

# **NOTICE OF CLASS ACTION MEMORANDUM**

**DATE: MARCH 22, 2022**

**SECURITY DESCRIPTION: HOMELAND SAFETY INTERNATIONAL  
(SNIFFEX INC.)**

**ISIN: US83306M108**

**HEARING DATE: N/A**

**EXCLUSION DATE: N/A**

**PROOF OF CLAIM DEADLINE: JUNE 16, 2022**

Enclosed for your consideration is a Notice of Pendency of Class Action, Proposed Settlement of Class Action, and Proof of Claim involving the above-mentioned security. Kindly note that if you wish to participate in this settlement, please complete the enclosed Proof of Claim and forward it together with any Supporting documentation if required, postmarked no later than: **JUNE 16, 2022**, to one of the following address:

**CLAIMS ADMINISTRATOR  
HOMELAND SAFETY INTERNATIONAL FAIR FUND  
C/O JND Legal Administration  
Post Office Box 91240  
Seattle, WA 98111  
Toll Free Number: 833-636-2110  
Website: [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com)  
Email: [info@HomelandSafetyFairFund.com](mailto:info@HomelandSafetyFairFund.com)**

Contact your account representative if you require additional information relating to activity within your account during the class action period.

Kind Regards,  
Corporate Actions/Reorganization Department

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

SECURITIES AND EXCHANGE  
COMMISSION,

Plaintiff,

v.

HOMELAND SAFETY INTERNATIONAL,  
INC. F/K/A SNIFFEX, INC.; MARK B.  
LINDBERG; PETAR D. MIHAYLOV; YURI  
P. MARKOV; PAUL B. JOHNSON;  
NICHOLAS V. KLAUSGAARD; AND  
ILONA V. KLAUSGAARD,

Defendants.

Case No.: 3:08-cv-01197-RCO

**NOTICE FOR DISTRIBUTION OF THE HOMELAND SAFETY  
INTERNATIONAL FAIR FUND**

*This Plan Notice is issued pursuant to the Court-approved Distribution Plan.*

*This is not a solicitation from a lawyer.*

If you purchased the stock of the company listed below (the "Eligible Security") during the corresponding "Relevant Period" and suffered a loss as a result of the conduct described in the Complaint in the captioned matter, you may be eligible for compensation from the Homeland Safety International Fair Fund.

**Company Name, Trading Symbols, and Relevant Period (Inclusive)**

Company Name	Trading Symbol(s)	Relevant Period Start Date	Relevant Period End Date
Homeland Safety International Inc. f/k/a Sniffex, Inc.	HSFI SNFX	5/17/2005	4/6/2006

In order to be considered for eligibility for a distribution from the Homeland Safety International Fair Fund, you must submit a completed and signed Proof of Claim Form ("Claim Form") to the Distribution Agent<sup>1</sup>, with adequate documentation of your transactions and a completed tax certification by **First Class Mail, postmarked by June 16, 2022; if not by First Class Mail, received by the Distribution Agent by June 16, 2022.** June 16, 2022, is referenced herein as the "Filing Deadline". Further directions for submitting a claim, including the online claims process and physical address, are set forth below and on the Claim Form.

<sup>1</sup> Any capitalized terms used in this Plan Notice that are not otherwise defined herein shall have the meaning ascribed to them in the Distribution Plan, which is available on the website established for the Homeland Safety International Fair Fund at [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com).

Questions? Visit [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com),  
Call toll-free 1-833-636-2110 or email [info@HomelandSafetyFairFund.com](mailto:info@HomelandSafetyFairFund.com)

The information contained in this Plan Notice is only a summary. More detailed information and important documents can be found on the website dedicated to this matter at [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com) (the "Distribution Website").

**Please Note:** Receipt of this Plan Notice does not mean you are eligible to receive a Distribution Payment; eligibility will be determined in accordance with the Court-approved Distribution Plan (the "Plan") upon receipt of your Claim Form and necessary documentation.

PLEASE READ THIS NOTICE CAREFULLY AND IN ITS ENTIRETY BECAUSE YOU MAY BE ELIGIBLE FOR COMPENSATION FROM THE HOMELAND SAFETY INTERNATIONAL FAIR FUND. THIS NOTICE CONTAINS IMPORTANT INFORMATION REGARDING YOUR POTENTIAL ELIGIBILITY TO SHARE IN THE HOMELAND SAFETY INTERNATIONAL FAIR FUND.

