

PROOF OF CLAIM FORM

O'Rourke Distribution Fund
c/o JND Legal Administration
PO Box 91401
Seattle, WA 98111

Toll-Free Number: (833) 358-1844
Distribution Website: www.OrourkeDistributionFund.com
Email: info@OrourkeDistributionFund.com

To be considered for eligibility for a distribution from the O'Rourke Distribution Fund, created in the civil action: *SEC v. Garrett O'Rourke and Michael J. Black*, 19-cv-4137 (KAM) (E.D.N.Y.) (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 made online through the Distribution Website **no later than 11:59 p.m. PST on November 9, 2021; by First Class Mail postmarked by November 9, 2021; and if not by First Class mail, received by the Distribution Agent by November 9, 2021**. November 9, 2021 is referenced herein as the "Claims Bar Date".

Failure to submit your Claim Form by the Claims Bar Date will subject your claim to rejection and may preclude you from being eligible to recover any money from the O'Rourke Distribution Fund. Your Claim Form must be submitted in compliance with the directions herein.

CONTENTS

- 02 GENERAL INSTRUCTIONS
- 05 Part I - CLAIMANT IDENTIFICATION
- 06 Part II(A) through Part II(F) - SCHEDULES OF TRANSACTIONS
- 12 CERTIFICATION, SUBSTITUTE W-9 AND SIGNATURE
- 15 REMINDER CHECKLIST

GENERAL INSTRUCTIONS

1. Your completed and signed Proof of Claim, including a completed tax certification and adequate supporting documentation, must be submitted online **no later than 11:59 p.m. PST on November 9, 2021**, following the directions at www.OrourkeDistributionFund.com; or, alternatively, **sent by First Class Mail, postmarked no later than November 9, 2021 or, if not sent by First Class Mail, received by the Distribution Agent no later than November 9, 2021**.

2. You must include all of your transactions requested in Parts II(A) through II(F), the Schedules of Transactions (pages 6 through 11), 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 O'Rourke Distribution 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.OrourkeDistributionFund.com.

5. **Tax Forms:** The interest component of the distribution is U.S. source income. Therefore, to ensure that the O'Rourke Distribution Fund can comply with its reporting and/or withholding obligations, U.S. persons (defined below) must complete the Substitute Form W-9 on page 13 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 November 9, 2021**. 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) **Online:** Online submissions must be completed **no later than 11:59 p.m. PST on November 9, 2021, following the directions at www.OrourkeDistributionFund.com;**

(b) **First Class Mail or other Delivery:** Submissions by **First Class Mail must be postmarked no later than November 9, 2021; submissions by other delivery service must be RECEIVED by the Distribution Agent no later than November 9, 2021.** 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:

**O'Rourke Distribution Fund
c/o JND Legal Administration
PO Box 91401
Seattle, WA 98111**

(c) 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 Schedules of Transactions in Part II of this Claim Form, pages 6 through 11, to supply all required details of your transaction(s) (including free transfers and deliveries) and holdings of each eligible Security. On these schedules, please provide all of 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 Securities and the Corresponding Relevant Periods

Where to include Transaction Details	Company Name	Trading Symbol	Relevant Period Start Date	Relevant Period End Date
Part II(A)	AV1 Group, Inc.	AVOP	5/4/2016	10/19/2016
Part II(B)	EnviroTechnologies International, Inc.	ETII	2/1/2017	6/30/2017
Part II(C)	EnviroTechnologies International, Inc.	ETII	1/30/2018	5/10/2018
Part II(D)	Cyberfort Software, Inc.	CYBF	6/29/2018	8/15/2018
Part II(E)	Link Reservations, Inc.	LRSV	10/7/2016	2/9/2017
Part II(F)	BioHemp International, Inc.	BKIT	5/10/2019	7/16/2019

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 an eligible Security during the corresponding Relevant Period(s) 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 O'Rourke Distribution 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 an eligible Security during the corresponding Relevant Period(s) 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 O'Rourke Distribution 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 O'Rourke Distribution Fund. If you are NOT a Potential Claimant (as defined in the Plan of Distribution, paragraph 5.t.), or are an Excluded Party (Plan, paragraph 5.m.), 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 O'Rourke Distribution Fund's website at www.OrourkeDistributionFund.com, or you may email the Distribution Agent's electronic filing department at GOFSecurities@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 GOFSecurities@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 Plan Notice, you may contact the Distribution Agent by writing to the above address, by calling the toll-free hotline at (833) 358-1844, by sending an email to info@OrourkeDistributionFund.com, or you may download the documents from www.OrourkeDistributionFund.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** promptly notify the Distribution Agent in writing at the address in paragraph 6., above, or by email to info@OrourkeDistributionFund.com.

