

RESELLER CLAIM FORM
GENERAL INSTRUCTIONS

To recover as an Indirect Purchaser (“IP”) Reseller member of the Settlement Class based on your claims in the actions entitled *In re Static Random Access Memory (SRAM) Antitrust Litigation*, Case No. 4:07-md-1819 CW, MDL No. 1819 (the “SRAM IP Actions”), you must complete and sign this Reseller Claim Form. If you fail to submit a properly addressed Reseller Claim Form, your claim may be rejected and you may be precluded from receiving any payment in connection with the proposed settlements in the SRAM IP Actions.

If, You are a person residing in, or an entity with a principal place of business or incorporated in, one or more of the Certified States;

- 1) you indirectly purchased Defendants’ SRAM during the Class Period for resale and not for your own use; and,
- 2) you wish to file a claim for payment as a Reseller member of the Settlement Class:

You must complete and sign this form and mail it to the Claims Administrator postmarked no later than October 24, 2011.

If you are NOT a Reseller member of the Settlement Class entitled to recover as provided in the Notice of Settlement, DO NOT submit this form.

Part I: Reseller Claimant Identification

Use Part I of the form entitled “Reseller Claim Form” to identify the Reseller claimant that purchased SRAM on whose behalf this claim is being filed. This claim must be filed by the actual purchaser or purchasers, or the legal representative of such purchaser or purchasers, of the SRAM or products containing SRAM claimed.

Part II: Simplified Claim vs. Detailed Claim

SIMPLIFIED CLAIM (claims for \$1,000 or less). If you purchased smaller quantities of SRAM such that your claim is less than or equal to \$1,000, or if you otherwise desire to limit your claim to an amount less than or equal to \$1,000, you are required to complete and submit the Simplified Claim Worksheet below. This worksheet is simplified because it requires only filling in amounts of relevant purchases of SRAM or of specified SRAM-containing products (i.e., desktops, servers, routers, switches, modems, smartphones and/or personal digital assistants (“PDAs”)) and a signature under oath that states that you indirectly purchased Defendants’ SRAM.

DETAILED CLAIM (claims for more than \$1,000). If you want to make a claim for an amount that exceeds \$1,000, you are required to complete and submit the Detailed Claim Worksheet below and produce invoices, business records or other documentary support clearly establishing that you purchased Defendants’ SRAM and the dollar value of the Defendants’ SRAM that you purchased, and to attest to such purchases of Defendants’ SRAM under oath. Such support may include, for example, invoices or other records showing purchases of specific components or specific end-products (e.g., model numbers) that are shown through one or more additional records (e.g., specification sheets, Bill of Materials or other evidence) to contain Defendants’ SRAM.

Part III: SRAM Purchases

Depending on the information available to you when filling out this form, your Claim Amount can be calculated using either Formula A or Formula B, whether you choose to file a Simplified Claim or Detailed Claim. If you provide the Dollar Value of your purchases of Defendants’ SRAM in the Certified States during the Class Period, your Claim Amount will be calculated using Formula A. If you provide the quantities of products containing SRAM that you purchased in the Certified States during the Class Period, your Claim Amount will be calculated using Formula B. For your claim to be considered, you must select one of these options and completely fill out the appropriate section of this form.

Formula A:

1. Dollar Value – (Dollar Value/1.395) = Estimated Overcharge
2. Estimated Overcharge x 0.367 = Claim Amount

Formula B:

1. Number of Units Purchased x Percentage Containing SRAM x 0.692 x Value of SRAM per Unit = Product Dollar Value
This calculation will be performed for each Product Type you purchased and the results will be added together to ascertain your claim's total Dollar Value for step 2.
2. Dollar Value – (Dollar Value/1.395) = Estimated Overcharge
3. Estimated Overcharge x 0.367 = Claim Amount

Please refer to the following table for products that can be claimed using Formula B and their related Percentages Containing SRAM and Values of SRAM per Unit.

