

Blitz v. AgFeed Industries, Inc.
c/o Claims Administrator
PO Box 3207
Portland, OR 97208-3207

PROOF OF CLAIM AND RELEASE FORM

A. GENERAL INSTRUCTIONS & INFORMATION

1. You are urged to read carefully the accompanying Notice Of Proposed Settlement Of Class Action, Motion For Attorneys' Fees And Expenses, And Final Approval Hearing (the "Notice"). All capitalized terms used herein shall have the same meaning as defined in the Notice.

2. To file a claim and recover under the Settlement of this Action, you must submit this Proof of Claim Form and Release (the "Proof of Claim"). However, such filing is not a guarantee that you will share in the proceeds of the Settlement in the Action.

3. **You must mail your completed and signed Proof of Claim postmarked on or before December 31, 2014, addressed to the Claims Administrator at:**

Blitz v. AgFeed Industries, Inc.
c/o
Claims Administrator
PO Box 3207
Portland, OR 97208-3207
Tel: 800-625-7675

4. If you are a Class Member and you do not timely request exclusion, you will be bound by the terms of any judgment entered in the Action.

5. If you are **not** a Class Member, **do not** submit a Proof of Claim.

6. **If you need assistance filling out this Proof of Claim, please contact the Claims Administrator.**

B. INSTRUCTIONS FOR FILLING OUT THE PROOF OF CLAIM FORM

Important additional information regarding the Settlement and this Proof of Claim is contained in the accompanying Notice. Please refer to the Plan of Allocation set forth in the accompanying Notice for a detailed explanation of how a Claimant's Recognized Loss will be calculated.

1. In order to be eligible to participate in the distribution of the Settlement Fund, a claimant ("Claimant") must have purchased or otherwise acquired AgFeed common stock during the period between March 16, 2009 through September 29, 2011, both dates inclusive (the "Class Period").

2. The submission of a Proof of Claim does not ensure that your claim will be upheld or that you will share in any recovery. All claims are subject to verification and investigation. You may be requested to provide further information.

3. All claims must be made by persons or entities who were beneficial owners (as opposed to record holders or nominees) of shares of AgFeed common stock. (Brokerage firms, banks and other nominees are requested to transmit copies of the Notice and Proof of Claim to their present or former customers who were such beneficial owners. See Notice, Section VII). If shares of AgFeed common stock were owned jointly, all joint owners must complete and sign the Proof of Claim.

4. Executors, administrators, guardians, conservators and trustees may complete and sign the Proof of Claim on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (*e.g.*, powers of attorney or currently effective letters testamentary or letters of administration) to do so.

5. You must file a separate Proof of Claim for each differently named account or ownership, such as an individual account, an IRA account, a joint account, a custodial account, etc. Joint tenants, co-owners or UGMA custodians should file a single claim. Claimants who file one or more claims (*e.g.*, one in Claimant's name and one for an IRA or joint ownership) must identify the other claims filed.

6. There will be no Recognized Loss attributed to any AgFeed Securities other than Common Stock.

7. The date of purchase and/or sale of shares of AgFeed common stock is the "trade" date and not the "settlement" date.

8. The first-in, first-out basis ("FIFO") will be applied to both purchases and sales.

9. Exercise of option contracts or the conversion of preferred stock into common stock will be considered to be purchases or sales of common stock as of the date of the exercise or conversion. Option premiums and the conversion price for preferred stock will be incorporated into the purchase/sale price of the common stock accordingly.

10. The date of covering a "short sale" is deemed to be the date of purchase of AgFeed common stock; and the date of a "share sale" is deemed to be the date of sale of AgFeed common stock. Shares originally sold short will have a Recognized Loss of zero.

11. No cash payment will be made on a claim where the potential distribution is less than \$10.00.

12. You must attach to your claim form **copies** of brokerage confirmations, monthly statements or other documentation of your transactions in AgFeed common stock in order for your claim to be valid. If such documents are not available, a complete list of acceptable supporting documentation can be found on the Settlement website: www.AgFeedSecuritiesLitigation.com. Failure to provide this documentation could delay verification of your claim or could result in rejection of your claim.

