Must Be Postmarked No Later Than June 6, 2013

Bidz.com Securities Litigation
c/o GCG
P.O. Box 9946
Dublin, OH 43017-5946
Toll-Free: 1-866-220-3826

BDZ

Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE FORM

YOU MUST COMPLETE THIS PROOF OF CLAIM FORM AND IT MUST BE POSTMARKED NO LATER THAN JUNE 6, 2013

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QUESTIONS? PLEASE CALL 1-866-220-3826 OR VISIT WWW.GCGINC.COM

Important - *This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:*

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0

PART I - CLAIMANT IDENTIFICATION

LAST NAME (CLAIMANT)

FIRST NAME (CLAIMANT)

Last Name (Beneficial Owner if Different From Claimant)

First Name (Beneficial Owner)

Last Four Digits of the Beneficial Owner's Employer Identification Number or Social Security Number[1]

Last Name (Co-Beneficial Owner)

First Name (Co-Beneficial Owner)

Company/Other Entity (If Claimant Is Not an Individual)

Contact Person (If Claimant is Not an Individual)

Trustee/Nominee/Other

Account Number (If Claimant Is Not an Individual)

Trust/Other Date (If Applicable)

Address Line 1

Address Line 2 (If Applicable)

City

State

Zip Code

Foreign Province

Foreign Country

Foreign Zip Code

Telephone Number (Day) - -

Telephone Number (Night) - -

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.)**

IDENTITY OF CLAIMANT (check only one box):

- ☐ **Individual**
- ☐ **Joint Owners**
- ☐ **Estate**
- ☐ **Corporation**
- ☐ **Trust**
- ☐ **Partnership**
- ☐ **Private Pension Fund**
- ☐ **Legal Representative**
- ☐ **IRA, Keogh, or other type of individual retirement plan** **(indicate type of plan, mailing address, and name of current custodian)**
- ☐ **Other** **(specify, describe on separate sheet)**

To view GCG's Privacy Notice, please visit http://www.gcginc.com/pages/privacy-policy.php

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, 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 website at www.gcginc.com or you may email the Claims Administrator at eClaim@gcginc.com. Any file not 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 Claims Administrator issues an email after processing your file with your claim numbers 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 10 days of your submission, you should contact the electronic filing department at eClaim@gcginc.com to inquire about your file and confirm it was received and acceptable.

[1] The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the benefi cial owner(s) may be used in verifying this claim.

PART II - SCHEDULE OF TRANSACTIONS IN BIDZ.COM COMMON STOCK

1. **BEGINNING HOLDINGS:** State the total number of shares of Bidz.com common stock owned at the close of trading on **August 12, 2007** (*if none, enter "0"; if other than zero, must be documented*):

Shares

2. **PURCHASES:** Separately list each and every purchase of Bidz.com common stock during the period **August 13, 2007** through **November 28, 2007**, inclusive. (Persons who received Bidz.com common stock during the Settlement Class Period other than by purchase are not eligible to submit claims for those transactions) (*must be documented*):

Purchase Date (*List Chronologically*) Month/Day /Year	Number of Shares Purchased	Price Per Share	Total Purchase Price *(including commissions, taxes and other fees)*
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

3. **PURCHASES:** Please list the number of shares of Bidz.com common stock purchased during the period **November 29, 2007** through **February 25, 2008**, inclusive. (*if none, enter "0"*):

Shares

4. **SALES:** Separately list each and every sale of Bidz.com common stock during the period **August 13, 2007** through **February 25, 2008**, inclusive. (*if none, enter "0"; if other than zero, must be documented*):

Sale Date (*List Chronologically*) Month/Day /Year	Number of Shares Sold	Price Per Share	Total Sale Price *(including commissions, taxes and other fees)*
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

5. **ENDING HOLDINGS:** State the total number of shares of Bidz.com common stock owned at the close of trading on **February 25, 2008** (*if none, enter "0"; if other than zero, must be documented*):

Shares

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX ☐

IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED

PART III - SUBMISSION TO JURISDICTION OF THE COURT

I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Settlement Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proofs of Claim.

PART IV - RELEASE AND REPRESENTATIONS

I affirm that I purchased the common stock of Bidz.com, Inc. ("Bidz.com") between August 13, 2007 and November 28, 2007, inclusive. (Do not submit this Proof of Claim if you did not purchase Bidz.com common stock during this period).

By submitting this Proof of Claim, I state that I believe in good faith that I am a Settlement Class Member as defined above and in the Notice of Proposed Settlement of Class Action, Motion for Attorneys' Fees and Settlement Fairness Hearing (the "Notice"), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Settlement Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Settlement Class Member (for example, as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Settlement Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

I have set forth where requested all relevant information with respect to each purchase Bidz.com common stock during the Settlement Class Period, and each sale, if any, of such securities. I agree to furnish additional information (including transactions in other Bidz.com securities) to the Claims Administrator to support this claim if requested to do so.

I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of Bidz.com common stock listed below in support of my claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)

I understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Claim. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities such as options.)

PART V - CERTIFICATION & SIGNATURE

I hereby acknowledge that, upon the occurrence of the Effective Date, by operation of law, I on behalf of myself and on behalf of my heirs, executors, administrators, predecessors, successors, and assigns (or, if I am submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, I on behalf of it, him, her or them and on behalf of its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) shall fully and completely release, remise and discharge each of the "Released Parties" of all "Released Claims," as defined in the Notice.

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

Executed this _____ day of _____ in _____.
(Month) (Year) (City, State, Country)

_____ _____
Signature of Claimant Date

_____
Print your name here

_____ _____
Signature of Joint Claimant, if any Date

_____
Print your name here

If the Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

_____ _____
Signature of person signing on behalf of Claimant Date

_____
Print your name here

_____
Capacity of person signing on behalf of Claimant, if other than an individual, *e.g.*, executor, president, custodian, etc.

REMINDER CHECKLIST

1. Please sign the Certification & Signature Section of the Proof of Claim Form.

2. If this Claim is being made on behalf of Joint Claimants, then both must sign.

3. For an overview of what constitutes adequate supporting documentation, please visit www.gcginc.com

4. **DO NOT SEND** ORIGINALS OF ANY SUPPORTING DOCUMENTS.

5. Keep a copy of your Proof of Claim Form and all documentation submitted for your records.

6. The Claims Administrator will acknowledge receipt of your Proof of Claim form by mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at **1-866-220-3826**.

7. If you move, please send your new address to:

Bidz.com Securities Litigation
c/o GCG
P.O. Box 9946
Dublin, OH 43017-5946

8. Do not use highlighter on the Proof of Claim Form or supporting documentation.

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