### **Background**

#### **The Civil Action**

On July 15, 2008, the Securities and Exchange Commission ("SEC" or "Commission") filed a complaint against Homeland Safety International, Inc. f/k/a Sniffex, Inc. ("Homeland Safety" or "Sniffex") and six other defendants (collectively, the "Defendants"). The SEC alleged that from approximately October 2004 through April 2006, Defendants Paul B. Johnson ("Johnson"), Petar D. Mihaylov ("Mihaylov") and Yuri P. Markov ("Markov") engaged in a fraudulent promotional campaign to inflate the price and trading volume of Homeland Safety's, then known as Sniffex, stock. Johnson, Mihaylov, Markov, and Mark B. Lindberg ("Lindberg") along with, Swiss residents, Nicholas and Ilona Klausgaard (the "Klausgaards"), carried out the \$32 million pump-and-dump fraud scheme upon unsuspecting investors by means of a sham Nevada-registered Rule 504 stock offering of Sniffex stock. During the relevant period, Mihaylov, Markov and Johnson, used more than 33 false and misleading press releases in a fraudulent promotional campaign intended to inflate the share price and volume of Sniffex stock, while selling approximately 15 million shares of Sniffex restricted stock to unsuspecting investors.

#### **The Homeland Safety International Fair Fund, the Tax Administrator, and the Distribution Agent**

On September 19, 2012, the Court entered Final Judgment against: Mihaylov and Markov, ordering them to pay \$1,550,000.00 in disgorgement to the SEC (\$1,150,000.00 jointly and severally, and Mihaylov and Markov \$200,000.00 each), (Dkt No. 92); Johnson, ordering him to pay disgorgement and prejudgment interest of \$903,091.00 (disgorgement of \$750,000.00 and prejudgment interest of \$153,091.00), with all but \$50,000.00 waived by the Court. (Dkt No. 94). On September 26, 2012, the Court entered Final Judgment against the Klausgaards, ordering them to pay a total of \$29,038,219.30 (disgorgement of \$12,248,250.00 and prejudgment interest of \$4,541,719.30, jointly and severally, and civil penalties of \$6,124,125.00 each) (Dkt No. 98). The Klausgaards defaulted on their judgments. On or about September 2012 and 2014, pursuant to their Final Judgments, Mihaylov and Markov, and Johnson, respectively, paid a total of \$1.6 million as ordered to the SEC. Each Final Judgment provides that the SEC may propose a plan to distribute the collected funds, subject to the Court's approval.

On January 10, 2020, the Court established a Fair Fund pursuant to Section 308(a) of SOX, so that the \$1.6 million paid along with accrued interest and earnings thereon (the "Fair Fund") can be distributed to investors who were harmed by the Defendants' fraudulent conduct, appointed

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Call toll-free (833) 636-2110 or email [info@HomelandSafetyFairFund.com](mailto:info@HomelandSafetyFairFund.com)

Miller Kaplan Arase LLP (“Miller Kaplan”) as the Tax Administrator (the “Tax Administrator”), and authorized the SEC to pay all tax obligations and administrative fees and expenses of the Tax Administrator without further Court Order (the “Appointment Order”). (Dkt No. 102).

The Fair Fund consists of the \$1.6 million of disgorgement and interest paid by Mihaylov, Markov, and Johnson and is currently on deposit in an interest-bearing account at the United States Treasury’s Bureau of Fiscal Service. Any additional funds received pursuant to the Final Judgment will be added to the Fair Fund.

On January 14, 2020, the Court entered an Order that appointed JND Legal Administration as the Distribution Agent (“JND” or “Distribution Agent”) for the Fair Fund to assist in overseeing the administration of the Fair Fund in coordination with SEC staff, pursuant to the terms of a Distribution Plan to be approved by the Court (“JND Appointment Order”). (Dkt No. 104).

### **The Plan**

This Distribution Plan (the “Plan”) was developed jointly by the Distribution Agent and the SEC staff in accordance with practices and procedures customary in Fair Fund administrations. The Plan governs the administration and distribution of the Fair Fund and sets forth the method and procedures for distributing the assets of the Fair Fund to investors harmed by the conduct alleged in the Complaint. On February 16, 2022, the United States District Court for the Northern District of Texas Dallas Division approved the Plan. The Court-approved Distribution Plan is available on the Distribution Website at [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com) as well as on the SEC public webpage for this matter, <https://www.sec.gov/divisions/enforce/claims/homeland-safety-international.htm>.

