

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

RAYMOND BALESTRA, individually and
on behalf of all others similarly situated,

Plaintiff,

v.

ATBCOIN LLC, EDWARD NG, and
HERBERT W. HOOVER,

Defendants.

C.A. No. 1:17cv10001

Hon. Vernon S. Broderick

CLASS ACTION

PROOF OF CLAIM AND RELEASE FORM

THIS FORM MUST BE RECEIVED BY AUGUST 23, 2022

IF YOU PURCHASED OR OTHERWISE ACQUIRED ATB TOKENS BETWEEN JUNE 12, 2017 AND SEPTEMBER 15, 2017, INCLUSIVE, WHILE LOCATED WITHIN THE UNITED STATES, YOU MAY BE A MEMBER OF THE CLASS ENTITLED TO RECOVERY. YOU MUST COMPLETE THIS FORM TO RECEIVE PAYMENT AS PART OF THE CLASS ACTION SETTLEMENT.

I. GENERAL INSTRUCTIONS

A. To recover as a member of the Class based on your claims in the action entitled *Balestra v. ATBCOIN LLC*, Case No. 1:17cv10001 (S.D.N.Y.) (the “Litigation”), you must complete and, on page 7 hereof, sign this Proof of Claim form. If you fail to file a properly addressed Proof of Claim form (as set forth in paragraph C below), your claim may be rejected and you may be precluded from any recovery from the Settlement Fund created in connection with the proposed Settlement of the Litigation.

B. Submission of this Proof of Claim form, however, does not assure that you will share in the proceeds of Settlement in the Litigation.

C. **YOU MUST EMAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE TO THE CLAIMS ADMINISTRATOR AT INFO@STRATEGICCLAIMS.NET NO LATER THAN 11:59 P.M. EST ON AUGUST 23, 2022, OR YOU MUST MAIL IT SO THAT IT IS RECEIVED ON OR BEFORE AUGUST 23, 2022, ADDRESSED TO THE CLAIMS ADMINISTRATOR AS FOLLOWS: BALESTRA V. ATBCOIN LLC, C/O STRATEGIC CLAIMS SERVICES, 600 N. JACKSON STREET, SUITE 205, P.O. Box 230, MEDIA, PA 19063.**

You will bear all risks of delay or non-delivery of your claim. If you are NOT a member of the Class, as defined in the Notice of Pendency and Proposed Settlement of Class Action (the “Notice”), DO NOT submit a Proof of Claim form.

D. If you are a member of the Class, you are bound by the terms of any judgment entered in the litigation, **WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM FORM.**

II. PROOF OF CLAIM INSTRUCTIONS

1. The “Class” is defined as all persons or entities that purchased or otherwise acquired ATB Tokens between June 12, 2017 and September 15, 2017, inclusive, while located within the United States, and that were allegedly damaged thereby. Excluded from the Class are: the Defendants; all current or former officers or directors of ATBCOIN, its affiliates, parents or subsidiaries; any corporation, trust or other entity in which any Defendant has or had a controlling interest; the members of the immediate families of the Defendants; the parents, subsidiaries and affiliates of ATBCOIN; and the legal representatives, heirs, successors, or assigns of any excluded Person. The Class shall be certified for purposes of this Settlement only. Also excluded from the Class will be any Person who timely and validly seeks exclusion from the Class in accordance with the requirements of the Notice.
2. If you are a member of the Class, to be eligible to receive funds to which you may be entitled, you must provide the information required by this form (the “Proof of Claim”) and submit a release. If you fail to timely submit a Proof of Claim or provide necessary supporting documentation, your claim may be rejected and you may be precluded from any recovery from the Settlement (as defined in the Notice of Claims Bar Date).
3. Submission of this Proof of Claim, however, does not guarantee that you will receive a share of the Settlement or that you will be fully compensated for your loss.
4. Please fill out this Proof of Claim form completely. Please submit only one Proof of Claim form, even if you contributed to the ICO multiple times. Additional information will be requested if this form is incomplete or insufficient to process your claim. In the event that additional information is required, you must provide the requested information to the Claims Administrator or else your claim may not be processed.
5. Please submit documents to support your claim. Types of documents that you may submit include, but are not limited to, email correspondence with the defendants, screen shots, customer support chat transcripts, or account records. You should submit sufficient evidence to establish the validity and amount of your contribution or other claim.
6. This form requires you to specifically identify all amounts contributed to the ICO or that you are otherwise seeking to recover from the Settlement, as well as any amounts you may have received back from the defendants. Please do not include claims for transactions that were not completed.
7. This Proof of Claim should be filed by the beneficial owner of the ATB Tokens. If you are acting in a representative capacity for the beneficial owner of the ATB Tokens (e.g. as an agent, executor, administrator, guardian, or trustee), proof of your authority to file must be included with the Proof of Claim. Such proof may include, but is not limited to, letters testamentary, copies of trust documents, and articles of incorporation.
8. Please email your completed and signed Proof of Claim to the Claims Administrator at info@strategicclaims.net no later than 11:59 P.M. EST on August 23, 2022. If you prefer to mail your completed and signed Proof of Claim, it must be received on or before August 23, 2022, and addressed to the Claims Administrator as follows: *Balestra v. ATBCOIN LLC*, c/o Strategic Claims Services, 600 N. Jackson St., Suite 205, P.O. Box 230, Media, PA 19063.
9. Please be aware that it will take time to fully process all of the claims and that we will work as quickly as circumstances permit.
10. Once completed, the Claim Determination will be sent via email. Any Claim Determination may be objected to by emailing the Claims Administrator at info@strategicclaims.net on or before 11:59 pm EST on the date that is 10 days after the date the Claims Administrator sent the Claim Determination to you.
11. We will continue to update you through the Claims Administrator’s website: www.strategicclaims.net/ATB.
12. If your contact information changes, please notify us at info@strategicclaims.net.