Complete names of all persons and entities must be provided.

Beneficial Owner Name

Joint Beneficial Owner Name

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 Distribution Agent to use it in providing you with information relevant to this claim)

Account Number (where securities were traded)¹

¹ 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(A). SCHEDULE OF TRANSACTIONS IN AV1 GROUP, INC. (AVOP) 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 **AV1 GROUP, INC.** common stock on this schedule.

1. BEGINNING HOLDINGS OF AV1 GROUP, INC. COMMON STOCK – State the total number of shares of AV1 Group, Inc. common stock held as of the close of trading on MAY 3, 2016 . (Must be documented.) If none, write “zero” or “0.” <div style="border: 1px solid black; width: 200px; height: 25px; margin: 5px 0;"></div>				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
2. PURCHASES/ACQUISITIONS OF AV1 GROUP, INC. COMMON STOCK DURING THE PERIOD FROM MAY 4, 2016 THROUGH AND INCLUDING OCTOBER 19, 2016 – Separately list each and every purchase/acquisition (including free receipts) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
3. SALES OF AV1 GROUP, INC. COMMON STOCK DURING THE PERIOD FROM MAY 4, 2016 THROUGH AND INCLUDING OCTOBER 19, 2016 – Separately list each and every sale/disposition (including free deliveries) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
4. ENDING HOLDINGS – State the total number of shares of AV1 GROUP, INC. common stock held as of the close of trading on OCTOBER 19, 2016 . (Must be documented.) If none, write “zero” or “0.” <div style="border: 1px solid black; width: 200px; height: 25px; margin: 5px 0;"></div>				Proof of Position Enclosed <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.				

II(B) SCHEDULE OF TRANSACTIONS IN ENVIROTECHNOLOGIES INTERNATIONAL, INC. (ETII) 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 **ENVIROTECHNOLOGIES INTERNATIONAL, INC. ("ENVIROTECHNOLOGIES")** common stock.

1. BEGINNING HOLDINGS OF ENVIROTECHNOLOGIES COMMON STOCK – State the total number of shares of ENVIROTECHNOLOGIES common stock held as of the close of trading on JANUARY 31, 2017 . (Must be documented.) If none, write "zero" or "0." <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div>				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
2. PURCHASES/ACQUISITIONS OF ENVIROTECHNOLOGIES COMMON STOCK DURING THE PERIOD FROM FEBRUARY 1, 2017 THROUGH AND INCLUDING JUNE 30, 2017 – Separately list each and every purchase/acquisition (including free receipts) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
3. SALES OF ENVIROTECHNOLOGIES COMMON STOCK DURING THE PERIOD FROM FEBRUARY 1, 2017 THROUGH AND INCLUDING JUNE 30, 2017 – Separately list each and every sale/disposition (including free deliveries) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
4. ENDING HOLDINGS – State the total number of shares of ENVIROTECHNOLOGIES common stock held as of the close of trading on JUNE 30, 2017 . (Must be documented.) If none, write "zero" or "0." <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div>				Proof of Position Enclosed <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.				

II(C) SCHEDULE OF TRANSACTIONS IN ENVIROTECHNOLOGIES INTERNATIONAL, INC. (ETII) 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 **ENVIROTECHNOLOGIES INTERNATIONAL, INC. ("ENVIROTECHNOLOGIES")** common stock.