### **Who May Be Eligible for a Distribution?**

If you invested in the security listed in the chart on page 1 of this notice, during the Relevant Period; are not an Excluded Party as defined in the Plan; and suffered a loss according to the Plan, you may be eligible for a distribution from the Homeland Safety International Fair Fund.

To be considered for a Distribution Payment, you must timely submit a completed and signed Claim Form including adequate documentation for claimed transactions and a completed tax certification. If you believe you may be eligible for a distribution and are not an Excluded Party (see below), you should timely submit a completed and signed Claim Form.

“Excluded Parties” are defined in paragraph 7(l) of the Plan as follows and are not eligible to receive a distribution from the Homeland Safety International Fair Fund:

- i. Defendants, their current or former employees, affiliates, or controlled entities who served in such capacity during the Relevant Period, and their assigns, creditors, heirs, distributees, spouses, parents, and children;
- ii. Any defendant in any action brought by the SEC or any class action lawsuit related to the conduct described in the SEC’s complaint in this action or any related SEC action (or any of his or her affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities) unless and until such defendant is found not liable in all such civil suits prior to the Filing Deadline, and proof of the finding(s) is included in such defendant’s timely filed Claim Form;
- iii. Any Person who, as of the Filing Deadline, has been the subject of criminal charges related to the violations alleged in the SEC’s complaint in this action or any related

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- SEC action (or any of his or her affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities) unless and until such defendant is found not guilty in all such criminal actions prior to the Filing Deadline, and proof of the finding(s) is included in such defendant's timely filed Claim Form;
- iv. Any Person who assigned their right to obtain a recovery in the SEC's action against Defendants; provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance, devise or operation of law; or
  - v. The Distribution Agent, its employees, and those persons assisting the Distribution Agent in its role as the Distribution Agent.

#### **Allocation of the Homeland Safety International Fair Fund**

A Plan of Allocation has been prepared that provides the formula by which Distribution Payments will be determined (*See* Attachment A of the Plan). The Net Fair Fund will be distributed to Eligible Claimants in accordance with that Plan of Allocation.

All Distribution Payments will be subject to a "Minimum Distribution Amount" -- if an Eligible Claimant's Distribution Payment is less than \$10.00, that Eligible Claimant will not receive a Distribution Payment and the funds will be distributed to other Eligible Claimants whose Distribution Payments are equal to or greater than \$10.00. *See* paragraph 11 of the Plan of Allocation.

#### **Claim Forms**

Your Claim Form may be submitted by First Class Mail or other delivery. A paper Claim Form has been included with this Plan Notice. If you require additional copies of the Claim Form, you may obtain them from the Distribution Website.

You must submit your completed and signed Claim Form, including tax certification and adequate supporting documentation by **First Class Mail, postmarked by June 16, 2022, or, if not sent by First Class Mail, received by the Distribution Agent by June 16, 2022**. Mailed and/or otherwise physically delivered Claim Forms should be directed to the following address:

Homeland Safety International Fair Fund  
c/o JND Legal Administration  
PO Box 91240  
Seattle, WA 98111

If you fail to timely submit a completed and signed Claim Form by the deadline, you may be barred from receiving a payment from the Homeland Safety International Fair Fund. The Claim Form must be accompanied by a completed tax certification and adequate supporting documentation for each transaction listed in the Claim. You will be responsible for demonstrating timely submission of your Claim Form.

If you submit a Claim Form that fails to provide all required information, or is otherwise deficient, you may receive a Claim Deficiency Notice advising you of the reason(s) why the claim is deficient and providing to you an opportunity to cure such deficiencies.

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Call toll-free (833) 636-2110 or email [info@HomelandSafetyFairFund.com](mailto:info@HomelandSafetyFairFund.com)

**Special Notice to Securities Brokers and Other Nominee Purchasers**

Brokers, Dealers and other nominees that may have records of purchasers of the Eligible Security during the Relevant Period must notify the respective beneficial owners within fourteen (14) days of receipt of the Notice Packet so that beneficial owners may timely file a claim or provide to the Distribution Agent within fourteen (14) days of receipt a list of last known names and addresses for all beneficial owners for whom the record holders purchased the Eligible Security during the Relevant Period.

