

**Must be Postmarked  
No Later Than  
March 20, 2009**

**In re Host America Corp. Securities Litigation  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9160  
Dublin, OH 43017-4160  
Toll-Free: 1 (800) 430-4972**

HAC



**PROOF OF CLAIM AND RELEASE (LOCKHART SETTLEMENT)**

Claim Number:

Control Number:

**REQUIRED ADDRESS INFORMATION OR CORRECTIONS**

If the pre-printed address to the left is incorrect or out of date, **OR** if there is no preprinted data to the left, **YOU MUST** provide your current name and address here:

Name:

Address:

City/State/Zip:


**PROOF OF CLAIM AND RELEASE INSTRUCTIONS**

In order for you to qualify to participate in the distributions described in the Supplemental Notice, you must file a Proof of Claim and Release in the attached form and you must provide the required documentation to substantiate your claim if you have not already done so.

**REQUIREMENTS FOR FILING A PROOF OF CLAIM AND RELEASE**

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all portions of the attached Proof of Claim and Release form.

*NOTE:* The Proof of Claim and Release form contains several acquisition and sale schedules. You must carefully complete each applicable section of the schedules. Do not omit to state any requested information regarding your holdings, acquisitions and sales (including any free receipts and/or free deliveries) of the applicable securities. This information is necessary to determine your share of any distribution. If you cannot list all transactions in the spaces provided in the Proof of Claim and Release form, or if you believe that you must or should supply additional information with respect to any transaction, attach additional sheets to the Proof of Claim and Release forms supplying the required information. Your name must be properly identified on each additional sheet of paper.

2. You must **sign** the Proof of Claim and Release form.

*NOTE:* If the applicable securities were or are owned jointly, all joint owners must sign the Proof of Claim and Release form. Executors, administrators, guardians, conservators and trustees may complete and sign the Proof of Claim and Release form on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (for example, currently effective letters testamentary or letters of administration) to complete and execute the Proof of Claim and Release form on their behalf and to bind them in accordance with the terms thereof. A Proof of Claim and Release form submitted by legal representatives of a claimant must be executed by all such representatives.

3. You must attach to the Proof of Claim and Release form the original, or legible copies, of broker confirmation slips, monthly brokerage statements, or other proof satisfactory to the Claims Administrator confirming the particulars as indicated herein of each acquisition, transfer and sale you have made of the applicable securities from July 12, 2005, through July 22, 2005, inclusive. Please make sure that all supporting documentation states your account name. If you are filing on behalf of a deceased claimant, please provide a copy of the death certificate and a will or probate documents.

**You must also provide supporting documentation showing your holdings as of the close of trading on July 11, 2005 and July 22, 2005 for each security.**

4. By submitting the Proof of Claim and Release form, you expressly agree to the following:
  - a. you agree to the terms of the release that are contained in the Stipulation and Agreement of Settlement (the "Stipulation") and the Notice; and
  - b. you consent to the jurisdiction of the United States District Court for the District of Connecticut (the "Court"), for purposes of making a claim.



**REQUIREMENTS FOR FILING A PROOF OF CLAIM AND RELEASE (CONTINUED)**

5. You must mail the completed and signed Proof of Claim and Release form and supporting documents by First Class Mail, postage prepaid, postmarked no later than March 20, 2009, to:

In re Host America Corp. Securities Litigation  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9160  
Dublin, OH 43017-4160

Your failure to complete and mail the Proof of Claim and Release form postmarked by March 20, 2009, may preclude you from receiving any share of the available distributions. So that you will have a record of the date of your mailing and its receipt by the Claims Administrator, you are advised to use certified mail, return receipt requested.

If you wish to submit your Proof of Claim and Release form in a manner other than by First Class Mail, then it must be **received** at the address above no later than five (5) days after March 20, 2009.

**ANY PERSON WHO KNOWINGLY SUBMITS A FALSE PROOF OF CLAIM AND RELEASE IS SUBJECT TO PENALTIES FOR PERJURY AND OTHER VIOLATIONS OF FEDERAL LAW.**

Submission of this Proof of Claim and Release form, however, does not assure that you will share in the distribution of the Net Lockhart Settlement Fund.

