| Name: | | | |
|----------|------|------|------|
| Address: | | | |
| | | | |
| | | | |

Phone number: _____

Email: _____

Please provide a short narrative of why you believe you are a victim in this case:

If you purchased FusionPharm (FSPM) stock between 2011 and 2014, please provide the following information:

| Date of purchase | # of shares purchased | Amount paid per share | Total amount paid for purchased shares | Brokerage/money market/or other account used to conduct transaction |
|---------------------|--------------------------|--------------------------|---|--|
| | | | | |
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If you sold any FusionPharm (FSPM) stock between 2011 and 2014, please provide the following information:

| Date of sale | # of shares sold | Amount sold per share | Total amount received for sold shares | Brokerage/money market/or other account used to conduct transaction |
|--------------|---------------------|-----------------------|---|---|
| | | | | |
| | | | | |
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| | | | | |

Please state below how many shares of FusionPharm stock you currently hold, if any:

Please provide an explanation for any pecuniary loss you believe you have suffered, including the amount of loss you believed you have suffered: