

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN JOSE DIVISION

In re EXTREME NETWORKS, INC.  
SECURITIES LITIGATION

Master File No. 3:15-cv-04883-BLF

CLASS ACTION

**PROOF OF CLAIM AND RELEASE**

This Document Relates to:

All Actions.

**I. GENERAL INSTRUCTIONS**

1. Capitalized terms not defined in this Proof of Claim and Release ("Claim Form") have the same meaning as set forth in the Notice of Pendency of Class Action, Proposed Settlement, and Motion for Attorneys' Fees and Expenses ("Notice") that accompanies this Claim Form and the Stipulation and Agreement of Settlement, dated as of November 30, 2018 (the "Stipulation").

2. To be eligible to recover from the Net Settlement Fund in the action entitled *In re Extreme Networks, Inc. Sec. Litig.*, No. 15-04883-BLF (N.D. Cal.) (the "Action"), you must complete and, on page 8, sign this Claim Form. If you fail to submit a properly completed and addressed Claim Form, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the Settlement of the Action.

Submission of this Claim Form, however, does not assure that you will share in the Net Settlement Fund.

**3. YOU MUST MAIL OR SUBMIT YOUR COMPLETED AND SIGNED CLAIM FORM ONLINE SO THAT IT IS POSTMARKED OR RECEIVED NO LATER THAN JUNE 6, 2019, ADDRESSED AS FOLLOWS:**

Extreme Networks, Inc. Securities Litigation  
c/o KCC Class Action Services  
P.O. Box 505026  
Louisville, KY 40233-5026  
[www.ExtremeNetworksSecuritiesLitigation.com](http://www.ExtremeNetworksSecuritiesLitigation.com)

To be considered timely, your Claim Form must be postmarked or received by the deadline above. A Claim Form will be deemed to be submitted when mailed, if received with a postmark on the envelope and if mailed by first-class or overnight U.S. Mail and addressed in accordance with the instructions above. In all other cases, the Claim Form will be deemed to have been submitted when actually received by the Claims Administrator.

4. Please note that if you have an eligible claim that calculates to a payment of less than \$10.00, your payment will be sent to you through PayPal, using an account that you have established, rather than a paper check, given the costs associated with mailing checks. **If you do not provide the information required to process a payment through PayPal and/or you do not have an active PayPal account at the time of payment you will not receive a payment.** For instance, as noted in the Notice, if the average settlement recovery is \$0.04 per damaged share and you purchased 200 damaged shares, your payment may be \$8.00. If your payment is \$8.00, you will be paid only through your PayPal account. If you purchased 500 shares your payment may be \$20.00. **However, please remember that the average recovery amount of \$0.04 per damaged share is only an estimate and Settlement Class Members may recover more or less.** An individual Settlement Class Member's actual recovery will depend on numerous factors. These factors are fully explained in the Plan of Allocation beginning on page 8 of the Notice. Please refer to the Plan for information on the calculation of your Recognized Claim.

5. If your payment is between \$10.00 and \$100.00, you may choose to receive a payment through a PayPal account that you have established or by check. See page 2, below. Payments for more than \$100.00 will be by check.

6. If you are NOT a Settlement Class Member (as defined in the Notice), **DO NOT** submit a Claim Form. If you are a Settlement Class Member and have not requested exclusion, you will be bound by the terms of the Settlement and any judgment entered in this Action, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM.**

7. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the settlement website at [www.ExtremeNetworksSecuritiesLitigation.com](http://www.ExtremeNetworksSecuritiesLitigation.com) or you may email the Claims Administrator's electronic filing department at [Nominees@ExtremeNetworksSecuritiesLitigation.com](mailto:Nominees@ExtremeNetworksSecuritiesLitigation.com). Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at [Nominees@ExtremeNetworksSecuritiesLitigation.com](mailto:Nominees@ExtremeNetworksSecuritiesLitigation.com) to inquire about your file and confirm it was received and acceptable.



UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN JOSE DIVISION

*In re Extreme Networks, Inc. Sec. Litig.*

Master File No. 3:15-cv-04883-BLF

**PROOF OF CLAIM AND RELEASE**

Please Type or Print in the Boxes Below  
Do NOT use Red Ink, Pencil, or Staples

Must Be Postmarked or Received  
No Later than JUNE 6, 2019

**EXS**

Official  
Office  
Use  
Only

**PART I. CLAIMANT IDENTIFICATION**

Last Name (Beneficial Owner)

[Grid for Last Name (Beneficial Owner)]

M.I.

[M.I. Box]

First Name (Beneficial Owner)

[Grid for First Name (Beneficial Owner)]

Last Name (Co-Beneficial Owner)

[Grid for Last Name (Co-Beneficial Owner)]

M.I.

[M.I. Box]

First Name (Co-Beneficial Owner)

[Grid for First Name (Co-Beneficial Owner)]

Company Name (Beneficial Owner - if Claimant is not an Individual or Custodian Name if an IRA)

[Grid for Company Name]

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

[Grid for Trustee/Asset Manager/Nominee/Record Owner's Name]

Account#/Fund# (Not Necessary for Individual Filers)

[Grid for Account#/Fund#]

Last Four Digits of Social Security Number

[Grid for Last Four Digits of Social Security Number]

or

Taxpayer Identification Number

[Grid for Taxpayer Identification Number]

Telephone Number (Primary Daytime)

[Grid for Telephone Number (Primary Daytime)]

Telephone Number (Alternate)

[Grid for Telephone Number (Alternate)]

Email address for communications (Email address is generally not required, but if you provide it, you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

[Grid for Email address for communications]

Email address for payment to PayPal account (Required in order to receive a settlement payment of less than \$10.00 or, if your settlement payment is between \$10.00 and \$100.00, you elect an electronic payment below.)

[Grid for Email address for payment to PayPal account]

If my (our) settlement payment is between \$10.00 and \$100.00, I (we) wish to receive payment from the Settlement  by check or  by credit to the PayPal account associated with the above email address. (Please note, you must have an active PayPal account associated with this email address at the time of payment. If you do not, you will receive a check.)

**MAILING INFORMATION**

Address

[Grid for Address]

Address

[Grid for Address]

City

[Grid for City]

State

[Grid for State]

Zip Code

[Grid for Zip Code]

Foreign Province

[Grid for Foreign Province]

Foreign Postal Code

[Grid for Foreign Postal Code]

Foreign Country Name/Abbreviation

[Grid for Foreign Country Name/Abbreviation]

FOR CLAIMS  
PROCESSING  
ONLY

OB

[Grid for OB]

CB

[Grid for CB]

- ATP
- KE
- ICI

- BE
- DR
- EM

- FL
- ME
- ND

- OP
- RE
- SH

MM / DD / YYYY

FOR CLAIMS  
PROCESSING  
ONLY



**PART II. TRANSACTIONS IN EXTREME PUBLICLY TRADED COMMON STOCK**

- BEGINNING HOLDINGS** – State the total number of shares of common stock held as of the opening of trading on September 12, 2013. If none, write “0” or “Zero.” (Must be documented.)
- PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD** – Separately list each and every purchase/acquisition of common stock from after the opening of trading on September 12, 2013 through and including the close of trading on April 9, 2015. (Must be documented.)

PURCHASES							Total Purchase Price (excluding taxes, commissions and fees). Please round off to the nearest whole dollar
Date of Purchase (List Chronologically)			Number of Shares Purchased	Purchase Price Per Share			
M	M	D D	Y Y				
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$ <input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$ <input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$ <input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$ <input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$ <input type="text"/>

- PURCHASES/ACQUISITIONS DURING 90-DAY LOOKBACK PERIOD** – State the total number of shares of common stock purchased/acquired from after the opening of trading on April 10, 2015 through and including the close of trading on July 8, 2015<sup>1</sup>. (Must be documented.)
- SALES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD** – Separately list each and every sale/disposition of common stock from after the opening of trading on September 12, 2013 through and including the close of trading on July 8, 2015. (Must be documented.)

SALES							Total Sale Price (excluding taxes, commissions and fees). Please round off to the nearest whole dollar
Date of Sale (List Chronologically)			Number of Shares Sold	Sale Price Per Share			
M	M	D D	Y Y				
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$ <input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$ <input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$ <input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$ <input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$ <input type="text"/>

- ENDING HOLDINGS** – State the total number of shares of common stock held as of the close of trading on July 8, 2015. If none, write “0” or “Zero.” (Must be documented.)

