

Focus Media Fair Fund
c/o Analytics Consulting LLC
P.O. Box 2002
Chanhassen, MN 55317-2002

PROOF OF CLAIM FORM

Must be received by the Distribution Agent and postmarked on or before June 20, 2018.

To speed processing, please fill out the form in blue or black ink, using block letters, with one letter in each square, as shown:

A	B	C	D		1	2	3	4
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I. CLAIMANT IDENTIFICATION

Beneficial Owner's Name (as it appears on your brokerage statement)

First Name

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Joint Beneficial Owner's Name (as it appears on your brokerage statement)

First Name

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Last Name

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Record Owner's Name (if different from Beneficial Owner listed above)

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Street Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province

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Zip Code

--	--	--	--	--

Foreign Postal Code (if applicable)

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Foreign Country (if applicable)

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Social Security Number

--	--	--	--	--	--	--	--	--

OR

Taxpayer Identification Number

--	--	--	--	--	--	--	--	--	--

Telephone Number (Day)

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Telephone Number (Evening)

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Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Facsimile Number

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Specify one of the following:

Individual(s)
 Corporation
 UGMA Custodian
 IRA
 Partnership
 Estate
 Trust

Other (describe: _____)
 Exempt Payee Code (if any) _____
 Exemption from FATCA Reporting Code (if any) _____

II. GENERAL INSTRUCTIONS

- A. To be eligible to receive a Distribution Payment from the Fair Fund, you must complete and, on page 5, sign this Proof of Claim Form. If you fail to submit a properly addressed and completed Proof of Claim Form (as set forth below in paragraph B), your claim may be rejected and you may be precluded from any recovery from the Fair Fund. All capitalized terms that are not defined herein are defined in the Plan of Distribution (“Plan”).

Potentially Eligible Claimants who do not file acceptable Proof of Claim Forms will not participate in the distribution of the Fair Fund.

- B. **YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM POSTMARKED ON OR BEFORE JUNE 20, 2018, ADDRESSED AS FOLLOWS:**

Focus Media Fair Fund
c/o Analytics Consulting LLC
P.O. Box 2002
Chanhassen, MN 55317-2002

YOU WILL BEAR ALL RISKS OF DELAY OR NON-DELIVERY OF YOUR CLAIM.

- C. If you are NOT a Potentially Eligible Claimant, as defined in the Plan, DO NOT submit a Proof of Claim Form.

III. CLAIMANT IDENTIFICATION INSTRUCTIONS

- A. If you held Focus Media ADS shares (FMCN) as of March 16, 2010 or purchased them between March 17, 2010 and July 29, 2010, you are the beneficial owner as well as the record owner. If, however, you invested by holding Focus Media ADS shares as of March 16, 2010 or purchased them between March 17, 2010 and July 29, 2010, in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner and the third party is the record owner.
- B. Use Section I of this form entitled “Claimant Identification” to identify each owner of record (“nominee”), if different from the beneficial owner which forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S), OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S).**
- C. All joint owners must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them, proof of their authority must accompany this claim, and their titles or capacities must be stated.
- D. The Social Security Number or Taxpayer Identification Number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim and/or result in claim rejection.

IV. TRANSACTION SCHEDULE INSTRUCTIONS

- A. Use Section V of this form entitled “Schedule of Transactions in Focus Media ADS Shares” to supply all required details of your transactions. If you need more space, attach separate, numbered sheets giving all of the required information in substantially the same format. Print or type your name and Social Security Number or Tax Identification Number at the top of each page.
- B. On the schedules, provide all requested information with respect to all of your transactions. Failure to report all such transactions may result in rejection of your claim.
- C. Investment amounts paid or dividend amounts received shall be exclusive of all commissions, taxes, fees and other charges.
- D. You must attach to your claim form **copies** of brokerage confirmations or monthly statements supporting your transactions in order for your claim to be valid. Failure to provide this documentation could delay verification of your claim and/or result in claim rejection.

V: SCHEDULE OF TRANSACTIONS IN FOCUS MEDIA ADS SHARES

PLEASE FILL IN USING BLACK OR BLUE INK.

A. State the total number of shares of Focus Media ADS held at the close of trading on March 16, 2010 (*must be documented*):

Check Here if Documentation is Enclosed

B. Separately list each **purchase** of Focus Media ADS shares made between March 17, 2010 and July 29, 2010, and provide the following information (*must be documented*):

Trade Date (List Chronologically)			Number of Shares Purchased	Purchase Price Per Share	Total Cost (excluding commissions, taxes and fees)	Check Here if Documentation is Enclosed
M M	D D	Y Y		\$	\$	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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C. Separately list each **sale** of Focus Media ADS shares made **after** March 16, 2010 and provide the following information (*must be documented*):

Trade Date (List Chronologically)			Number of Shares Sold	Sale Price Per Share	Net Proceeds (excluding commissions, taxes and fees)	Check Here if Documentation is Enclosed
M M	D D	Y Y		\$	\$	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification Number at the top of each sheet.

