appointment, acceptable court evidence of your appointment as the decedent's representative dated within 12 months of submission of this Claim Form, showing that the appointment is still in full force and effect; or

If your authority to make this claim arises through a trust, a copy of the Trust Agreement and Certificate of Trustee.

III. Claims Obtained Through Assignments, Transfers or Legal Proceedings

a) If you are the holder of a claim that you acquired through a sale, transfer, or legal proceeding, please provide the following additional information:

I. Name of the seller, as signor, transferor or legal proceeding in which you obtained the claim:

ii. Attach all documents relating to your acquisition of the claim.

IV. Investment Information:

a) What is the total amount of money you invested with or paid to any of the Receivership Entities and/or their affiliates? **Please list the date and dollar amount for each separate principal investment or credit card terminal purchase/leaseback (collectively, "investment"). The total should only include actual funds you gave to any of the Receivership Entities and/or their affiliates, and should not include any credits, interest, rollovers, dividends, etc. Please also attach copies of documents supporting your investment, including any canceled checks (front and back), wire transfer orders, money order receipts, bank statements, and cash receipts for each investment listed below. Attach extra sheets if necessary.**

Your Name: _____

Date of Investment	Amount Invested	Payment Method ¹	Were these IRA funds? (Yes or No)	Who was your check, wire or money order made payable to, or who was the recipient of your cash payment?

Total Investment: \$ _____

b) Individual Retirement Account (IRA) or Trust Information

IMPORTANT INFORMATION IF YOU INVESTED THROUGH AN IRA OR TRUST ACCOUNT

_____ **If you invested through an Individual Retirement Account (IRA) or Trust Account, your IRA Custodian or Trustee must file this Claim Form for you and provide the**

¹Please indicate whether your investment was in the form of personal check, cashiers check, wire transfer, cash or other. If “other”, please explain the form of payment. Copies of account statements, checks, wire transfers, etc. may be obtained by contacting your bank. Contact your bank promptly as it may take several weeks to obtain copies of your bank records.

Your Name: _____

following information. Any distributions will be paid to the IRA Custodian or Trustee for the benefit of your IRA or Trust account.

The Current IRA Custodian or Trustee must provide the following information:

Name of IRA Custodian or Trust and Trustee: _____

Address of IRA Custodian or Trustee: _____

Telephone Number of IRA Custodian or Trustee: _____

Account holder's name as it appears on the IRA or Trust Account:

IRA or Trust Account Number: _____

If the IRA Custodian or Trustee has changed since the account holder's initial investment in any of the Receiver Entities, the following information must be provided:

Name of former IRA Custodian or Trust and Trustee: _____

Address of former IRA Custodian or Trustee: _____

Telephone Number of former IRA Custodian or Trustee: _____

Account holder's name as it appears on the former IRA or Trust Account:

Former IRA or Trust Account Number: _____

Documentation showing the appointment of the new IRA Custodian or Trustee (including account opening and closing documents, and all other documents relating to the transfer of the account).

(c) List all of the money you received in connection with your investment as either a return of principal, interest, these payment, dividend, withdrawal, referral fee, commission, or other, in the box below. **These amounts should only include actual funds you received and should not include unpaid or rollover interest that accrued in your account. Attach extra sheets if necessary.**

Your Name: _____

Date Received	Amount Received	Please specify if the amount received was in the form of interest, principal, lease payment, dividend, withdrawal, referral fee, commission or other. If "other", please explain in detail.

Total Amount Received \$ _____

(d) Were you ever an officer, director, committee or subcommittee member, principal, member, promoter, broker, consultant, employee, representative, intermediary, agent, attorney, vendor, independent contractor, or other service provider to any of the Receivership Entities or their business operations?

YES _____ NO _____

If you answered "YES" to the preceding question, state your title or position, role and responsibilities, dates of service, the type and amount of compensation that you received, the person(s) who provided that compensation, the date(s) compensation was received, and the reason(s) you received the compensation. Attach a separate sheet of paper if necessary indicating this question number.

VI. Other Information

a) Please attach a copy of all documents (invoices, purchase orders, contracts, lease agreements, certificates of title, account statements, promissory notes, bank records, checks, or other evidence of your interest in any of the Receiver Entities' credit card terminal venture(s)) that support your claim, even if you previously provided these documents to the Receiver or others. If these documents are not available or you cannot attach copies, please attach a statement detailing the reasons that you cannot obtain or attach the documents.