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPIY THIS PAGE,

WRITE YOUR NAME ON THE COPY AND FILL THIS CIRCLE: ○

IF YOU DO NOT FILL IN THIS CIRCLE THESE ADDITIONAL PAGES MAY NOT BE REVIEWED.

YOU MUST READ AND SIGN THE RELEASE ON PAGE 8. FAILURE TO SIGN THE RELEASE  
MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

<sup>1</sup> Information requested in this Claim Form with respect to your transactions from the opening of trading on April 10, 2015 through and including the close of trading on July 8, 2015, is needed only in order to balance your claim. Purchases/acquisitions (sales of put options) during this period are not eligible to participate in the Settlement because they are outside the Class Period.



**PART III. TRANSACTIONS IN EXTREME EXCHANGE-TRADED CALL OPTIONS**

1. **BEGINNING HOLDINGS** – State the total number of call option contracts held as of the opening of trading on September 12, 2013. If none, write “0” or “Zero.” (Must be documented.)

Strike Price of Call Option Contract	Number of Call Option Contracts Held	Expiration Date of Call Option Contract (MM/YY)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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2. **PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD** – Separately list each and every purchase/acquisition of call option contracts from after the opening of trading on September 12, 2013 through and including the close of trading on April 9, 2015. (Must be documented.)

Date of Purchase (List Chronologically) (MM/DD/YY)	Strike Price of Call Option Contract	Number of Call Option Contracts Purchased	Purchase Price Per Call Option Contract	Insert an “E” if Exercised or “X” if Expired	Exercise Date (MM/DD/YY)	Expiration Date of Call Option Contract (MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST PHOTOCOPY THIS PAGE AND FILL THIS CIRCLE: ○



3. **SALES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD** – Separately list each and every sale/disposition of the call option contracts listed in #2 above from after the opening of trading on September 12, 2013 through and including the close of trading on July 8, 2015. (Must be documented.)

Date of Sale (List Chronologically) (MM/DD/YY)	Strike Price of Call Option Contract	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Insert "A" if Assigned. Insert "X" if Expired	Expiration Date of Call Option Contract (MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. **ENDING HOLDINGS** – State the total number of call option contracts open after the close of trading on July 8, 2015. If none, write "0" or "Zero." (Must be documented.)

Strike Price of Call Option Contract	Number of Call Option Contracts Held	Expiration Date of Call Option Contract (MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST PHOTOCOPY THIS PAGE AND FILL THIS CIRCLE: ○



**PART IV. TRANSACTIONS IN EXTREME EXCHANGE-TRADED PUT OPTIONS**

1. **BEGINNING HOLDINGS** – State the total number of put option contracts held as of the opening of trading on September 12, 2013. If none, write “0” or “Zero.” (Must be documented.)

Strike Price of Put Option Contract	Number of Put Option Contracts Held	Expiration Date of Put Option Contract (MM/YY)
[ ][ ][ ][ ][ ][ ] . [ ]	[ ][ ][ ][ ][ ]	[ ][ ] [ ][ ]
[ ][ ][ ][ ][ ][ ] . [ ]	[ ][ ][ ][ ][ ]	[ ][ ] [ ][ ]
[ ][ ][ ][ ][ ][ ] . [ ]	[ ][ ][ ][ ][ ]	[ ][ ] [ ][ ]
[ ][ ][ ][ ][ ][ ] . [ ]	[ ][ ][ ][ ][ ]	[ ][ ] [ ][ ]

2. **SALES (WRITING OF PUT OPTIONS) DURING THE CLASS PERIOD** – Separately list each and every sale (writing) of put option contracts from after the opening of trading on September 12, 2013 through and including the close of trading on April 9, 2015. (Must be documented.)