13. If you have any questions or need additional Proofs of Claim, contact the Claims Administrator via the information set forth in Section A. You may make photocopies of this form.

PROOF OF CLAIM

Must be received by the Claims Administrator postmarked no later than December 31, 2014

C. CLAIMANT IDENTIFICATION

Please Type or Print

Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Joint Beneficial Owner's First Name	MI	Joint Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name *(if beneficial owner is not an individual)*

Representative Name

Street Address

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Province	Foreign Country
<input type="text"/>	<input type="text"/>

Social Security Number	Taxpayer Identification Number
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>

Specify one of the following:

Individual(s)
 Corporation
 IRA
 UGMA Custodian
 Partnership
 Estate
 Trust
 Other: _____

Area Code	Telephone Number (Day)	Area Code	Telephone Number (Evening)
<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

Facsimile Number

 - -

E-mail Address

Record Owner's Name and Address *(if different from beneficial owner listed above)*

Account Number

D. SCHEDULE OF TRANSACTIONS IN AGFEED COMMON STOCK

1. State the total number of shares of AgFeed Common Stock owned at the close of trading on March 15, 2009, long or short (if none, enter "0"; if other than zero, must be documented):

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2. Separately list each and every **purchase** of AgFeed Common Stock during the period March 16, 2009 through December 28, 2011 and provide the following information (must be documented):

Trade Date (list chronologically) MM/DD/YY	Number of Shares Purchased	Price Per Share (excluding commissions, taxes and other fees)	Total Amount of Purchase (excluding commissions, taxes and other fees)	Check this box if the transaction is the result of the exercising or assignment of an Option Contract (see Section B.)

3. Separately list each and every **sale** of AgFeed Common Stock during the period March 16, 2009 through December 28, 2011 and provide the following information (must be documented):

Trade Date (list chronologically) MM/DD/YY	Number of Shares Sold	Price Per Share (excluding commissions, taxes and other fees)	Total Amount of Sale (excluding commissions, taxes and other fees)	Check this box if the transaction is the result of the exercising or assignment of an Option Contract (see Section B.)

4. State the total number of shares of AgFeed Common Stock owned at the close of trading on December 28, 2011, long or short (if none, enter "0"; if other than zero, must be documented):

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If you need additional space, attach the required information on separate, numbered sheets in the same format as above and print your name and Social Security or Taxpayer Identification number at the top of each additional sheet.

**YOU MUST ALSO READ THE RELEASE AND SIGN THE CERTIFICATION
OR THE W-8 CERTIFICATION BELOW.**

E. SUBMISSION TO JURISDICTION OF THE COURT

By submitting this Proof of Claim Form and Release, I/we, and every Class Member I/we represent, submit to the jurisdiction of the United States District Court for the Middle District of Tennessee for purposes of this Action and the Settlement of the Action, as reflected in the Stipulation of Settlement (the "Settlement"). I/We further agree to be bound by the orders of the Court, agree that this Proof of Claim Form, my/our status or the status of the Class Member(s) I/we represent as a Claimant and the allowable amount of this claim will be subject to review and further inquiry, and that I/we will furnish such additional documentation with respect to this Proof of Claim as may be required.

F. RELEASE

By signing this Proof of Claim Form and Release, and in consideration of the establishment of the Settlement Fund, as of the Effective Date thereof, the undersigned claimant ("Claimant"), on behalf of Claimant and Claimant's predecessors, successors, parents, subsidiaries, affiliates, custodians, agents, assigns, representatives, heirs, executors, trustees, and administrators, hereby releases and forever discharges each and every past and current Defendant and, whether or not identified in any complaint filed in the Action, each Defendant's respective families, associates, affiliates, and each and all of their past or present directors, officers, employees, partners, member firms or affiliates, principals, agents, predecessors, successors, parents, subsidiaries, divisions, joint ventures, attorneys, accountants, insurers, co-insurers and reinsurers, assigns, spouses, heirs, executors, trustees, general or limited partners or partnerships, limited liability companies, members, personal or legal representatives, estates, administrators, predecessors, successors and assigns or other individuals or entities in which Defendants have a controlling interest or which is related to or affiliated with Defendants, associates, related or affiliated entities, or any members of their immediate families, or any trusts for which any of them are trustees, settlors or beneficiaries (the "Released Parties"), for all claims (including "Unknown Claims" as defined below), rights, demands, suits, matters, issues, or causes of action under federal, state, local, foreign law, or any other law, rule, or regulation, whether known or unknown, that were, could have been, or could in the future be asserted against the Released Parties by Plaintiffs in any court of competent jurisdiction or any other adjudicatory tribunal, in connection with, arising out of, related to, based upon, in whole or in part, directly or indirectly, in any way, to the facts, transactions, events, occurrences, acts, disclosures, oral or written statements, representations, filings, publications, disseminations, press releases, presentations, accounting practices or procedures, compensation practices or procedures, omissions or failures to act which were or which could have been alleged or described in the Complaint in the Action.