Product Type	Percentage Containing SRAM	Value of SRAM per Unit
Desktops	45%	\$7.83
Servers	90%	\$32.00
Routers	82%	\$12.04
Switches	32%	\$24.67
Modems	58%	\$2.80
Smartphones	22%	\$4.88
PDAs	40%	\$4.38

IMPORTANT:

If your Claim Amount is over \$1,000, whether it was calculated by Formula A or Formula B, evidence must be submitted to support your claim that the specific SRAM listed was manufactured by a Defendant. Attach invoices or other records showing purchases of specific components or specific end-products (e.g., model numbers) that are shown through one or more additional records (e.g., specification sheets, Bill of Materials or other evidence) to contain Defendants' SRAM. For Formula A claims, additional evidence must be submitted showing proof of the cost of the SRAM. Please provide a separate written explanation of such evidence if the supporting information is not readily apparent from the documents submitted.

Definitions:

- 1) "SRAM" includes all types of static random access memory (including pseudo static memory known as "PSRAM"), whether or not packaged, and any parts or modules thereof.
- 2) The "Class Period" is November 1, 1996 through December 31, 2006.
- 3) "Defendants" are Samsung Electronics Co., Ltd., Samsung Electronics America, Inc., and Samsung Semiconductor, Inc. (collectively "Samsung"); Cypress Semiconductor Corporation ("Cypress"); Micron Technology, Inc. and Micron Semiconductor Products, Inc. (collectively "Micron"); Hynix Semiconductor Inc. and Hynix Semiconductor America Inc. (collectively "Hynix"); Renesas Technology Corp., Renesas Technology America, Inc. (collectively "Renesas"), Hitachi Ltd., Hitachi Semiconductor (America), Inc., (collectively "Hitachi"), and Mitsubishi Electric Corporation, and Mitsubishi Electric & Electronics USA, Inc. (collectively "Mitsubishi") (together "Renesas-Hitachi-Mitsubishi"); Etron Technology, Inc. and Etron Technology America, Inc. (collectively "Etron"); Toshiba Corporation and Toshiba America Electronic Components, Inc., (collectively "Toshiba"); and NEC Electronics Corporation and NEC Electronics America, Inc. (collectively "NEC").
- 4) The "Certified States" are Arizona, Arkansas, California, Florida, Hawaii, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Mexico, New York, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Washington, West Virginia, Wisconsin, Puerto Rico and the District of Columbia.

Your completed and signed Claim Form, along with any required proof, must be sent to the Claims Administrator at the address below, postmarked no later than October 24, 2011.

SRAM Litigation Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 8090
San Rafael, CA 94912-8090

RESELLER CLAIM FORM

Please Type or Print in the Boxes Below (Do Not use Red Ink or Pencil)

SRAM3

PART I: RESELLER CLAIMANT INFORMATION

Please fill in the appropriate circle to show whether you are filing as a Company or an Individual:

Company Individual

Claimant Name (Company Name or First, Middle & Last Name of Individual Claimant):

First Name (or Company Name)

M.I.

Last Name

[Grid for First Name]

[Grid for M.I.]

[Grid for Last Name]

Street Address

Apt Number

[Grid for Street Address]

[Grid for Apt Number]

City

State

Zip

[Grid for City]

[Grid for State]

[Grid for Zip]

Social Security Number

Tax Identification Number

[Grid for Social Security Number]

or

[Grid for Tax Identification Number]

Company Principal Place of Business:

City

State

Zip

[Grid for City]

[Grid for State]

[Grid for Zip]

Company State of Incorporation:

[Grid for State of Incorporation]

Telephone (Daytime)

Telephone (Evening)

[Grid for Daytime Telephone]

[Grid for Evening Telephone]

Company Contact Name:

[Grid for Company Contact Name]

Company Contact Title:

[Grid for Company Contact Title]

**PART II: SCHEDULE OF INDIRECT PURCHASES OF DEFENDANTS' SRAM IN A CERTIFIED STATE
DURING THE PERIOD BETWEEN NOVEMBER 1, 1996 AND DECEMBER 31, 2006**

I am submitting a (choose only one option): Simplified Claim Detailed Claim

PART III: SRAM PURCHASES

Please fill in the appropriate circle for your claim calculation formula: Formula A Formula B

IMPORTANT:

If your Claim Amount is over \$1,000, and supporting evidence will be submitted with this Claim Form, please fill in the circle below and select the Defendant(s) from which you purchased SRAM indirectly from the list:

Proof that the SRAM listed below was manufactured by a Defendant is attached to this Claim Form.

Defendants:

Samsung

Cypress

Micron

Hynix

Renesas

Hitachi

Mitsubishi

Renesas-Hitachi-Mitsubishi

Etron

Toshiba

NEC



FOR CLAIMS
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