

Must be
Postmarked or
Submitted Online
No Later Than
November 3, 2018

LSI Securities Litigation
c/o GCG
P.O. Box 10520
Dublin, OH 43017-5589
Phone: (888) 684-4985

www.LiquidityServicesSecuritiesLitigation.com

LIQ



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

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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

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this claim (including the check, if eligible for payment). If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

[Grid for Claimant Name(s)]

Street Address:

[Grid for Street Address]

City: **Last 4 digits of Claimant SSN/TIN:¹**

[Grid for City and Last 4 digits of Claimant SSN/TIN]

State: **Zip Code:** **Country (if Other than U.S.):**

[Grid for State, Zip Code, and Country]

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above:):

[Grid for Name of the Person to Contact]

Daytime Telephone Number:

Evening Telephone Number:

[Grid for Daytime and Evening Telephone Numbers]

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.)

[Grid for Email Address]

To view GCG's Privacy Notice, please visit <http://www.choosegcg.com/privacy>

¹The 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 beneficial owner(s) may be used in verifying this claim.



PART II - INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. Capitalized terms not defined in this Proof of Claim and Release form (the "Claim Form") have the same meaning as set forth in the Notice of Proposed Class Action Settlement and Motion for Attorneys' Fees and Expenses (the "Settlement Notice") that accompanies this Claim Form and the Stipulation and Agreement of Settlement, dated as of June 19, 2018 (the "Stipulation").

2. To recover as a Class Member based on your claims in the action entitled *Howard, et al. v. Liquidity Services, Inc., et al.*, Case No. 1:14-cv-1183-BAH (D.D.C.) (the "Action"), YOU MUST MAIL OR SUBMIT ONLINE A COMPLETED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, **ON OR BEFORE NOVEMBER 3, 2018**, ADDRESSED AS FOLLOWS:

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Submission of a Claim Form, however, does not assure that you will receive a payment.

3. If you are a Class Member and you did not validly request exclusion in connection with the previously mailed Notice of Pendency of Class Action, you will be bound by the terms of any judgment entered in the Action, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM AND WHETHER OR NOT YOUR CLAIM IS ALLOWED IN WHOLE OR IN PART.**

B. CLAIMANT IDENTIFICATION

4. If you purchased or otherwise acquired the publicly traded common stock of Liquidity Services, Inc. ("LSI") during the period from February 1, 2012, through May 7, 2014, inclusive (the "Class Period"), use Part I of this form, entitled "Claimant Identification," to list your name, mailing address, and account information if relevant (such as for a claim submitted on behalf of an IRA, Trust, or estate account). Please list the most current claimant or account name, because these will appear on the settlement check, if the claim is eligible for payment. Please also provide a telephone number and/or e-mail address, as the Claims Administrator may need to contact you. If your Claimant Identification information changes, please notify the Claims Administrator in writing at the address above.

5. All joint purchasers must sign this Claim Form. If you are acting in a representative capacity on behalf of a 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 Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents or other documents which provide you with the authority to submit the claim. Please also indicate your representative capacity under your signature on page 7 of this Claim Form.

C. IDENTIFICATION OF TRANSACTIONS

6. Use Part III of this form entitled, "Schedule of Transactions in LSI Publicly Traded Common Stock," to supply all required details of your transaction(s). Neither the Claims Administrator, the Defendants, nor the Class Representatives have access to your transactional information. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

7. On the schedules, provide all of the requested information with respect to all of your transactions in LSI publicly traded common stock, regardless of whether each of the transactions resulted in a profit or a loss. Failure to report all transactions may result in the rejection of your claim. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

8. The date of "covering" a "short sale" is deemed to be the date of purchase of LSI common stock. The date of a "short sale" is deemed to be the date of sale of LSI common stock.



PART II - INSTRUCTIONS (CONTINUED)

9. COPIES OF BROKER CONFIRMATIONS OR OTHER DOCUMENTATION OF YOUR TRANSACTIONS SHOULD BE ATTACHED TO YOUR CLAIM. **FAILURE TO PROVIDE THIS DOCUMENTATION COULD DELAY VERIFICATION OF YOUR CLAIM OR RESULT IN REJECTION OF YOUR CLAIM.**

10. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, 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 settlement website at www.LiquidityServicesSecuritiesLitigation.com or you may email the Claims Administrator's electronic filing department at eclaim@choosegcg.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 to that effect 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@choosegcg.com to inquire about your file and confirm it was received and acceptable.



**PART III - SCHEDULE OF TRANSACTIONS IN
LSI PUBLICLY TRADED COMMON STOCK**

1. BEGINNING HOLDINGS: State the total number of shares of LSI publicly traded common stock you held as of the opening of trading on **February 1, 2012**. If none, write "zero" or "0."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares							

2. PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD: Separately list each and every purchase/acquisition of LSI publicly traded common stock from the opening of trading on **February 1, 2012** through and including the close of trading on **May 7, 2014**. (Must be documented.)