CLAIM FORM

Claimant Information

Name:	
Address Street 1:	
Address Street 2:	
City:	
State:	
Country:	
Zip Code/Postal Code:	
Daytime Phone:	
Evening Phone:	
Email:	
Social Security Number or Taxpayer ID:	

Schedule of Transactions in ATB Tokens

- A. Please list the total number of ATB Tokens you held at the close of trading on June 11, 2017 (*if none, write "0"; if more than 0, must be documented*): _____
- B. Please list the following information for each of your purchases or acquisitions of ATB Tokens between June 12, 2017, and December 13, 2017, both dates inclusive (*must be documented*):

<u>Date of Purchase/ Acquisition</u>	<u>Number of ATB Tokens Purchased</u>	<u>Purchase Price per ATB Token</u>	<u>Total Purchase/ Acquisition Price</u>	<u>Currency</u>	<u>Transaction Confirmation #</u>

C. Please list the following information for each of your sales of ATB Tokens between June 12, 2017, and December 13, 2017, both dates inclusive (*must be documented*):


<u>Date of Sale</u>	<u>Number of ATB Tokens Sold</u>	<u>Sale Price per ATB Token</u>	<u>Total Sale Price</u>	<u>Currency</u>	<u>Transaction Confirmation #</u>

D. Please list the total number of ATB Tokens you held at the close of trading on December 13, 2017 (*must be documented*): _____

Additional Claim Information

Did you contribute to the ATBCOIN ICO?	Yes/No
What email address did you provide to ATBCOIN, if any?	
What was the ATBCOIN wallet address, account name, or account number that your contribution was sent to?	
What was the contributor wallet address, account name, or account number that the contribution was sent from?	
If you contributed to the ICO in cryptocurrency, what was the type of currency and the transaction identification number, if any?	
If you contributed in USD, what was the confirmation number, if any?	
How much currency, if any, was returned to you by ATBCOIN?	

Claim Documentation

Check here to confirm that you have attached supporting documentation for each of the purchases, acquisitions, sales, and holdings of ATB Tokens listed in the Schedule of Transactions above.	
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Acknowledgement of Claimant

By submitting this form, the claimant acknowledges and agrees that she or he submits to the exclusive jurisdiction of the United States District Court for the Southern District of New York (the “Court”) for all purposes associated with the administration of this Proof of Claim. The claimant agrees to waive a trial by jury, to the extent such a right exists, and agrees to the Court’s summary disposition of the determination of the validity or the amount of the claim by this Proof of Claim form. The claimant further consents to the Claims Administrator and its agents’ use of any information provided in this Proof of Claim, including but not limited to, Social Security Number or Taxpayer ID, mailing address, email, wallet address and phone number to verify and process the claim, and understands that the information provided will be processed in the United States, protected by appropriate safeguards, stored for as long as is required to complete the claim verification process and during the pendency of any related judicial proceedings, and shared with agents of the Claims Administrator for purposes of verifying and responding to the claim.

Release:

A. I/We hereby warrant and represent that I/we have read the Notice, Proof of Claim, and the Stipulation and Agreement of Settlement, dated April 6, 2020 (the “Stipulation”) and understand that, pursuant to ¶ 2.a of the Stipulation and through operation of the final judgment to be entered by the Court, I/we shall have fully and finally relinquished all Settled Claims against the Released Parties as set forth in 2.a of the Stipulation and the defined terms set forth therein. I/We further acknowledge and agree that I am/we are bound by and subject to the terms of any judgment that may be entered in the Litigation, including without limitation, the release of claims against the Released Parties as set forth in ¶ 2.a of the Stipulation and the defined terms set forth therein.

B. “Effective Date” has the meaning set forth in the Stipulation.

C. “Released Parties” has the meaning set forth in the Stipulation.

D. “Settled Claims” has the meaning set forth in the Stipulation.

E. “Unknown Claims” has the meaning set forth in the Stipulation.

F. This release shall be of no force or effect unless and until the Court approves the Stipulation of Settlement and the Stipulation becomes effective on the Effective Date (as defined in the Stipulation).

G. 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.

H. I/We hereby warrant and represent that I/we have included information about all of my/our transactions in ABT Tokens which occurred during the Class Period.

Certification

UNDER THE PENALTY OF PERJURY, I/WE CERTIFY THAT:

A. The number shown on this form is my/our correct Social Security or Taxpayer Identification number.

B. I/We certify that I am/we are NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(C) of the Internal Revenue Code.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out the word “NOT” in the sentence above.

C. I/We declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned and any supporting documents attached hereto are true, correct and complete to the best of my/our knowledge, information and belief, and that this Proof of Claim form was executed this _____ day of _____, (Month/Year)

in _____, _____
(City) (State/Country)

Signature of Claimant

Signature of person signing
on behalf of Claimant

(Print your name here)

(Print your name here)

Signature of Joint Claimant, if any

Capacity of person signing on behalf of Claimant, if other
than an individual, (e.g., Executor, President, Custodian,
etc.)

(Print your name here)