

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

TIM WALSH, JULIE WALSH,)
GREGORY KETCHUM, PATRICIA)
KETCHUM, PETER MURPHY, SAM)
PETERSON, and FRANK BACA, on)
Behalf of Themselves and All Others)
Similarly Situated,)

Case No.: 0:19-cv-01856-JWB-DTS

EXHIBIT A-3

Plaintiffs,)

v.)

CLIFFORD M. BUCHHOLZ, MICHAEL J.)
HEROLD, RYAN A. MARTORANO,)
MICK A. OCCHIATO, FRANK R.)
RAMIREZ, BRENT M. T. KEELE,)
STEPHEN D. TEBO, JERRY)
MORGENSEN, JAMES L. PARKE,)
JOSEPH D. SCHOFIELD, III, ST.)
RENATUS, LLC, and SR MERGER SUB,)
LLC,)

Defendants.)

PROOF OF CLAIM FORM

YOU MUST COMPLETE THIS FORM TO RECEIVE A MONETARY PAYMENT.

Please complete the Proof of Claim below if you were a record or beneficial holder of Apollonia, LLC ("Apollonia") units as of the April 16, 2019 acquisition of St. Renatus, LLC ("St. Renatus") of Apollonia (the "Merger").

Excluded persons and entities include: defendants Clifford M. Buchholz, Michael J. Herold, Ryan A. Martorano, Mick A. Occhiato, Frank R. Ramirez, Brent M. T. Keele, Stephen D. Tebo, Jerry Morgensen, James L. Parke, and Joseph D. Schofield, III, members of the immediate family of each individual defendant; an officer or director of St. Renatus or Apollonia, a firm, trust, corporation, officer, or other entity in which a Defendant has or had a controlling interest; Persons participating in the alleged material omissions or misrepresentations, and the legal representatives, agents, affiliates, heirs, beneficiaries, successors-in-interest, or assigns of an excluded Person or entity; and also excluding those Persons who, timely and validly requested exclusion (*i.e.*, "opted-out") from the Class by the December 22, 2022 deadline ordered by the Court.

This Proof of Claim must contain the name, address, and taxpayer identification number (TIN) of the beneficial owner(s). The 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; this information is required.

You must sign the Proof of Claim in the space provided to make a valid claim.

Please also provide any broker statement, stock certificates, tax forms, tax records, or any other documentation in your possession demonstrating (i) your ownership of Apollonia units as of April 16, 2019; (ii) the type of Apollonia units you owned as of April 16, 2019; and (iii) amount of unreturned cash that you had invested in Apollonia as of April 16, 2019.

Proof of Claim forms **must be submitted online (at www.ApolloniaClassAction.com) or via e-mail (at info@ApolloniaClassAction.com) or postmarked no later than _____, **2025**** and mailed to:

Apollonia Class Action
c/o A.B. Data, Ltd.
P.O. Box 173099
Milwaukee, WI 53217
(866) 828-2555

1. Please sign the below release and certification. If this Proof of Claim is being submitted on behalf of multiple claimants, then all claimants must sign.
2. Remember to attach only copies of acceptable supporting documentation.
3. Do not send original unit certificates or documentation. These items cannot be returned to you by the Claims Administrator.
4. Keep copies of the completed Proof of Claim and documentation for your own records.
5. You will not receive confirmation of receipt of your Proof of Claim; if confirmation is desired, please send your Proof of Claim Certified Mail, Return Receipt requested.
6. If your address changes in the future, or if this Proof of Claim 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 Proof of Claim, please contact the Claims Administrator at the above address or call or visit www.ApolloniaClassAction.com.

PART I—CLAIMANT INFORMATION

Last Name (Claimant)

First Name (Claimant)

Last Name (Beneficial Owner If Different from Claimant)

First Name (Beneficial Owner)

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)

Record Owner's Name (If Different From Beneficial Owner Listed Above (e.g., Trust, Nominee, Other, etc.))

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 Providence

Foreign Zip Code

Foreign Country

Check Here to Use Alternate Address for Distribution (Optional)

Distribution Address Line 1

Distribution Address Line 2 (If Applicable)

City

State

Zip Code

Foreign Providence

Foreign Zip Code

Foreign Country

Telephone Number (Day)

Telephone Number (Night)

Beneficial Owner's Employer Identification Number or Social Security Number

**Total Unreturned Cash Invested in Apollonia
as of April 16, 2019¹**

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Proof enclosed? Yes No

YOU MUST SIGN THE PROOF OF CLAIM ON PAGE 7.