**Additional Information**

Additional information regarding the Homeland Safety International Fair Fund, including the Distribution Plan, the Distribution Plan Notice, the Claim Form, relevant deadlines, and related materials are available on the Distribution Website at [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com). You may obtain additional information or request copies of the Claim Form by contacting the Distribution Agent toll-free at (833) 636-2110, emailing [info@HomelandSafetyFairFund.com](mailto:info@HomelandSafetyFairFund.com), or writing to:

Homeland Safety International Fair Fund  
c/o JND Legal Administration  
PO Box 91240  
Seattle, WA 98111

PLEASE CHECK THE WEBSITE [WWW.HOMELANDSAFETYFAIRFUND.COM](http://WWW.HOMELANDSAFETYFAIRFUND.COM)  
FOR UPDATES

Questions? Visit [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com)  
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# PROOF OF CLAIM FORM

## HOMELAND SAFETY INTERNATIONAL FAIR FUND

c/o JND Legal Administration

PO Box 91240

Seattle, WA 98111

Toll-Free Number: (833) 636-2110

Distribution Website: [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com)

Email: [info@HomelandSafetyFairFund.com](mailto:info@HomelandSafetyFairFund.com)

To be considered for eligibility for a distribution from the Homeland Safety International Fair Fund, created in the civil action: *SEC v. Homeland Safety International, Inc. et al.*, 3:08-cv-01197-RCO (the "Civil Action"), you must complete and sign this Proof of Claim Form ("Claim Form"), include all necessary documentation and a completed tax certification, and submit the package to JND Legal Administration (the "Distribution Agent"). Submissions may be mailed by **First Class Mail postmarked by June 16, 2022; and if not by First Class mail, received by the Distribution Agent by June 16, 2022;** is referenced herein as the "Filing Deadline".

Failure to submit your Claim Form by the Filing Deadline will subject your claim to rejection and may preclude you from being eligible to recover any money from the Homeland Safety International Fair Fund. Your Claim Form must be submitted in compliance with the directions herein.

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# GENERAL INSTRUCTIONS

1. Your completed and signed Claim Form, including a completed tax certification and adequate supporting documentation, must be sent by **First Class Mail, postmarked no later than June 16, 2022, or, if not sent by First Class Mail, received by the Distribution Agent no later than June 16, 2022.**

2. You must include all your transactions requested in Part II, the Schedule of Transactions (page 6), and you and/or your representative must fully complete this Claim Form. The Claim Form must be signed by the beneficial owner of the Eligible Security (see paragraph 7 below) or by their representative, under the penalty of perjury. If you fail to complete and sign the Claim Form, including adequate supporting documentation and a completed tax certification, your claim may be rejected, and you may be precluded from any recovery from the Homeland Safety International Fair Fund.

3. DO NOT use highlighter on the Claim Form or any supportive documents.

4. Submission of the Claim Form does not guarantee that you will be eligible for a Distribution Payment; eligibility will be determined in accordance with the criteria in the Court-approved Plan, available for review and download at [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com).

5. **Tax Forms:** The interest component of the distribution is U.S. source income. Therefore, to ensure that the Homeland Safety International Fair Fund can comply with its reporting and/or withholding obligations, U.S. persons (defined below) must complete the Substitute Form W-9 on page 8 of this Claim Form; persons who are not U.S. persons as defined below must obtain the proper IRS Form W-8 series (W-8BEN, W-8BEN-E, W-8IMY, W-8ECI, or W-8EXP). The appropriate tax form must be completed, signed, and submitted with your completed Claim Form. IRS Forms W-8BEN, W-8BEN-E, or other W-8 series forms, can be obtained from the IRS website: <https://www.irs.gov/forms-instructions>.

(a) The term "U.S. person" means:

1. A citizen or resident of the United States,
2. A partnership created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
3. A corporation created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
4. Any estate or trust other than a foreign estate or foreign trust, (See IRS Code Section 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
5. Any other person that is not a foreign person.

