



Audet, et al. v. Fraser, et al.
c/o Epiq
P.O. Box 3578
Portland, OR 97208-3578
Toll-Free Number: (855) 964-0522
Email: info@GAWMinersClassAction.com
Website: www.GAWMinersClassAction.com

PROOF OF CLAIM AND RELEASE

TO BE ELIGIBLE TO RECEIVE A SHARE OF THE NET SETTLEMENT FUND IN CONNECTION WITH THE PROPOSED SETTLEMENT OF THIS ACTION, YOU MUST EITHER (A) MAIL A COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE FORM (“CLAIM FORM”) TO THE ABOVE ADDRESS VIA PREPAID, FIRST-CLASS MAIL, POSTMARKED ON OR BEFORE JULY 14, 2023, OR (B) COMPLETE AND SUBMIT THE CLAIM FORM THROUGH THE SETTLEMENT WEBSITE, WWW.GAWMINERSCLASSACTION.COM, ON OR BEFORE JULY 14, 2023.

FAILURE TO MAIL OR SUBMIT YOUR CLAIM FORM BY THE DATE SPECIFIED WILL SUBJECT YOUR CLAIM TO REJECTION AND MAY PRECLUDE YOU FROM BEING ELIGIBLE TO RECEIVE ANY MONEY IN CONNECTION WITH THE PROPOSED SETTLEMENT.

DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE PARTIES TO THE ACTION, OR THEIR COUNSEL. SUBMIT YOUR CLAIM FORM ONLY TO THE SETTLEMENT ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE OR THROUGH THE WEBSITE AT WWW.GAWMINERSCLASSACTION.COM.

PART I – GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of Class Action Settlement (the “Notice”) that accompanies this Proof of Claim Form, including the Plan of Distribution of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Settlement Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Distribution are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

2. By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlement described in the Notice. **IF YOU ARE NOT A SETTLEMENT CLASS MEMBER** (see the definition of the Settlement Class on page 3 of the Notice, which sets forth who is included in and who is excluded from the Settlement Class), **OR IF YOU, OR SOMEONE ACTING ON YOUR BEHALF, PREVIOUSLY SUBMITTED A REQUEST FOR EXCLUSION FROM THE LITIGATION CLASS, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A SETTLEMENT CLASS MEMBER.** THUS, IF YOU ARE EXCLUDED FROM THE SETTLEMENT CLASS, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.

3. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Distribution set forth in the Notice, if it is approved by the Court, or by such other plan of distribution as the Court approves.**

4. Use Part III of this form to set forth each account that you had with GAW Miners, LLC and/or ZenMiner, LLC for your transactions in Hashlets, Hashpoints, Hashstakers, or Paycoin.



5. Use Part IV of this form to set forth (1) your purchases of Hashlets, Hashpoints, HashStakers, or Paycoin from GAW Miners, LLC and/or ZenMiner, LLC between August 1, 2014, and January 19, 2015; or (2) your acquisitions of Hashlets, Hashpoints, HashStakers, or Paycoin from GAW Miners, LLC and/or ZenMiner, LLC, made by converting, upgrading, or exchanging other products sold by GAW Miners, LLC and/or ZenMiner, LLC between August 1, 2014, and January 19, 2015. Provide all of the requested information with respect to your purchases, acquisitions, and sales of Hashlets, Hashpoints, HashStakers, or Paycoin from GAW Miners, LLC and/or ZenMiner, LLC, whether such transactions resulted in a profit or a loss. **Failure to report all requested information during the requested time period may result in the rejection of your claim.**

6. Use Part V of this form to set forth any payments you have received in connection with *United States v. Garza*, Case No. 3:17-cr-158-RNC (D. Conn.), including restitution payments made by Homero Joshua Garza pursuant to the Restitution Order in that case.

7. Epiq, as Settlement Administrator, reserves the right to audit any claims and could request that you submit genuine and sufficient documentation for your transactions in Hashlets, Hashpoints, HashStakers, or Paycoin from GAW Miners, LLC and/or ZenMiner, LLC set forth in the Schedule of Transactions in Part IV of this Claim Form. **Please keep a copy of all documents that you send to the Settlement Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.**

8. Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from joint owners should not include separate transactions of just one of the joint owners). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Claim Form, no matter how many separate accounts or transactions that entity has.

9. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, Social Security number (or taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the transactions in Hashlets, Hashpoints, HashStakers, or Paycoin; and
- (c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting.

10. By submitting a signed Claim Form, you will be swearing that you:

- (a) transacted in Hashlets, Hashpoints, HashStakers, or Paycoin you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

11. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of any documents attached thereto, whether submitted now or later in the claims administration process, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

12. If the Court approves the Settlement, payments to eligible Claimants pursuant to the Plan of Distribution (or such other plan of distribution as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. The claims process will take substantial time to complete fully and fairly. Please be patient.

13. **PLEASE NOTE:** As set forth in the Plan of Distribution, each eligible Claimant shall receive his, her or its *pro rata* share of the Net Settlement Fund. If the prorated payment to any eligible Claimant calculates to less than \$10.00, it will not be included in the calculation and no distribution will be made to that Claimant.



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14. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Settlement Administrator, Epiq, at the above address, by email at info@GAWMinersClassAction.com, by toll-free phone from the U.S. and Canada at (855) 964-0522, or you can visit the Settlement website, www.GAWMinersClassAction.com, where copies of the Claim Form and Notice are available for downloading.

IMPORTANT: PLEASE NOTE

IF YOU HAVE FILED A CLAIM ONLINE, YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT EMAIL. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL WITHIN 60 DAYS, PLEASE CALL THE SETTLEMENT ADMINISTRATOR TOLL-FREE AT (855) 964-0522.