"Unknown Claims" shall collectively mean all claims, demands, rights, liabilities, and causes of action of every nature and description which any Class Member does not know or suspect to exist in his, her or its favor at the time of the release of the Released Parties which, if known by him, her or it, might have affected his, her or its settlement with and release of the Released Parties, or might have affected his, her or its decision not to object to this Settlement. With respect to any and all Released Plaintiffs' Claims, the Parties stipulate and agree that, upon the Effective Date, Class Plaintiffs shall expressly waive, and each of the Class Members shall be deemed to have waived, and by operation of the Judgment shall have waived, the provisions, rights and benefits of California Civil Code § 1542, which provides:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

Class Plaintiffs shall expressly and each of the Class Members shall be deemed to have, and by operation of the Judgment shall have, expressly waived any and all provisions, rights and benefits conferred by any law of any state or territory of the United States, or principle of common law, which is similar, comparable or equivalent to California Civil Code § 1542. Class Plaintiffs and Class Members may hereafter discover facts in addition to or different from those which he, she or it now knows or believes to be true with respect to the subject matter of the Released Plaintiffs' Claims, but Class Plaintiffs shall expressly, fully, finally and forever settle and release, and each Class Member, upon the Effective Date, shall be deemed to have, and by operation of the Judgment shall have, fully, finally, and forever settled and released, any and all Released Plaintiffs' Claims, known or unknown, suspected or unsuspected, contingent or non-contingent, whether or not concealed or hidden, which now exist, or heretofore have existed, upon any theory of law or equity now existing or coming into existence in the future, including, but not limited to, conduct which is negligent, intentional, with or without malice, or a breach of any duty, law or rule, without regard to the subsequent discovery or existence of such different or additional facts. Class Plaintiffs acknowledge, and the Class Members shall be deemed by operation of the Judgment to have acknowledged, that the foregoing waiver was separately bargained for and a key element of the Settlement of which this release is a part.

G. REPRESENTATIONS

I/We acknowledge that I/we have read the Notice, and that pursuant thereto I/we file this claim to participate in the Settlement.

I/We hereby warrant and represent that neither I/we, nor any person I/we represent, is a Defendant (as defined in the Notice) with respect to any of the claims asserted in the Litigation, member of a Defendant’s family or their legal representative, heir, successor or assign, an entity in which a Defendant has or had a controlling interest, or a person or entity who has requested exclusion from the Class.

I/We hereby warrant and represent that I am/we are authorized to execute and deliver this Proof of Claim Form and Release.

H. CERTIFICATION

I/We certify that I am/we are not subject to backup withholding. **(If you have been notified by the IRS that you are subject to backup withholding, strike out the previous sentence.)**

I/We declare and affirm under penalties of perjury that the foregoing information and the documents attached hereto, including the Social Security or Taxpayer Identification Number shown on this Proof of Claim, are true, correct and complete to the best of my/our knowledge, information and belief, and that this Proof of Claim was executed this _____ day of _____, 2014 in _____, _____ (City) _____ (State/Country).

[Empty signature box]

Signature of Claimant

[Empty name box]

(Print your name here)

[Empty signature box]

Signature of Joint Claimant, if any

[Empty name box]

(Print your name here)

[Empty signature box]

Signature of person signing on behalf of Claimant

[Empty name box]

(Print your name here)

[Empty capacity box]

Capacity of person signing on behalf of Claimant, if other than an individual (e.g., Executor, President, Custodian, etc.)

