

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

JERRY GUSTIN, ELDA GARCIA, and WESLEY
WELLING, individually and in their representative
capacity for all those similarly situated,

Plaintiffs,

CASE NO. 6:08-CV-57-ORL-22-DAB

v.

PAUL A. HOFFMAN, and EDWARD S.
DIGGES, JR.,

Defendants.

OFFICIAL CLAIM FORM AND RELEASE

This Official Claim Form has been provided to you in connection with the settlement of this class action litigation. The Notice of Proposed Class Action, Settlement, Fairness Hearing, and Right to Appear (“Notice”) describes this litigation, the proposed settlement, Class Member eligibility requirements, and the claim procedure.

PLEASE NOTE:

If you previously filed a claim in the related receivership proceeding (styled *Commission v. Digges*, Case No. 6:06-cv-137-Orl-19KRS) (the “Receivership Action”) brought by Receiver James Silver (the “Receiver”) and your claim was approved and you do not object to the claim amount approved in the Receivership Action and your address as shown on this form is correct, then you are NOT required to file this Official Claim Form if you wish to participate in the Class. You will receive a pro-rata distribution based upon the approved claim amount from the Receivership Action and by accepting that payment you will be deemed bound by the releases set forth on page 5 herein.

If you previously filed a claim with the Receiver but you do not agree with and do not wish to be bound by the Receiver’s decision but would like to participate in the Class, then you may file this Official Claim Form for an independent determination by the Claims Administrator. Please note that the Claims Administrator may agree with the determination by the Receiver.

If you have not previously filed a claim in the Receivership Action, then you MUST file this Official Claim Form in order to have your claim considered and processed. If you have not previously filed a claim in the Receivership Action, then your failure to timely submit this fully-completed Official Claim Form will result in the denial of your claim. Your fully-completed Official Claim Form must be received by October 23, 2009. No extensions of this deadline are or will be permitted.

PART I.

ELIGIBILITY

As is more specifically detailed in the Notice and in the Settlement Agreement on file with the Clerk of Court in the U.S. District Court for the Middle District Florida, you are eligible to participate in the Settlement if you are a member of the following class:

All persons who purchased, sold, held, and/or retained investments in Nexstar Communications, LLC (“Nexstar”), TMT Equipment Company, LLC; TMT Management Group, LLC (“TMT Management”); POSA, LLC (“POSA”), POSA TMT, LLC (“POSA TMT”); Cantucket LLC; Televest Communications, LLC; TMT International, LLC, Televest Group, LLC; KBK Partnership LLP; Chilham LLC; and Spin Drift, LLC between April 1, 2003 and February 28, 2006. Excluded from the Settlement Class are Defendants and all of their respective employees, agents (e.g., brokers), family members, legal representatives, heirs, subsidiaries, affiliates, successors, and assigns.

As is more specifically explained in the Notice and in the Settlement Agreement, eligible Class Members who timely submit this Official Claim Form with appropriate formalities as explained herein and in the Notice will (if eligible under the Settlement Agreement) receive a check in accordance with the following formula:

Approved Class Members shall receive a proportional percentage of the available proceeds from the Settlement Payment net of any named Plaintiffs’ incentive fees and the total attorneys’ fees and costs determined by the Court necessary to compensate Class Counsel, with the proportional percentage calculated by dividing a Class Member’s approved claim amount by the total amount of approved claims.

To receive a payment, eligible class members must meet all requirements explained in the Notice and in the Settlement Agreement.

PART II.

HOW TO PREPARE YOUR CLAIM

If you previously filed a claim in the Receivership Action brought by the Receiver and your claim was approved and you do not object to the claim amount approved in that receivership proceeding and your address as shown on this form is correct, then you are NOT required to file this Official Claim Form.

If you previously filed a claim with the Receiver but you do not agree with and do not wish to be bound by the Receiver's decision, then you may file this Official Claim Form for an independent determination by the Claims Administrator. Please note that the Claims Administrator may agree with the prior determination by the Receiver.

If you have not previously filed a claim in the Receivership Action, then you **MUST** file this Official Claim Form in order to have your claim considered and processed. If you wish to apply for possible payment, you must do the following:

1. Read this Official Claim Form in its entirety to determine whether you should be filing this Office Claim Form.
2. Review the Notice, which explains in more detail who is entitled to a payment.
3. Complete the Official Claim Form by completing all of the information required.
4. Sign the Official Claim Form and ensure it is received by the Claim Administrator by no later than October 23, 2009 by returning it by mail addressed as follows:

Kapila & Company
1000 South Federal Highway, Suite 200
Fort Lauderdale, FL 33316
Direct: (954) 712-3201

If your properly executed Official Claim Form is not received by October 23, 2009, you will be barred from any recovery. Any and all information you submit on your Official Claim Form is subject to verification by the Court.

Completing this form does not automatically entitle you to recover under the Settlement Agreement. Your claim must meet all of the criteria set forth in the Settlement Agreement, and your claim is subject to all of the terms, requirements, circumstances, conditions, exclusions, and restrictions of the Settlement Agreement. Please refer to the Notice and the Settlement Agreement for more details regarding the Settlement Agreement.

PART III

CLAIM INFORMATION

Please provide **all** of the information requested below. This information is required by the Court in order to permit the Claims Administrator to identify, verify, and process your claim for recovery.

1. _____
Name

2. _____

Current mailing street address (your Settlement Payment will be mailed to this address)

3. _____
Telephone Number

4. _____
E-Mail Address

5. _____
Social Security Number or Tax Identification Number (if applicable)

6. _____

Description of Investment (*i.e.*, date of investment(s), amount of investment(s), and entity/ies invested in)

PART IV.

SUBMISSION TO JURISDICTION OF COURT AND RELEASE

By submitting this Official Claim Form, I do declare, certify and agree, on behalf of the entity for which I am submitting this application:

1. I hereby submit to the jurisdiction of the United States District Court for the Middle District of Florida, and I agree to be bound by the terms of the Settlement Agreement referred to in the Notice.

2. I on behalf of myself, and my heirs, successors, and assigns (collectively "Releasers"), hereby release, acquit, and forever discharge Paul A. Hoffman, his heirs, predecessors, successors, assigns, attorneys, accountants, representatives, and agents (collectively "Releasees") from all claims, actions, suits, obligations, debts, demands, rights, causes of action, damages, statutory or common law claims, statutory and common law bad faith claims, liabilities of any nature whatsoever, controversies, costs, court costs, expenses, prejudgment and post-judgment interest, and attorneys' fees whatsoever, at law or in equity, regardless of legal theory, which have been or could have been asserted in the Action.

3. I understand that by signing this Claim Form I do not waive any objection or motion to intervene that I have filed with the Court regarding the Settlement Agreement, but that should the Court overrule the objection and give final approval to the Settlement Agreement, this release will become effective when the Court's judgment becomes final.

4. I hereby certify, swear and affirm, under penalty of perjury, that the information I have provided in this Official Claim Form is true and correct to the best of my knowledge.

By: _____
Signature

By: _____
Date