

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

SEC v. Chicago Convention Center, LLC, et al. Civil Action No. 13-cv-00982

CHICAGO CONVENTION CENTER, LLC FAIR FUND DISPUTE FORM

	WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW:	
	Name:	
	Address:	
	City, State, and Zip Code:	
	Foreign Province and/or Foreign Postal Code (if applicable):	
	Foreign Country Name/Abbreviation (if applicable):	
	Email Address:	
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PART I: NET LOSS AMOUNT DISPUTE		
Only if you disagree with the Net Loss Amount set forth in the Distribution Plan Notice, please designate the adjusted Net Loss Amount below.		
Adjusted Net Loss Amount: \$		
Please provide supporting documentation for your adjusted Net Loss Amount. ¹		
PART II: PAYEE CONFIRMATION ————————————————————————————————————		
Please complete this section only if the name and/or mailing address that this form was mailed to are/is incorrect, including f an heir or successor has/have taken the place of the original Eligible Investor.		
PAYEE INFORMATION (to whom current Distribution Payment should be made)* First Name Middle Last Name		
In order to receive payment on behalf of an Eligible Investor, a successor, heir, administrator, or other person authorized to act on an Eligible Recipient's behalf must provide proper supporting documentation validating their identity as the lawful recipient. ²		

PLEASE COMPLETE AND SIGN PAGE 2

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¹ By designating an adjusted Net Loss Amount, your response constitutes an dispute and must be returned within 45 days of the postmark date of the Notice. Your documentation should detail why the calculation in the Notice is not accurate in two pages or less, double spaced. Attach any documentation in support of your objection to the Dispute Form.

At a minimum, a copy of a death certificate must be submitted to demonstrate that an Eligible Investor is deceased. Additionally, the representative must provide documentation including, but not limited to, a Last Will and Testament, estate records, applicable trust documents, power of attorney, Letters Testamentary, letters of administration, evidence of probate and/or any other testamentary provisions of the harmed investor to demonstrate their status as payee. Please provide plain copies of these documents as they will not be returned. Certified copies are not required.

PART III: CERTIFICATION

- 1. Defined terms used herein shall have the meaning ascribed to them in the Distribution Plan.
- 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 Purchase or Acquirer, Executor or Administrator)	

Reminder Checklist:

- 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.

- 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