6. See the Plan of Allocation on pages 11-12 of the Original Notice (available at [www.HostSettlement.com](http://www.HostSettlement.com)) for more information helpful for filling out the Proof of Claim and Release form.

**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)

Trustee/Nominee/Other

Account Number (If Claimant is Not an Individual)

Trust/Other Date (If Applicable)

Telephone Number (Day)

Telephone Number (Evening)

Employer Identification or Social Security Number

Email Address

\*Please ensure your address is correct above; if not, use the address corrections box on page 1.

**CLAIMANT INFORMATION (CONTINUED)**



**IDENTITY OF CLAIMANT**

- Individual     Joint Owners     Estate     Corporation     Trust     Partnership
- Legal Representative     Other (specify, describe on separate sheet) IRA, Keogh or other type of Individual Retirement Plan (indicate type of plan, mailing address, and name of current custodian)

**Legal Representative of claimants must attach power of attorney or other instrument showing authority to act as Legal Representative.**

**SCHEDULE OF ACQUISITIONS AND SALES OF SECURITIES OF HOST AMERICA CORP.  
DURING THE CLASS PERIOD**

Separately list each of your acquisitions, transfers and sales of Host America Securities. Attach a separate schedule if more space is needed. Be sure to include your name on any separate sheets.

For purposes of this schedule, you should list all transactions as indicated (including free receipts and/or free deliveries) during the period from July 12, 2005, through July 22, 2005, inclusive.

The date of acquisition and sale is the "trade" or "contract" date, and not the "settlement" or "payment" date. The acquisition price is the price paid without regard to commissions or other expenses. The sale price is the price received without regard to commissions or other expenses.

**SCHEDULE OF TRANSACTIONS IN HOST AMERICA COMMON STOCK**

**BEGINNING HOLDINGS OF HOST AMERICA COMMON STOCK:**

Please state the number of shares of Host America common stock that you owned as of the close of business on July 11, 2005.

Proof enclosed?  Yes     No    If none, check here

**PLEASE PROCEED  
TO NEXT PAGE**

**ACQUISITIONS OF HOST AMERICA COMMON STOCK:**



List by date, number of shares acquired, price paid per share and total purchase price for each acquisition you made of Host America common stock from July 12, 2005, through July 22, 2005, inclusive.

If none, check here

Date(s) of Acquisition (List Chronologically) (MM/DD/YYYY)	Number of Shares Purchased/Acquired	Acquisition Price Per Share*	Total Price Paid	Proof of Acquisition Enclosed?	
/ /		\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Without regard to commissions, fees and taxes.

**SALES OF HOST AMERICA COMMON STOCK:**

List by date, number of shares sold, price received per share and total price received for each sale you made of Host America common stock from July 12, 2005, through July 22, 2005, inclusive.

If none, check here

Date(s) of Sale (List Chronologically) (MM/DD/YYYY)	Number of Shares Sold	Sale Price Per Share*	Total Price Received	Proof of Sale Enclosed?	
/ /		\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Without regard to commissions, fees and taxes.

**UNSOLD HOLDINGS OF HOST AMERICA COMMON STOCK:**

Please state the number of shares of Host America common stock that you held as of the close of trading on July 22, 2005.  Proof enclosed?  Yes  No

If none, check here



**SCHEDULE OF TRANSACTIONS IN HOST AMERICA WARRANTS**

**BEGINNING HOLDINGS OF HOST AMERICA WARRANTS:**

Please state the number of warrants to purchase Host America common stock that you owned as of the close of business on July 11, 2005.

Proof enclosed?  Yes  No      If none, check here

PLEASE PROCEED  
TO NEXT PAGE

**ACQUISITIONS OF HOST AMERICA WARRANTS:**



List by date, number of warrants acquired, price paid per warrant and total price paid for each acquisition you made of Host America warrants from July 12, 2005, through July 22, 2005, inclusive.

If none, check here

Date(s) of Acquisition (List Chronologically) (MM/DD/YYYY)	Number of Warrants Purchased/Acquired	Acquisition Price Per Warrant*	Total Price Paid	Proof of Acquisition Enclosed?
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Without regard to commissions, fees and taxes.