1. BEGINNING HOLDINGS OF ENVIROTECHNOLOGIES COMMON STOCK – State the total number of shares of ENVIROTECHNOLOGIES common stock held as of the close of trading on JANUARY 29, 2018 . (Must be documented.) If none, write "zero" or "0." <div style="border: 1px solid black; width: 200px; height: 25px; margin: 5px 0;"></div>				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
2. PURCHASES/ACQUISITIONS OF ENVIROTECHNOLOGIES COMMON STOCK DURING THE PERIOD FROM JANUARY 30, 2018 THROUGH AND INCLUDING MAY 10, 2018 – Separately list each and every purchase/acquisition (including free receipts) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
3. SALES OF ENVIROTECHNOLOGIES COMMON STOCK DURING THE PERIOD FROM JANUARY 30, 2018 THROUGH AND INCLUDING MAY 10, 2018 – Separately list each and every sale/disposition (including free deliveries) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
4. ENDING HOLDINGS – State the total number of shares of ENVIROTECHNOLOGIES common stock held as of the close of trading on MAY 10, 2018 . (Must be documented.) If none, write "zero" or "0." <div style="border: 1px solid black; width: 200px; height: 25px; margin: 5px 0;"></div>				Proof of Position Enclosed <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.				

II(D) SCHEDULE OF TRANSACTIONS IN CYBERFORT SOFTWARE, INC. (CYBF) 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 **CYBERFORT SOFTWARE, INC.** (“CYBERFORT SOFTWARE”) common stock.

1. BEGINNING HOLDINGS OF CYBERFORT SOFTWARE, INC. COMMON STOCK – State the total number of shares of CYBERFORT SOFTWARE common stock held as of the close of trading on JUNE 28, 2018 . (Must be documented.) If none, write “zero” or “0.” <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div>				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
2. PURCHASES/ACQUISITIONS OF CYBERFORT SOFTWARE COMMON STOCK DURING THE PERIOD FROM JUNE 29, 2018 THROUGH AND INCLUDING AUGUST 15, 2018 – Separately list each and every purchase/acquisition (including free receipts) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
3. SALES OF CYBERFORT SOFTWARE COMMON STOCK DURING THE PERIOD FROM JUNE 29, 2018 THROUGH AND INCLUDING AUGUST 15, 2018 – Separately list each and every sale/disposition (including free deliveries) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
4. ENDING HOLDINGS – State the total number of shares of CYBERFORT SOFTWARE common stock held as of the close of trading on AUGUST 15, 2018 . (Must be documented.) If none, write “zero” or “0.” <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div>				Proof of Position Enclosed <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.				

II(E) SCHEDULE OF TRANSACTIONS IN LINK RESERVATIONS, INC. (LRSV) 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 **LINK RESERVATIONS, INC.** (“**LINK RESERVATIONS**”) common stock.

1. BEGINNING HOLDINGS OF LINK RESERVATIONS COMMON STOCK – State the total number of shares of LINK RESERVATIONS common stock held as of the close of trading on OCTOBER 6, 2016. (Must be documented.) If none, write “zero” or “0.” <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
2. PURCHASES/ACQUISITIONS OF LINK RESERVATIONS COMMON STOCK DURING THE PERIOD FROM OCTOBER 7, 2016 THROUGH AND INCLUDING FEBRUARY 9, 2017 – Separately list each and every purchase/acquisition (including free receipts) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
3. SALES OF LINK RESERVATIONS COMMON STOCK DURING THE PERIOD OCTOBER 7, 2016 THROUGH AND INCLUDING FEBRUARY 9, 2017 – Separately list each and every sale/disposition (including free deliveries) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
4. ENDING HOLDINGS – State the total number of shares of LINK RESERVATIONS common stock held as of the close of trading on FEBRUARY 9, 2017. (Must be documented.) If none, write “zero” or “0.” <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				Proof of Position Enclosed <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.				

II(F) SCHEDULE OF TRANSACTIONS IN BIOHEMP INTERNATIONAL, INC. (BKIT) 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 **BIOHEMP INTERNATIONAL, INC.** ("BIOHEMP INTERNATIONAL") common stock.

1. BEGINNING HOLDINGS OF BIOHEMP INTERNATIONAL COMMON STOCK – State the total number of shares of BIOHEMP INTERNATIONAL common stock held as of the close of trading on MAY 9, 2019 . (Must be documented.) If none, write "zero" or "0." <div style="border: 1px solid black; width: 200px; height: 25px; margin: 5px 0;"></div>				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
2. PURCHASES/ACQUISITIONS OF BIOHEMP INTERNATIONAL COMMON STOCK DURING THE PERIOD FROM MAY 10, 2019 THROUGH AND INCLUDING JULY 16, 2019 – Separately list each and every purchase/acquisition (including free receipts) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
3. SALES OF BIOHEMP INTERNATIONAL COMMON STOCK DURING THE PERIOD FROM MAY 10, 2019 THROUGH AND INCLUDING JULY 16, 2019 – Separately list each and every sale/disposition (including free deliveries) during this period. (Must be documented.)				IF NONE, CHECK HERE <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
4. ENDING HOLDINGS – State the total number of shares of BIOHEMP INTERNATIONAL common stock held as of the close of trading on JULY 16, 2019 . (Must be documented.) If none, write "zero" or "0." <div style="border: 1px solid black; width: 200px; height: 25px; margin: 5px 0;"></div>				Proof of Position Enclosed <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 in the captioned action, a legal representative, nominee, assign, creditor, heir, distributee, spouse, parent, child, successor-in-interest, or controlled entity of the Defendants;
- (b) a respondent or defendant in an SEC enforcement action or criminal proceeding that is instituted prior to the determination of Eligible Claimants under the Plan and that seeks relief for conduct related to the conduct underlying this action, including, without limitation, a defendant in *SEC v. Knox, et al.*, No. 18-cv-12058-RGS (D. Mass.) and *SEC v. Bajic, et al.*, No. 20-cv-7-LGS (S.D.N.Y.), or a legal representative, nominee, assign, creditor, heir, distributee, spouse, parent, child, successor-in-interest, or controlled entity of the Defendants;
- (c) an employee of the Distribution Agent, or assisting the Distribution Agent in its role as the Distribution Agent; or
- (d) a purchaser or assignee of another Person's purported right to obtain a recovery from the O'Rourke Distribution Fund for value (unless a Third-Party Filer or a Person who obtained such a right by gift, inheritance, devise, or operation of law).

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 Distribution Plan;

4. I agree that upon receipt and acceptance by me of a distribution from the O'Rourke Distribution 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 solely for the benefit of current or former pooled investors;

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 have read my foregoing Claim Form, including any attachments and enclosures, and certify that the Claim Form including any attachments and enclosures is true, correct, and complete, in every aspect; and am attesting to the accuracy and completeness of all the information contained herein and attached hereto, including the tax certification and transactional details; and

9. I have completed and signed the Substitute Form W-9 included herewith, or if not a U.S. person, have obtained, completed, signed, and am submitting herewith, the appropriate IRS Form W-8 series tax form as directed above, in General Instructions #5;

10. I have not authorized nor am aware of anyone else who has filed a Claim Form on my behalf for the same losses and/or transactions included in this Claim Form.

Certification and Substitute FORM W-9 (for completion by U.S. Persons, per General Instruction #5)

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 WITHIN THE PROOF OF CLAIM FORM AND TAX CERTIFICATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS, IF ANY, SUBMITTED HEREWITH, ARE TRUE, COMPLETE, 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 Claim Form and, if not a U.S. person, sign and submit the appropriate IRS Form W-8 series.** If this Claim Form is being made on behalf of joint claimants, then both must sign the Claim Form and each must complete and submit a tax certification.



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 of receipt. Your claim is not confirmed as 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) 358-1844.**

6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please promptly send the Distribution Agent written notification of your new address by email at info@OroukeDistributionFund.com or mail to the Distribution Agent to the address below. 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) 358-1844, by email at info@OroukeDistributionFund.com, or visit www.OroukeDistributionFund.com. **Please DO NOT call the SEC, the Court, or any Defendant or their counsel with questions regarding your claim.**

THIS CLAIM FORM MUST BE SUBMITTED TO THE DISTRIBUTION AGENT SO THAT IT IS RECEIVED ONLINE NO LATER THAN 11:59 P.M. PST ON NOVEMBER 9, 2021; IF SENT BY MAIL, POSTMARKED NO LATER THAN NOVEMBER 9, 2021; OR IF SENT BY ANY OTHER METHOD, RECEIVED BY THE DISTRIBUTION AGENT AT THE FOLLOWING ADDRESS NO LATER THAN:

O'Rourke Distribution Fund
c/o JND Legal Administration
P.O. Box 91401
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 by email at info@OroukeDistributionFund.com or mail to the Distribution Agent to the address listed directly above.