The Settlement Administrator will use this information for all communications regarding this Claim Form. If the information changes, you MUST notify the Settlement Administrator at the address above.

PART II – CLAMANT IDENTIFICATION

PLEASE COMPLETE THIS PART II IN ITS ENTIRETY. THE SETTLEMENT ADMINISTRATOR WILL USE THIS INFORMATION FOR ALL COMMUNICATIONS REGARDING THIS CLAIM FORM. IF THIS INFORMATION CHANGES, YOU MUST NOTIFY THE SETTLEMENT ADMINISTRATOR IN WRITING AT THE ADDRESS ABOVE.

Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Beneficial Owner's First Name	MI	Co-Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if Beneficial Owner is not an individual)

Representative or Custodian Name (if different from Beneficial Owner[s] listed above)

Address 1 (street name and number)

Address 2 (apartment, unit or box number)

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

Country

Last four digits of Social Security Number or Taxpayer Identification Number

Phone Number (Day)	Phone Number (Evening)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address

Claimant Account Type (check appropriate box)

Individual Other _____ (please specify)

Corporation



PART VI – RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 8 OF THIS CLAIM FORM.

I (we) hereby acknowledge that, as of the Final Settlement Date of the Settlement, pursuant to the terms set forth in the Joint Stipulation and Settlement Agreement (“Settlement Agreement”), I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, affiliates, and assigns, in their capacities as such, shall be deemed to have, and by operation of law and of the Order and Judgment shall have, fully, finally, and forever released, relinquished, and discharged all Releasing Parties’ Released Claims (as defined in the Settlement Agreement and in the Notice) against the Released Parties (as defined in the Settlement Agreement and in the Notice), whether served or unserved with any complaint in the Action, and shall have covenanted not to sue the Released Parties with respect to all such Releasing Parties’ Released Claims, and shall be permanently barred and enjoined from asserting, commencing, prosecuting, instituting, assisting, instigating, or in any way participating in the commencement or prosecution of any action or other proceeding, in any forum, asserting any Releasing Parties’ Released Claims, either directly, representatively, derivatively, or in any other capacity, against any of the Released Parties.

CERTIFICATION

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represent(s) the Claimant(s) certifies (certify), as follows:

1. that I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the Settlement Agreement and the terms of the Plan of Distribution;
2. that the Claimant(s) is a (are) Settlement Class Member(s), as defined in the Notice and in paragraph 2 on page 1 of this Claim Form, and is (are) not excluded from the Settlement Class by definition or pursuant to request as set forth in the Notice and in paragraph 2 on page 1 of this Claim Form;
3. that I (we) transacted Hashlets, Hashpoints, HashStakers, or Paycoin from GAW Miners, LLC and/or ZenMiner, LLC and have not assigned the claim against the Defendants’ Releasees to another or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
4. that the Claimant(s) has (have) not submitted any other Claim covering the same purchases/acquisitions of Hashlets, Hashpoints, HashStakers, or Paycoin from GAW Miners, LLC and/or ZenMiner, LLC and knows (know) of no other person having done so on the Claimant’s (Claimants’) behalf;
5. that the Claimant(s) submit(s) to the jurisdiction of the Court with respect to Claimant’s (Claimants’) Claim and for purposes of enforcing the releases set forth herein;
6. that I (we) agree to furnish such additional information with respect to this Claim Form as Lead Counsel, the Settlement Administrator, or the Court may require;
7. that the Claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the Court’s summary disposition of the determination of the validity or amount of the Claim made by this Claim Form;
8. that I (we) acknowledge that the Claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and
9. that the Claimant(s) is (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the Claimant(s) is (are) exempt from backup withholding or (b) the Claimant(s) has (have) not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the Claimant(s) that he/she/it is no longer subject to backup withholding. **If the IRS has notified the Claimant(s) that he, she, or it is subject to backup withholding, please strike out the language in the preceding sentence indicating that the Claim is not subject to backup withholding in the certification above.**



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UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant

Date: - -
MM DD YYYY

Print your name here

Signature of joint Claimant, if any

Date: - -
MM DD YYYY

Print your name here

If the Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of person signing on behalf of Claimant

Date: - -
MM DD YYYY

Print your name here

Capacity of person signing on behalf of Claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc. (Must provide evidence of authority to act on behalf of Claimant – see paragraph 13 on page 4 of this Claim Form.)



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REMINDER CHECKLIST:

1. Please sign the above release and certification. If this Claim Form is being made on behalf of joint Claimants, both must sign.
2. Please do not highlight any portion of the Claim Form.
3. Do not send original security certificates or documentation. These items cannot be returned to you by the Settlement Administrator.
4. Keep copies of the completed Claim Form and documentation for your own records.
5. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Settlement Administrator.
6. If you have any questions or concerns regarding your Claim, please contact the Settlement Administrator at the address below, by email at info@GAWMinersClassAction.com, toll-free at (855) 964-0522, or visit www.GAWMinersClassAction.com.

Please DO NOT call GAW Miners or any of the other Defendants or their counsel with questions regarding your Claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTMARKED NO LATER THAN JULY 14, 2023, ADDRESSED AS FOLLOWS:

Audet, et al. v. Fraser, et al.
c/o Epiq
P.O. Box 3578
Portland, OR 97208-3578

A Claim Form received by the Settlement Administrator shall be deemed to have been submitted when posted if a postmark date on or before July 14, 2023 is indicated on the envelope and it is mailed First-Class and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Settlement Administrator.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Settlement Administrator of any change of address.