Date(s) of Purchase/ Acquisition (List Chronologically) Month/Day /Year	Number of Shares Purchased/Acquired	Price Per Share	Total Purchase Price (Excluding fees, taxes, and commissions)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. PURCHASES/ACQUISITIONS DURING "90-DAY LOOKBACK PERIOD": State the total number of shares of LSI publicly traded common stock you purchased/acquired from **May 8, 2014** through and including the close of trading on **August 5, 2014**. If none, write "zero" or "0."¹

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares							

4. SALES: Separately list each and every sale/disposition of LSI publicly traded common stock from after the opening of trading on **February 1, 2012** through and including the close of trading on **August 5, 2014**. (Must be documented.)

Date(s) of Sale (List Chronologically) Month/Day /Year	Number of Shares Sold	Price Per Share	Total Sale Price (Excluding fees, taxes, and commissions)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. ENDING HOLDINGS: State the total number of shares of LSI publicly traded common stock you held as of the close of trading on **August 5, 2014**. If none, write "zero" or "0." (Must be documented.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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

¹ **Please note:** Information requested with respect to your purchases/acquisitions of LSI publicly traded common stock from May 8, 2014 through and including the close of trading on August 5, 2014 is needed in order for the Claims Administrator to balance your claim; purchases during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.



PART IV – RELEASE OF CLAIMS AND SIGNATURE

PLEASE READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 7 OF THIS CLAIM FORM.

I (we) hereby acknowledge that I (we) am (are) a Class Member, or am (are) the duly authorized representative of a Class Member. As of the Effective Date of the Settlement, pursuant to the terms set forth in the Stipulation, I (we), on behalf of myself (ourselves), or such Class Member(s) as I (we) represent, and my (our), or their, heirs, executors, trustees, administrators, predecessors, successors, and assigns in their capacities as such, shall be deemed to have fully, finally, and forever waived, released, discharged, and dismissed each and every one of the Released Claims against each and every one of the Released Defendant Parties, and shall forever be barred and enjoined from commencing, instituting, prosecuting, or maintaining any and all of the Released Claims against any and all of the Released Defendant Parties.

PART V – CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) agree(s) to the release above and certifies (certify) as follows:

1. that I (we) have read the contents of the Settlement Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;
2. that the claimant(s) is (are) a Class Member(s), as defined in the Settlement Notice, and is (are) not excluded by definition from the Class as set forth in the Settlement Notice;
3. that the claimant(s) has (have) not submitted a request for exclusion from the Class;
4. that the claimant(s) own(ed) the LSI publicly traded common stock identified in the Claim Form and have not assigned the claim against any of the Defendants or any of the other Released Defendant Parties to another, and that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
5. that the claimant(s) has (have) not submitted any other claim covering the same purchases of LSI publicly traded common stock and knows (know) of no other person having done so on the claimant's (claimants') behalf;
6. that the claimant(s) submit(s) to the jurisdiction of the Court with respect to claimant's (claimants') claim and for purposes of enforcing the releases set forth herein;
7. that I (we) agree to furnish such additional information with respect to this Claim Form as Class Counsel, the Claims Administrator or the Court may require;
8. that the claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;
9. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment(s), including the releases provided for therein, that may be entered in the Action; and
10. that the claimant(s) is (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the claimant(s) is (are) exempt from backup withholding or (b) the claimant(s) has (have) not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant(s) that he/she/it is no longer subject to backup withholding. **If the IRS has notified the claimant(s) that he/she/it is subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding in the certification above.**



PART V – CERTIFICATION (CONTINUED)

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant

Print Name of Claimant

Date

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

Date

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

Signature of Person Completing Form

Print Name of Person Completing Form

Date

CAPACITY OF PERSON SIGNING ON BEHALF OF CLAIMANT, IF OTHER THAN AN INDIVIDUAL, E.G., EXECUTOR, PRESIDENT, TRUSTEE, CUSTODIAN, ETC. (MUST PROVIDE EVIDENCE OF AUTHORITY TO ACT ON BEHALF OF CLAIMANT.)

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

1. **Please sign above.** If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. Remember to attach only **copies** of supporting documentation. **Do not send original** stock certificates or documentation. These items cannot be returned to you by the Claims Administrator.
3. **Please do not highlight or use red pen** on the Claim Form or any supporting documents.
4. Keep copies of your completed Claim Form and documentation for your own records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgement. **If you do not receive an acknowledgement within 60 days, please call the Claims Administrator toll free at (888) 684-4985.**
6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
7. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at info@liquidityservicessecuritieslitigation.com, or toll-free at (888) 684-4985, or visit www.LiquidityServicesSecuritiesLitigation.com. Please **DO NOT** call LSI, any of the other Defendants or their counsel, or the Court, with questions regarding your claim.

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR, IF MAILED, POSTMARKED NO LATER THAN NOVEMBER 3, 2018, ADDRESSED AS FOLLOWS:

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