YOU MUST ALSO READ AND SIGN THE SUBSTITUTE W-9 FORM ON PAGE 5

VI. CERTIFICATION

I/We hereby warrant and represent that I/we have included accurate and complete information about all Focus Media ADS shares (FMCN) held as of March 16, 2010 or purchased between March 17, 2010 and July 29, 2010, as defined in the Distribution Plan.

UNDER THE PENALTY OF PERJURY, I/WE REPRESENT AND CERTIFY THAT:

1. I am NOT:
 - a) Any director or officer, or former director or officer, of defendants or relief defendants, or any defendants' or relief defendants' past or present Affiliates who served in such capacity during March 16, 2010 through July 29, 2010 and were directly involved in the conduct detailed in the Complaint;
 - b) Any employee or former employee of defendants or relief defendants or any of its past or present Affiliates who has been terminated for cause in connection with the violations alleged in the Complaint or any related Commission action, or who was otherwise terminated or has resigned in connection with the violations alleged in the Complaint or any related Commission action;
 - c) Any defendant or relief defendant in any action brought by the Commission or any class action lawsuit related to the conduct described in the Complaint in this action or any related Commission action, unless and until such defendant or relief defendant is found not guilty in all such civil suits prior to the Claims Bar Date, and proof of the finding(s) is included in such defendant's or relief defendant's timely filed Proof of Claim Form;
 - d) Any Person who, as of the Claims Bar Date, has been the subject of criminal charges related to the violations alleged in the Complaint in this action or any related Commission action, unless and until such defendant is found not guilty in all such criminal actions prior to the Claims Bar Date and proof of the finding(s) is included in such defendant's timely filed Proof of Claim Form;
 - e) Any Affiliates, assigns, creditors, heirs, distributes, spouses, parents, children, or controlled entities of any of the foregoing Persons described above;
 - f) Any Person who assigned their right to obtain a recovery in the Commission's action against defendants or relief defendants; provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance, devise, or operation of law; or
 - g) The Distribution Agent in this matter, its employees, and those Persons assisting the Distribution Agent in its role as the Distribution Agent.
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 list of all Eligible Claimants pursuant to the Plan approved by the Commission and that I am enjoined from taking any action in contravention of this provision; and
4. 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 for the benefit of current or former pooled investors and not for the benefit of management.

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

REMINDER CHECKLIST

1. Please sign the Substitute W-9 Form on page 5.
2. Remember to attach only **copies** of acceptable supporting documentation, a list of which can be found at the website below.
3. Do not send original or copies of stock certificates.
4. Keep a copy of the completed claim form and documentation for your records.
5. If you desire an acknowledgment of receipt of your claim form, please send it via Certified Mail, Return Receipt Requested, or its equivalent. **You will bear all risks of delay or non-delivery of your claim.**
6. If your address changes in the future, or if these documents were sent to an old or incorrect address, please send us **written** notification of your new address.
7. If you have any questions or concerns regarding your claim, please contact Analytics Consulting LLC at:
Focus Media Fair Fund
c/o Analytics Consulting LLC
P.O. Box 2002
Chanhassen, MN 55317-2002
Toll Free: 888-736-4380
Email: Claims@FocusMediaDistributionFund.com
Website: www.FocusMediaDistributionFund.com

SUBSTITUTE FORM W-9

Request for Taxpayer Identification Number (TIN) and Certification.

Enter TIN on appropriate line. For individuals, this is your Social Security number ("SSN"). For sole proprietors, you must show your individual name, but you may also enter your business or "doing business as" name. You may enter either your SSN or your Employer Identification Number ("EIN"). For other entities, it is your EIN.

Social Security Number

□□□□-□□-□□□□

or

Employee Identification Number

□□-□□□□□□□□

Check appropriate box (*check only one box*):

Individual/Sole Proprietor

Joint Owners

Estate

Corporation

IRA

Other (*describe: _____*)

CERTIFICATION

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT:

The number shown on this form is my/our correct Taxpayer Identification Number; and I (we) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(C) of the Internal Revenue Code because: (a) I am (we are) exempt from backup withholding; or (b) I (we) have not been notified by the Internal Revenue Service that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, you must cross out the word "NOT" above and check here.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Claimant

Date Signed

□□-□□-□□□□
M M D D Y Y Y Y

Print Name of Claimant

Signature of Joint Claimant, if any

Date Signed

□□-□□-□□□□
M M D D Y Y Y Y

Print Name of Joint Claimant, if any

If 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 Signed

□□-□□-□□□□
M M D D Y Y Y Y

Print Name of person signing on behalf of Claimant