



**PART III: CERTIFICATION**

- 1. Defined terms used herein shall have the meaning ascribed to them in the Distribution Plan.
- 2. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

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

\_\_\_\_\_  
 (Sign your name here)

\_\_\_\_\_  
 (Sign your name here)

\_\_\_\_\_  
 (Type or print your name here)

\_\_\_\_\_  
 (Type or print your name here)

\_\_\_\_\_  
 (Capacity of person(s) signing, e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

\_\_\_\_\_  
 (Capacity of person(s) signing, e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

**Reminder Checklist:**

- 1. Please complete Part II and the Address Changes section above if you have any changes to the Eligible Recipient Information or the Mailing Address.
- 2. Please sign the above Dispute only if you disagree with the determination or amount outlined in the distribution plan provided.
- 3. Remember to attach copies of supporting documentation.
- 4. Keep a copy of your Dispute Form and all supporting documentation for your records.
- 5. If you desire an acknowledgment of receipt of your Dispute Form, please send it Certified Mail, Return Receipt Requested.
- 6. If you move, please send your new address to the address below.
- 7. **Do not use red pen or highlighter** on the Dispute Form or supporting documentation.

**IF YOU ARE DISPUTING YOUR NET LOSS AMOUNT, THIS DISPUTE FORM MUST BE POSTMARKED NO LATER THAN 45 DAYS FROM THE POSTMARK DATE OF THIS NOTICE PACKET.**

**PLEASE RETURN THE DISPUTE FORM TO:**

SEC v. CHICAGO CONVENTION CENTER, LLC, et al.  
 c/o Analytics Consulting LLC  
 P.O. Box 2003  
 Chanhassen, MN 55317-2003

Phone: 1-855-803-9083 Email: Claims@AChicagoConventionCenterLLCDistributionFund.com