Date of Sale (Writing) (List Chronologically) (MM/DD/YY)	Strike Price of Put Option Contract	Number of Put Option Contracts Sold (Written)	Sale Price Per Put Option Contract	Insert “E” if Exercised. Insert “X” if Expired	Expiration Date of Put Option Contract (MM/YY)
[ ][ ] [ ][ ] [ ][ ]	[ ][ ][ ] . [ ]	[ ][ ]	[ ][ ][ ] . [ ]	[ ]	[ ][ ] [ ][ ]
[ ][ ] [ ][ ] [ ][ ]	[ ][ ][ ] . [ ]	[ ][ ]	[ ][ ][ ] . [ ]	[ ]	[ ][ ] [ ][ ]
[ ][ ] [ ][ ] [ ][ ]	[ ][ ][ ] . [ ]	[ ][ ]	[ ][ ][ ] . [ ]	[ ]	[ ][ ] [ ][ ]
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[ ][ ] [ ][ ] [ ][ ]	[ ][ ][ ] . [ ]	[ ][ ]	[ ][ ][ ] . [ ]	[ ]	[ ][ ] [ ][ ]

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST PHOTOCOPY THIS PAGE AND FILL THIS CIRCLE: ○



3. **RE-PURCHASES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD** – Separately list each and every re-purchase of put option contracts listed in #2 above from after the opening of trading on September 12, 2013 through and including the close of trading on July 8, 2015. (Must be documented.)

Date of Re-Purchase (List Chronologically) (MM/DD/YY)	Strike Price of Put Option Contract	Number of Put Option Contracts Purchased	Purchase Price Per Put Option Contract	Expiration Date of Put Option Contract (MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. **ENDING HOLDINGS** – State the total number of put option contracts held as of the close of trading on July 8, 2015. If none, write “0” or “Zero.” (Must be documented.)

Strike Price of Put Option Contract	Number of Put Option Contracts Held	Expiration Date of Put Option Contract (MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST PHOTOCOPY THIS PAGE AND FILL THIS CIRCLE: ○



**V. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**

By signing and submitting this Claim Form, the claimant(s) or the person(s) acting on behalf of the claimant(s) certify(ies) that: I (We) submit this Claim Form under the terms of the Plan of Allocation of Net Settlement Fund described in the accompanying Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of California (the "Court") with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that I (we) will be bound by the terms of any judgment entered in connection with the Settlement in the Action, including the releases set forth therein. I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in eligible Extreme Securities, if required to do so. I (We) have not submitted any other claim covering the same transactions in publicly traded Extreme Securities during the alleged Class Period and know of no other person having done so on my (our) behalf.

**VI. RELEASES, WARRANTIES, AND CERTIFICATION**

1. I (We) hereby warrant and represent that I am (we are) a Settlement Class Member as defined in the Notice, that I am (we are) not excluded from the Settlement Class, that I am (we are) not one of the "Released Defendant Parties" as defined in the accompanying Notice.

2. As a Settlement Class Member, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge with prejudice the Released Claims as to each and all of the Released Defendant Parties (as these terms are defined in the accompanying Notice). This release shall be of no force or effect unless and until the Court approves the Settlement and it becomes effective on the Effective Date.

3. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

4. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions and sales and other transactions in publicly traded Extreme Securities that occurred during the Class Period and the number of securities held by me (us), to the extent requested.

5. I (We) certify that I am (we are) NOT subject to backup tax withholding. (If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)

I (We) declare that all of the foregoing information supplied by the undersigned is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month/Year) (City/State/Country)

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
(Type or print name of Claimant)

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
(Type or print name of Joint Claimant, if any)

\_\_\_\_\_  
Signature of person signing on behalf of Claimant

\_\_\_\_\_  
(Type or print name of person signing on behalf of Claimant)

\_\_\_\_\_  
Capacity of person signing on behalf of Claimant, if other than an individual  
(e.g., Administrator, Executor, Trustee, President, Custodian, Power of Attorney, etc.)

**REMINDER CHECKLIST:**

- 1. Please sign this Claim Form.
- 2. DO NOT HIGHLIGHT THE CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.
- 3. Attach only copies of supporting documentation as these documents will not be returned to you.
- 4. Keep a copy of your Claim Form for your records.
- 5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. **Your claim is not deemed submitted until you receive an acknowledgment postcard.** If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at (866) 526-6266.
- 6. If you move after submitting this Claim Form, please notify the Claims Administrator of the change in your address, otherwise you may not receive additional notices or payment.

