

# Exhibit D

**BURTON W. WIAND, COURT-APPOINTED RECEIVER  
FOR TRI-MED CORPORATION, TRI-MED ASSOCIATES INC.,  
AND TMFL HOLDINGS, LLC**

Month, Day, 2015

Claimant Name  
123 Main Street  
Anywhere, Florida 12345

Re: *State of Florida, Office of Financial Regulation v. Tri-Med Corp., et al.*  
**Pinellas County Circuit Court, FL, Case No. 14-001695-CI**

Dear Claimant:

This letter acknowledges that my office has received the following Proof of Claim Form:

<b>Claimant Name:</b>	
<b>Claim Description:</b>	

If you believe that any of the information shown above is incorrect, please contact Mary Gura at Wiand Guerra King P.L. by email to [mgura@wiandlaw.com](mailto:mgura@wiandlaw.com) or by phone to (813) 347-5100. If you submitted additional Proof of Claim Forms, you will receive a separate acknowledgement letter for each Proof of Claim Form that you submitted and that we received. If you do not receive an acknowledgement letter for any form you submitted, you must contact Mary Gura to ensure it was received.

Once the Claim Bar Date has expired and I have evaluated all submitted claims, I will file a motion with the Court seeking approval regarding, among other things, (1) allowed claim amounts; (2) priority of claims; and (3) a process for resolving objections to determinations of claims and priorities. I will send you a letter advising you when this motion is filed with the Court. However, I encourage you to continue to check my website, [www.trimedreceivership.com](http://www.trimedreceivership.com), for updates regarding the claims process and other Receivership matters. I appreciate your patience through this process.

Sincerely yours,

Burton W. Wiand  
as Court-Appointed Receiver