PART III—RELEASE AND CERTIFICATION

On behalf of myself (ourselves) or the beneficial owner, I (we) am (are) authorized to file this Proof of Claim, and on behalf of each of my (our, his, her, its) heirs, agents, executors, trustees, administrators, predecessors, successors, and assigns, I (we, he, she, it) hereby acknowledge that as of the Effective Date, I (we, he, she, it) shall (i) be deemed to have fully, finally, and forever waived, released, discharged, and dismissed each and every one of the Released Claims, as against each and every one of the Released Parties (as "Released Claims" and "Released Parties" are defined in the Notice of Proposed Settlement of Class Action and Settlement Hearing ("Notice")); (ii) forever be barred and enjoined from commencing, instituting, prosecuting, or maintaining any of the Released Claims against any of the Released Parties; and (iii) be deemed to have covenanted not to sue any Released Party on the basis of any Released Claim or, unless compelled by operation of law, to assist any person in commencing or maintaining any suit relating to any Released Claim against any Released Party.

By checking this box I certify that I (we) am (are) or, if I am filing on behalf of another, that party, is not an excluded party under the terms of the Stipulation. Excluded parties include: defendants Clifford M. Buchholz, Michael J. Herold, Ryan A. Martorano, Mick A. Occhiato, Frank R. Ramirez, Brent M. T. Keele, Stephen D. Tebo, Jerry Morgensen, James L. Parke, and Joseph D. Schofield, III, members of the immediate family of each individual defendant; an officer or director of St. Renatus or Apollonia, a firm, trust, corporation, officer, or other entity in which a Defendant has or had a controlling interest; persons participating in the alleged material omissions or misrepresentations, and the legal representatives, agents, affiliates, heirs, beneficiaries, successors-in-interest, or assigns of an excluded person or entity. Excluded parties include any persons/entities that requested exclusion (*i.e.*, "opted-out") from the Class by December 22, 2022 deadline ordered by the Court.

By signing and submitting this Proof of Claim, the claimant(s) or the person(s) who represent(s) the claimant(s) certifies (certify) as follows:

¹ Prior to the Merger, Apollonia distributed cash royalty payments to certain Apollonia unitholders. If you received a portion of this cash distribution, the amount of your unreturned invested cash should reflect (*i.e.*, should be reduced by) the amount(s) received in connection with the distribution.

1. That I (we) have read the Notice, and the Proof of Claim, including the releases provided for in the settlement;
2. That the claimant(s) is (are) a Class Member(s), as defined in the Notice, and is (are) not excluded from the Class;
3. That the claimant(s) owned the Apollonia units identified in the Proof of Claim and has (have) not assigned the claim against the Released Parties to another, or that, in signing and submitting this Proof of Claim, the claimant(s) has (have) the authority to act on behalf of the owner(s) thereof;
4. That the claimant(s) is entitled to receive the amount of unreturned cash invested in Apollonia identified in the Proof of Claim and has (have) not assigned the claim against the Released Parties to another, or that, in signing and submitting this Proof of Claim, the claimant(s) has (have) the authority to act on behalf of the owner(s) thereof;
5. That the claimant(s) has (have) not submitted any other claim(s) covering the Apollonia units and unreturned cash invested in Apollonia and knows (know) of no other person having done so on his/her/its/their behalf;
6. That the claimant(s) submits (submit) to the jurisdiction of the Court with respect to his/her/its/their claim and for purposes of enforcing the releases provided for in the settlement;
7. That I (we) agree to furnish such additional information with respect to this Proof of Claim as the Claims Administrator or the Court may require;
8. That I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of the Stipulation and Settlement and any judgment that may be entered in the litigation, including the releases and covenants set forth therein; and
9. That 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.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike the language that you are not subject to backup withholding in the certification above. The Internal Revenue Service does not require your consent to any provision other than the certification required to avoid backup withholding.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS 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

Date

Print Name of Claimant

Signature of Joint Claimant (if any)

Date

Print Name of Joint Claimant

Capacity of Person(s) Signing, e.g., beneficial owner(s), executor, administrator, trustee, etc.

**THIS PROOF OF CLAIM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR
POSTMARKED BY _____.**