(b) Your completed W-9 or W-8 series form must be received by the Distribution Agent with your completed and signed Claim Form, **no later than June 16, 2022.** If the Distribution Agent does not receive a valid and complete Form W-9 or W-8 from you, the Distribution Agent may be required under the Internal Revenue Code to make certain presumptions about you for purposes of tax reporting and, as applicable, withholding. The Distribution Agent may be required to presume the interest is being paid to: (1) a payee subject to 30% withholding under the Foreign Account Tax Compliance Act ("FATCA") and reporting on Form 1042-S; (2) a nonresident alien of the U.S. ("NRA") subject to reporting and 30% NRA withholding and reporting on Form 1042-S; or (3) a U.S. person subject to 24% backup withholding and reporting on Form 1099-INT.

(c) You may wish to consult with your tax advisor to determine the appropriate tax treatment for your particular situation.

6. **Claim Form Submission:**

(a) **First Class Mail or other Delivery:** Submissions by **First Class Mail** must be postmarked no later than **June 16, 2022**; submissions by other delivery service must be **RECEIVED** by the Distribution Agent no later than **June 16, 2022**. Unless your Claim Form is submitted with a U.S. Mail postmark, it will be deemed to have been submitted when actually received by the Distribution Agent. You must send your completed and signed Claim Form, adequate supporting documentation, and completed tax certification, to the address below:

**Homeland Safety International Fair Fund  
c/o JND Legal Administration  
PO Box 91240  
Seattle, WA 98111**

(b) It is your responsibility to timely submit your completed and signed Claim Form, tax certification, and adequate supporting documentation in accordance with the directions herein and you must be able to document timely, proper, and complete submission.

7. Use the Schedule of Transactions in Part II of this Claim Form, page 6, to supply all required details of your transaction(s) (including free transfers and deliveries) and holdings of the Eligible Security. On the schedule, please provide all the requested information with respect to your holdings, purchases, acquisitions, and sales of the Eligible Security, regardless of whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested Relevant Period may result in the rejection of your claim.

The Security and the Relevant Period

Where to include Transaction Details	Company Name	Trading Symbol	Relevant Period Start Date	Relevant Period End Date
Part II	Homeland Safety International, Inc., f/k/a Sniffex, Inc.	HSFI, SNFX	5/17/2005	4/6/2006

8. You must submit supporting documentation for the transactions reported on this Claim Form, such as broker confirmation slips, broker account statements, an authorized statement from your broker reporting information about your transactions, or other similar documents. **If such documents are not in your possession, please obtain copies or equivalent documents from your broker. Failure to supply this documentation may result in the rejection of your claim.** DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Distribution Agent. Also, please do not highlight any portion of the Claim Form or any supporting documents.

9. Separate Claim Forms should be submitted for each separate legal entity (i.e. a separate Claim Form should be filed for an individual account, a joint account, an IRA account, an account held for minor, etc.). Conversely, a single Claim Form should be submitted on behalf of one legal entity that includes all transactions made by that entity, no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form, as should an individual with multiple accounts maintained in his or her same name).

10. If you purchased or otherwise acquired the Eligible Security during the Relevant Period and held the stock in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to be considered for participation in the Homeland Safety International Fair Fund. Joint beneficial owners must **each** sign this Claim Form and their names must appear in Part I of this Claim Form. If you

purchased or otherwise acquired the Eligible Security during the Relevant Period for your own benefit, but the stock was registered in the name of a third party, such as a nominee or brokerage firm, you are still the beneficial owner of these shares, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be considered for eligibility for a distribution payment from the Homeland Safety International Fair Fund.

11. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons and entities 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 Eligible Security; and
- (c) furnish evidence of their authority to submit the Claim Form on behalf the beneficial owner (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person/entity's accounts.)

12. By submitting this Claim Form, you will be seeking a determination of your eligibility to participate in the distribution of the Homeland Safety International Fair Fund. If you are NOT a Potentially Eligible Claimant (as defined in the Plan of Distribution, paragraph 7(v)), or are an Excluded Party (Plan, paragraph 7(l)), DO NOT submit a Claim Form.

13. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the Homeland Safety International Fair Fund's website at [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com), or you may email the Distribution Agent's electronic filing department at [HSISecurities@JNDLA.com](mailto:HSISecurities@JNDLA.com). Any file not submitted in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Distribution Agent issues an email after processing your file with your claim number(s) and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 20 days of your submission, you should contact the electronic filing department at [HSISecurities@JNDLA.com](mailto:HSISecurities@JNDLA.com) to inquire about your file and confirm it was received and acceptable.

