

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
MIAMI DIVISION



SECURITIES AND EXCHANGE COMMISSION,  
Plaintiff,

v.

CASE NO. 02-20875-CIV-LENARD

LARRY GRABARNICK, MARC DAVID SHINER,  
DONALD LABARRE and SARAH JANE PECK,  
Defendants.

**CLAIM FORM**

**PART I. GENERAL INSTRUCTIONS AND DEFINITIONS**

1. If you purchased a partnership unit or interest (or a fraction thereof) during the Relevant Time Period (as defined in the Notice accompanying this Claim Form), you must use this Claim Form to share in the proceeds in connection with the settlement in *Securities and Exchange Commission v. Grabarnick, et al.*

2. To recover from the SEC Settlement Fund, you must complete and, on page 4 hereof, sign this Claim Form. If you fail to submit a properly addressed Claim Form, your claim may be rejected and you may be precluded from any recovery from the Settlement Fund.

3. You should provide documentary evidence with this Claim Form that supports your claim of purchases and/or sales of LLP units.

4. Submission of this Claim Form, however, does not assure that you will recover any proceeds from the SEC Settlement Fund.

5. **IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS, YOU MUST COMPLETE AND SIGN THIS CLAIM FORM AND MAIL IT BY FIRST CLASS MAIL, POSTAGE PREPAID, SO THAT IT AND ANY DOCUMENTARY EVIDENCE IS RECEIVED BY THE CLAIMS ADMINISTRATOR ON OR BEFORE DECEMBER 6, 2007, AT THE FOLLOWING ADDRESS:**

**Grabarnick SEC Settlement  
c/o Complete Claim Solutions, LLC  
P.O. Box 24774  
West Palm Beach, FL 33416**

6. Failure to send this Claim Form to the Claims Administrator so that it is received on or before December 6, 2007 will subject your claim to rejection and preclude you from receiving any money in connection with the settlement. **DO NOT SEND YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL, AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED.** Send your claim only to the Claims Administrator at the above P.O. Box address.

**PART II. CLAIMANT IDENTIFICATION**

*(Complete only the applicable portions)*

*(For pre-printed information, revise only if the information is incorrect. If pre-printed information is not revised by you, then the Claims Administrator will assume that the information is correct.)*

Claimant ID #

Please correct the name or address if different from information on left:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II. CLAIMANT IDENTIFICATION (continued)**

Contact Person If Claimant Is Not an Individual

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number (Daytime)

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number (Evening)

\_\_\_\_\_  
Social Security Number

**OR**

\_\_\_\_\_  
Corporation Tax Identification Number

**PART III. CLAIMANT'S TRANSACTIONS IN LIMITED LIABILITY PARTNERSHIPS**

*(For pre-printed information, revise only if the information is incorrect. If any of the preprinted information is missing information, please fill in the blanks. If preprinted information is not revised by you, then the Claims Administrator will assume that the information is correct.)*

A. Between January 1, 1997 through March 21, 2002, I made the following **purchases** of partnership units (or fractions thereof) in the following Limited Liability Partnerships: (1) Capitol Electric & Light, LLP; (2) Community Electric & Power, LLP; (3) L.A. Power & Light LLP; (4) Reliable Electric & Power, LLP; (5) San Diego Power & Light, LLP; (6) San Jose Power & Electric, LLP; (7) Southern California Power Partners, LLP; and (8) Twin Power & Electric of San Francisco / Oakland, LLP.

**Please review and verify the accuracy and completeness of the information below. If the information below is not correct or incomplete, please indicate your changes below.**

<u>Date of Purchase</u>	<u>Number of Units (or fraction thereof)</u>	<u>Amount Paid</u>	<u>Name of Limited Liability Partnership</u>	<u>LLP Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PART III. CLAIMANT'S TRANSACTIONS IN LIMITED LIABILITY PARTNERSHIPS (continued)**

B. I made the following **sales** of partnership units (or fractions thereof) in the following Limited Liability Partnerships: (1) Capitol Electric & Light, LLP; (2) Community Electric & Power, LLP; (3) L.A. Power & Light LLP; (4) Reliable Electric & Power, LLP; (5) San Diego Power & Light, LLP; (6) San Jose Power & Electric, LLP; (7) Southern California Power Partners, LLP; and (8) Twin Power & Electric of San Francisco / Oakland, LLP. If you did not sell any of your units, then leave Section B blank.

*Please note that the exchange of LLP units for Full Power Corporation/Full Power Group, Inc.'s over-the-counter stock is **not** considered a sale and should **not** be identified in Section B. However, any sales of Full Power stock, which had earlier been exchanged for LLP units, must be reported in Section C below.*

<u>Date of Sale</u>	<u>Number of Units (or fraction thereof)</u>	<u>Amount Received</u>	<u>Name of Limited Liability Partnership</u>	<u>LLP Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. I **exchanged** LLP units for Full Power Corporation/Full Power Group, Inc.'s over-the-counter stock and then **sold** the stock.

<u>Date of Sale</u>	<u>Number of Shares Sold</u>	<u>Amount Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART IV. DOCUMENTARY EVIDENCE**

All claimants should provide documentary evidence with their Claim Form. Documentary evidence means documents which support your claim above in Section III of your purchases and/or sales of LLP units. Documentary evidence may include: account statements, subscription agreements, K-1's (IRS Form 1065), payment receipts or payment confirmations, or other similarly reliable records of investment activity. If you purchased LLP units, but no longer have documentary evidence of those purchases, you should nevertheless submit your completed Claim Form for review.

The Distribution Agent shall have the right to request, and the claimant shall have the burden of providing to the Distribution Agent, any additional information and/or documentation deemed relevant by the Distribution Agent.

**PART V. CERTIFICATION**

I (We) submit to the jurisdiction of the United States District Court for the Southern District of Florida, Miami Division, with respect to my (our) claim. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any order or judgment that may be entered in the Litigation. I (We) agree to furnish additional information to the Claims Administrator to support this claim if required to do so. I (We) have not submitted any other claim covering the same purchases of LLP units referenced in this Claim Form and know of no other person having done so on my (our) behalf.

I (We) certify that the number included in Section A of this Claim Form is my (our) correct Tax Identification Number (“TIN”) and 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.

I (We) hereby certify that I (we) have included information about all of my (our) transactions in the LLPs.

**UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS CLAIM FORM IS TRUE, CORRECT AND COMPLETE.**

\_\_\_\_\_  
(Signature of Claimant)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Signature of Joint Claimant, if any)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
Capacity of person signing (e.g., Beneficial Purchaser, Executor, Administrator, Trustee, etc.)

\_\_\_\_\_  
Date

**PLEASE MAIL A COMPLETED CLAIM FORM TO THE  
CLAIMS ADMINISTRATOR SO THAT IT IS  
RECEIVED BY THE CLAIMS ADMINISTRATOR  
ON OR BEFORE DECEMBER 6, 2007.**