**SALES OF HOST AMERICA WARRANTS:**

List by date, number of warrants sold, price received per warrant and total price received for each sale you made of Host America warrants from July 12, 2005, through July 22, 2005, inclusive.

If none, check here

Date(s) of Sale (List Chronologically) (MM/DD/YYYY)	Number of Warrants Sold	Sale Price Per Warrant*	Total Price Received	Proof of Sale Enclosed?
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Without regard to commissions, fees and taxes.

**UNSOLD HOLDINGS OF HOST AMERICA WARRANTS:**

Please state the number of warrants to purchase Host America common stock that you held as of the close of trading on July 22, 2005.  Proof enclosed?  Yes  No

If none, check here

VERIFICATION



I (We) have read and am (are) familiar with the contents of the Instructions accompanying this Proof of Claim and Release and I (we) verify that the information I (we) have set forth in the foregoing Proof of Claim and Release and in documents attached hereto is true and correct and complete to the best of my (our) knowledge. I (We) am (are) not a Defendant(s) or other excluded person(s) in the above-captioned Action and have not requested exclusion from the class by December 18, 2007. I (We) have attached hereto the original or legible copies of broker confirmation slips or statements or, if not available, other proof of the dates and amounts of my (our) acquisitions and sales of Securities of Host America. I (We) further certify that I (we) have read and am (are) familiar with the accompanying Notice to which this Proof of Claim and Release relates. I (We) understand and agree that this Proof of Claim and Release will be processed and will be allowed, if at all, in accordance with the procedures set forth in the Notices and Plan of Allocation.

SUBSTITUTE W-9 FORM

Part I: Taxpayer Identification Number ("TIN")

Employer Identification Number (for estates, trusts, corporations, etc.)

Social Security Number (for individuals)

[-]

[- -]

Part II: Certification

I (We) declare under penalty or perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct and that this Proof of Claim and Release form was executed this \_\_\_ day of \_\_\_\_\_, 200\_\_.

I (We) certify that I am (we are) not subjected 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 out the language that you are not subject to backup withholding in the certification above.

SUBSTITUTE FORM W-8 FOR NON-UNITED STATES CITIZEN, RESIDENT OR ENTITY

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

Last Name

First Name

[ ]

[ ]

Country

[ ]

Check Appropriate Box:

- Individual, Corporation, Partnership, Simple trust, Grantor trust, Complex trust, Estate, Government, Disregarded entity, Private foundation, Central bank of issue, International organization, Tax-exempt organization

Enter U.S. taxpayer identification number on appropriate line, if applicable. For individuals, this is your Social Security Number ("SSN"). If you are not an individual or you are an individual who is an employer or who is engaged in a U.S. trade or business as a sole proprietor, you must enter an Employer Identification Number ("EIN"). If you are a disregarded entity claiming treaty benefits as a hybrid entity, enter your EIN. If you are a non-United States citizen and have no SSN or EIN, please check "Not Applicable".

**SUBSTITUTE FORM W-8 (CONTINUED)**



Employer Identification Number (for estates, trusts, corporations, etc.)

Social Security Number (for individuals)

\_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

Not Applicable

**The Internal Revenue Service does not require your consent to any provision other than the certifications required to avoid backup withholding.**

\_\_\_\_\_  
Signature of Owner or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Signature of Joint Owner (if any)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name here

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

\_\_\_\_\_  
Print name of person signing

\_\_\_\_\_  
Capacity of person signing (Executor, President, Trustee, etc.)

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

Reminder Checklist:

1. Please sign the above release and declaration.
2. Remember to attach supporting documentation.
3. Do not send original stock certificates.
4. Keep a copy of your Proof of Claim and Release form and supporting documentation for your records.
5. If you desire an acknowledgment of receipt of your Proof of Claim and Release form, please send it Certified Mail, Return Receipt Requested.
6. If you move, please send your new address to In re Host America Corp. Securities Litigation, c/o The Garden City Group, Inc., Claims Administrator, P.O. Box 9160, Dublin, OH 43017-4160.