14. If you have questions concerning the Claim Form or need additional copies of the Claim Form or the Distribution Plan Notice, you may contact the Distribution Agent by writing to the above address, by calling the toll-free hotline at 1 (833) 636-2110, by sending an email to [info@HomelandSafetyFairFund.com](mailto:info@HomelandSafetyFairFund.com), or you may download the documents from [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com). **PLEASE NOTE: YOUR CLAIM IS NOT CONFIRMED AS SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE DISTRIBUTION AGENT WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL WITHIN 60 DAYS OF RECEIPT. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CONTACT THE DISTRIBUTION AGENT.**

## I. CLAIMANT IDENTIFICATION

The Distribution Agent will use the information supplied below for all communications regarding this Claim Form. If this information changes, you MUST notify the Distribution Agent in writing at the address above.

Complete names of all persons and entities must be provided.

Beneficial Owner's First Name

Beneficial Owner's Last Name

Joint Beneficial Owner's First Name (if applicable)

Joint Beneficial Owner's Last Name (if applicable)

If this claim is submitted for an IRA, and if you would like any check that you MAY be eligible to receive made payable to the IRA, please include "IRA" in the "Last Name" box above (e.g., Jones IRA).

Entity Name (if the Beneficial Owner is not an individual)

Name of Representative, if applicable (e.g., executor, administrator, trustee, c/o, etc.), if different from Beneficial Owner

Street Address

City

State/Province

Zip Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Telephone Number (Day)

Telephone Number (Evening)

Email Address (email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim)

Account Number (where securities were traded)<sup>1</sup>

<sup>1</sup> If the account number is unknown, you may leave blank. If filing for more than one account for the same legal entity, you may write "multiple." Please see ¶9 of the General Instructions above for more information on when to file separate Claim Forms for multiple accounts.

## II. SCHEDULE OF TRANSACTIONS IN HOMELAND SAFETY INTERNATIONAL INC. COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in detail in the General Instructions above. Do not include information regarding securities other than Homeland Safety International, Inc., f/k/a Sniffex, Inc., common stock.

<b>1. BEGINNING HOLDINGS OF HOMELAND SAFETY INTERNATIONAL INC COMMON STOCK</b> – State the total number of shares of Homeland Safety International, Inc. common stock held as of the open of trading on <b>MAY 17, 2005</b> . (Must be documented.) If none, write "zero" or "0." <div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div>				<b>Proof of Position Enclosed</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<b>2. PURCHASES/ACQUISITIONS OF HOMELAND SAFETY INTERNATIONAL INC COMMON STOCK DURING THE PERIOD FROM MAY 17, 2005, THROUGH AND INCLUDING APRIL 6, 2006</b> – Separately list each and every purchase/acquisition (including free receipts) during this period. (Must be documented.)				<b>IF NONE, CHECK HERE</b> <input type="checkbox"/>
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding all fees, taxes, and commissions)	Proof of Purchase/ Acquisition Enclosed
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>3. SALES OF HOMELAND SAFETY INTERNATIONAL INC COMMON STOCK DURING THE PERIOD FROM MAY 17, 2005, THROUGH AND INCLUDING APRIL 6, 2006</b> – Separately list each and every sale/disposition (including free deliveries) during this period. (Must be documented.)				<b>IF NONE, CHECK HERE</b> <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding all fees, taxes, and commissions)	Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>4. ENDING HOLDINGS</b> – State the total number of shares of <b>HOMELAND SAFETY INTERNATIONAL INC</b> common stock held as of the close of trading on <b>APRIL 6, 2006</b> . (Must be documented.) If none, write "zero" or "0." <div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div>				<b>Proof of Position Enclosed</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER'S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER, AND THE SPECIFIC SECURITY ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.				