Your Name: _____

b) Please be advised that making any false or misleading statement in any part or portion of this Claim Form may render the entire Claim Form invalid.

VII. Representations by Claimant

a) I acknowledge and agree that by filing this Claim Form, I am subjecting myself and my claim to the jurisdiction of the U.S. District Court for the Middle District of Florida that is administering the Receivership Estate ("Receivership Court"). I further agree that my claim shall be adjudicated, determined and paid as ordered by the Receivership Court. I further consent to, and understand that the Receivership Court will determine: (I) my right to any money from the Receivership Estate, if any is available; (ii) the priority of my claim; (iii) the scheduling and allocation of any assets to be distributed; and (iv) all objections and disputes o the allowance of my claim by the Receiver, which shall be submitted to and subject to review by the Receivership Court for a final ruling without a jury.

b) I represent that I have not sold, assigned, transferred, hypothecated or in any way conveyed my interest in or claim against the Receivership Estate. From the date of this Claim Form, I agree not to sell, convey, assign, transfer or hypothecate my interest in or claim against the Receivership Estate prior to the date(s) of distribution. In the event that my interest is transferred, prior to the date(s) of any distribution, except by operation of law, I agree that any such transfer or assignment shall be null and void and unenforceable by any successor third p arty.

c) I represent that I have not received any distribution of money from the Receivership Entities or any of their affiliated persons or entities in connection with this Claim that I have not disclosed in Section IV above.

I declare under penalty of perjury under the laws of the United States of America and the several states that all of the statements made in this Claim Form are true and correct.

Signature: _____
Claim Form not valid unless signed

Print Name: _____

**UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION**

**SECURITIES AND EXCHANGE
COMMISSION,**

Plaintiff,

-vs-

Case No. 6:06-cv-137-Orl-31DAB

EDWARD S. DIGGES, JR., et al.,

Defendants,

ORDER

This matter comes before the Court on Receiver's Motion for an Order Approving Claims Procedures and Establishing Claims Deadlines for all Claimants, Approving Claim Form and Claim Amendment Form, and Approving a Distribution Solely to Investors (Doc. 149) and the Status Report (Doc. 194) filed by the Receiver on February 20, 2008. Accordingly, it is

ORDERED that

1. The instant Motion (Doc. 149) is **GRANTED in part**.
2. The Claim Form and Claim Amendment Form attached to this Order and the initial distribution amount of \$1 million are hereby **APPROVED**.
3. The Receiver shall mail copies of the attached Claim Form and Claim Amendment Form to the potential claimants via First Class Mail and publish such on the Receivership website no later than March 21, 2008.
4. Receiver shall file notice with this Court of mailing and publication no later than March 25, 2008.


5. Receiver shall notify potential claimants that all claim forms must be postmarked no later than May 16, 2008.

6. Receiver's objections to any investor claims shall be sent via Certified Mail to the investors and post-marked no later than June 13, 2008.

7. Receiver shall inform investors that their Responses to the objections must be post-marked no later than July 14, 2008.

8. Receiver shall file all Objection Notices and Responses with this Court no later than July 28, 2008.

DONE and ORDERED in Chambers, Orlando, Florida on February 25, 2008.


GREGORY A. PRESNELL
UNITED STATES DISTRICT JUDGE

Copies furnished to:

Counsel of Record
Unrepresented Party

**JAMES D. SILVER, AS RECEIVER FOR
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This form is intended to be used by investors who wish to amend their Claim Form or notify the Receiver of a change in contact information. Completed original forms must be mailed to the Receiver, James D. Silver, at the address shown in the letterhead above. No fax or e-mail copies will be accepted.

I, _____, wish to amend my Claim submitted on _____, 2008, to reflect the following (check if applicable and fill in blanks):

_____ I consent to the Receiver's total amount invested figure of \$ _____ and hereby request that my claim be amended to reflect the foregoing.

_____ I consent to the Receiver's total amount received figure of \$ _____ and hereby request that my claim be amended to reflect the foregoing.

_____ I wish to update my contact information to the following:

Address: _____

Phone: _____

E-mail: _____

Signature: _____

Print Name: _____

Date: _____