

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT AT ANCHORAGE

DONALD H. CARLSON, et al.,)
Individually and as Class)
Representatives on Behalf of All Persons)
Similarly Situated,)
Plaintiffs,)
v.)
STATE OF ALASKA, COMMERCIAL)
FISHERIES ENTRY COMMISSION,)
Defendant.)

Case No. 3AN-84-5790 CI



CLAIM AND SUBSTITUTE W-9 FORM

TO HAVE AN OPPORTUNITY TO RECEIVE A SHARE OF THE SETTLEMENT FUND, YOU MUST COMPLETE AND SIGN THIS CLAIM AND SUBSTITUTE W-9 FORM AND RETURN IT TO:

CARLSON V. STATE OF ALASKA
CLASS ADMINISTRATOR
c/o A.B. DATA, LTD.
PO BOX 170500
MILWAUKEE, WI 53217-8042

MAIL THIS FORM BY FIRST-CLASS MAIL, **POSTMARKED NO LATER THAN SEPTEMBER 7, 2013**. FAILURE TO SUBMIT YOUR CLAIM AND SUBSTITUTE W-9 FORM (THE "CLAIM FORM") BY SEPTEMBER 7, 2013 MAY SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION.

DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE SETTLING PARTIES, OR THEIR COUNSEL. ANY SUCH CLAIM FORMS WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM FORM ONLY TO THE CLASS ADMINISTRATOR.

PART I: CLAIMANT INFORMATION

Last Name (Claimant) First Name (Claimant)
Claimant Representative (e.g., if Claimant is deceased)
Address Line 1
Address Line 2 (if applicable)
City State Zip Code
Foreign Province Foreign Zip Code Foreign Country

Telephone Number (day) () - () Telephone Number (night) () - ()
Email Address (an email address is not required, but if you provide it, you authorize the Class Administrator to use it in providing you with information relevant to this Claim Form)

PART II: TAXPAYER IDENTIFICATION NUMBER

Enter Taxpayer Identification Number (TIN) below for the Claimant. For most individuals, this is your Social Security number (SSN). The Internal Revenue Service (IRS) requires such information. If you fail to provide this information, your claim may be rejected.

Claimant's Taxpayer Identification Number (TIN) or Social Security number (SSN) - -
- - -

PART III: CERTIFICATION

UNDER THE PENALTIES OF PERJURY, I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.

I certify that I am NOT subject to backup withholding under the provisions of Section 3406(a)(1)(c) of the Internal Revenue Code because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest; or (c) the IRS has notified me that I am no longer subject to backup withholding.

NOTE: If you have been notified by the IRS that you are subject to withholding, please strike out the language that you are not subject to backup withholding in the certification above.

I certify that, if I am acting as the representative for a Claimant, I am currently authorized to act on behalf of the Claimant.

Signature of Claimant Date Print Name of Claimant

Capacity of Person Signing (e.g., executor, administrator, trustee, etc.)

THIS CLAIM AND SUBSTITUTE W-9 FORM MUST BE SUBMITTED TO THE CLASS ADMINISTRATOR AT THE FOLLOWING ADDRESS NO LATER THAN SEPTEMBER 7, 2013:

CARLSON V. STATE OF ALASKA
CLASS ADMINISTRATOR
c/o A.B. DATA, LTD.
PO BOX 170500
MILWAUKEE, WI 53217-8042

A Claim and Substitute W-9 Form shall be deemed to have been submitted when mailed if (1) it is received with a postmark indicated on the envelope, (2) it is mailed by First-Class Mail or by a more expedient means, such as overnight delivery, and (3) it is addressed in accordance with the above instructions. In all other cases, a Claim and Substitute W-9 Form shall be deemed to have been submitted when actually received at the address designated above.

No acknowledgment will be made as to the receipt of Claim and Substitute W-9 Form. If you wish to be assured that your Claim and Substitute W-9 Form is actually received by the Class Administrator, then you should send it by Certified Mail, Return-Receipt Requested. You should be aware that it will take a significant amount of time to fully process all of the Claim and Substitute W-9 Forms and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Claim and Substitute W-9 Form. Please notify the Class Administrator of any change of address.