### III. CERTIFICATION, SUBSTITUTE W-9 AND SIGNATURE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am NOT:
  - (a) a Defendant, a current or former employee, affiliate, or controlled entity who served in such capacity during the Relevant Period, and their assigns, creditors, heirs, distributees, spouses, parents, and children;
  - (b) a Defendant in any action brought by the SEC or any class action lawsuit related to the conduct described in the SEC's complaint in this action or any related SEC action (or any of his or her affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities) unless and until such defendant is found not liable in all such civil suits prior to the Filing Deadline, and proof of the finding(s) is included in such defendant's timely filed Claim Form;
  - (c) a Person who, as of the Filing Deadline, has been the subject of criminal charges related to the violations alleged in the SEC's complaint in this action or any related SEC action (or any of his or her affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities) unless and until such defendant is found not guilty in all such criminal actions prior to the Filing Deadline, and proof of the finding(s) is included in such defendant's timely filed Claim Form;
  - (d) a Person who assigned their right to obtain a recovery in the SEC's action against Defendants; provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance, devise or operation of law; or
  - (e) the Distribution Agent, its employees, and those persons assisting the Distribution Agent in its role as the Distribution Agent.
2. I understand that the Distribution Agent may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Distribution Agent for those purposes;
3. I agree that under no circumstances shall the Distribution Agent or its agents incur any liability to me or to any other Person if it makes a distribution in accordance with the list of all Eligible Claimants as approved by the Court and that I am enjoined from taking any action in contravention of this provision;
4. I agree that upon receipt and acceptance by me of a distribution from the Homeland Safety International Fair Fund, I shall be deemed to have released all claims that I may have against the Distribution Agent and its agents and shall be deemed enjoined from prosecuting or asserting any such claims;
5. If I am a custodian, trustee, or professional investing on behalf of and representing more than one claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management;
6. If signing this Claim Form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Claim Form;
7. I agree to submit to the jurisdiction of the Court in the Civil Action for all purposes relating to this claim;
8. I (we) have read my (our) foregoing Claim Form, including any attachments and enclosures, and that the Claim Form including any attachments and enclosures is true and correct in every aspect; and
9. I (we) have not authorized nor am aware of anyone else who has filed a Claim Form on my (our) behalf for the same losses covered in this Claim Form.

## Certification and Substitute FORM W-9

Social Security Number / Taxpayer Identification Number: \_\_\_\_\_

Exempt Payee Code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

Check appropriate box for federal tax classification:

☐ Individual      ☐ C Corporation      ☐ S Corporation      ☐ Partnership      ☐ Trust/Estate

☐ Other \_\_\_\_\_

☐ Limited Liability Company - choose tax classification

☐ C Corporation

☐ S Corporation

☐ Partnership

Print your name as it appears on your federal income tax return:

\_\_\_\_\_  
First Name and Last Name, for Individuals. Entity Name for businesses and trusts.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Note:** If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

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

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 signing, if other than an individual,  
e.g., executor, president, trustee, custodian, etc.

\_\_\_\_\_  
Capacity of person signing, if other than an individual,  
e.g., executor, president, trustee, custodian, etc.

## IV. REMINDER CHECKLIST



1. **Please sign the above certification.** If this Claim Form is being made on behalf of joint claimants, then both must sign.



2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.



3. Please do not highlight any portion of the Claim Form or any supporting documents.



4. Keep copies of the completed Claim Form and documentation for your own records.



5. The Distribution Agent will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed submitted until you receive an acknowledgement postcard. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE DISTRIBUTION AGENT TOLL FREE AT 1 (833) 636-2110.**



6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Distribution Agent written notification of your new address. If you change your name, please inform the Distribution Agent.



7. If you have any questions or concerns regarding your claim, please contact the Distribution Agent in writing at the below address, toll-free at 1 (833) 636-2110, by email at [Info@HomelandSafetyFairFund.com](mailto:Info@HomelandSafetyFairFund.com), or visit [www.HomelandSafetyFairFund.com](http://www.HomelandSafetyFairFund.com). **Please DO NOT call the SEC, Homeland Safety International, Inc., any other Defendant or their counsel with questions regarding your claim.**

THIS CLAIM FORM MUST BE SUBMITTED TO THE DISTRIBUTION AGENT SO THAT IT IS **POSTMARKED NO LATER THAN JUNE 16, 2022**, ADDRESSED AS FOLLOWS:

Homeland Safety International Fair Fund  
c/o JND Legal Administration  
PO Box 91240  
Seattle, WA 98111

You should be aware that it will take a significant amount of time to fully process all the submitted Claim Forms. This work will be completed as promptly as time permits. Please be patient and notify the Distribution Agent of any change of address.