

Douglas Distribution Fund
c/o KCC Distribution Agent
P.O. Box 43478
Providence, RI 02940-3478

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
WESTERN DIVISION
Securities and Exchange Commission v.
James L. Douglas a/k/a James L. Cooper
Civil Action No. C82-29



SJD

«Barcode»

Postal Service: Please do not mark barcode

Claim#: SJD-«Claim8»-«CkDig»

«First1» «Last1»

«Addr1» «Addr2»

«City», «St» «Zip»

CERTIFICATION FORM

Please Type or Print in the Boxes Below
Do **NOT** use Red Ink, Pencil, or Staples

Official
Office
Use
Only



PART I: FIRST DISTRIBUTION PAYMENT AMOUNT CONFIRMATION

Please fill in the circle if you certify that the First Distribution Payment Amount set forth in the table on page 1 of the Distribution Plan Notice is correct.

Only if you disagree with the First Distribution Payment Amount set forth in the Distribution Plan Notice, please designate the actual amount you received in the First Distribution below.

Adjusted First Distribution Payment Amount \$.

Please provide supporting documentation for your Adjusted First Distribution Payment Amount. ¹

PART II: PAYEE CONFIRMATION

Please complete this section **only** if the Eligible Recipient has changed since the First Distribution.

ELIGIBLE RECIPIENT (Injured investors, lawful heirs or successors)

Last Name M.I. First Name

PAYEE INFORMATION (to whom current Distribution Payment should be made)*

Last Name M.I. First Name

Please fill in this circle if current Distribution Payment is to be made to a retirement account:

*In order to receive payment on behalf of an Eligible Recipient, a successor, heir, administrator, or other person authorized to act on an Eligible Recipient's behalf must provide proper supporting documentation validating their identity as the lawful recipient.²

PART III: MAILING ADDRESS CONFIRMATION

Please complete this section **only** if the Mailing Address has changed from the address to which the Distribution Plan Notice was mailed.

Address

Address

City State Zip Code

Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation

PLEASE COMPLETE AND SIGN PAGE 2

¹ By designating an Adjusted First Distribution Payment Amount, your response constitutes a Dispute and must be returned within 30 days of the postmark date of the Notice. Your documentation should detail why the calculation in the Distribution Plan is not accurate in two pages or less, double spaced. Attach the documentation to the Certification Form.

² At a minimum, a copy of a death certificate must be submitted to demonstrate that an Eligible Recipient is deceased. Additionally, the representative must provide documentation including, but not limited to, a Last Will and Testament, estate records, applicable trust documents, power of attorney, Letters Testamentary, letters of administration, evidence of probate and/or any other testamentary provisions of the harmed investor to demonstrate their status as payee. Please provide plain copies of these documents as they will not be returned. Certified copies are not required.



PART IV: PAYEE IDENTIFYING INFORMATION

***This section is required. The SSN or TIN provided must match the name of the Person receiving payment.**

Social Security Number

— —

or

Taxpayer Identification Number

—

PART V: EMAIL ADDRESS

Please provide an email address to assist in future correspondence with the Distribution Agent.

PART VI: SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I submit this Certification under the terms of the Plan of Distribution described in the Distribution Plan Notice. I also submit to the jurisdiction of the United States District Court for the Northern District of Ohio with respect to my claim as an Eligible Recipient. I agree to furnish additional information to the Distribution Agent to support this claim if requested to do so.

PART VII: CERTIFICATION

1. Defined terms used herein shall have the meaning ascribed to them in the Distribution Plan.
2. I hereby warrant and represent that the information provided herein is true and accurate.

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

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g.,
Beneficial Purchaser or Acquirer, Executor or Administrator)

(Capacity of person(s) signing, e.g.,
Beneficial Purchaser or Acquirer, Executor or Administrator)

Reminder Checklist:

1. Please complete Parts I and IV above.
2. Please complete Parts II and III above if you have any changes to the Eligible Recipient Information or the Mailing Address
3. Please sign the above Certification.
4. Remember to attach copies of supporting documentation, if necessary.
5. Keep a copy of your Certification Form and all supporting documentation for your records.
6. If you desire an acknowledgment of receipt of your Certification Form, please send it Certified Mail, Return Receipt Requested.
7. If you move, please send your new address to the address below.
8. **Do not use red pen or highlighter** on the Certification Form or supporting documentation.

IF YOU ARE *DISPUTING* YOUR FIRST DISTRIBUTION PAYMENT AMOUNT IN PART I, THIS CERTIFICATION FORM MUST BE POSTMARKED NO LATER THAN 30 DAYS FROM THE POSTMARK DATE OF THIS NOTICE PACKET.

IF YOU ARE *CONFIRMING* YOUR FIRST DISTRIBUTION PAYMENT AMOUNT IN PART I, THIS CERTIFICATION FORM MUST BE POSTMARKED NO LATER THAN 45 DAYS FROM THE POSTMARK DATE OF THIS NOTICE PACKET.

PLEASE ADDRESS THE CERTIFICATION FORM AS FOLLOWS:

Douglas Distribution Fund
c/o KCC
P.O. Box 43478
Providence, RI 02940-9813
Phone: 1-866-680-6121
Email: Info@JamesDouglasDistributionFund.com

