

PART 2:

If you are a Class Member, your distribution amount will be determined based on your purchases of *Taq* Products listed on Exhibit A, which is attached to the Notice, directly from Defendants Hoffmann-La Roche, Inc., Roche Molecular Systems, Inc., Roche Diagnostics Corporation (including Roche Applied Science), PE Corporation, PE Biosystems Group, The Perkin-Elmer Corporation, PE Applied Biosystems, and Applera Corporation (now Applied Biosystems Inc.) (collectively, "Defendants") during the period September 23, 2000 to August 31, 2008 (the "Claim Period").

In order to receive a distribution, you must provide your own purchase data, which must be supported by valid documentation. See Part 2(B).

As discussed in the Notice, for purposes of allocating the Settlement Fund among Claimants, the *Taq* Products listed on Exhibit A have been grouped into three broad categories: Product Groups A, B, and C. Your total volume of purchases during the Claim Period of Product Groups A, B, and C, in United States dollars, directly from Defendants, will be calculated by the Claims Administrator based on the purchase data you provide.

If you are *not* a Class Member, you are not entitled to a distribution and should not complete this Proof of Claim Form.

A. ASSIGNMENTS

If you have at any time assigned or attempted to assign any claims relating to any purchases of *Taq* Products listed on Exhibit A during the Claim Period, please identify with particularity all such assignments or attempted assignments here. Please also attach documentation of such assignments or attempted assignments.

B. SCHEDULE OF QUALIFYING DIRECT PURCHASES OF *TAQ* PRODUCTS LISTED ON EXHIBIT A DURING THE CLAIM PERIOD

*Please identify all direct purchases of *Taq* Products listed on Exhibit A from Defendants during the Claim Period. For your purchases of *Taq* Products listed on Exhibit A, only purchases directly from a Defendant qualify.*

Please provide sales data over the period of September 23, 2000 to August 31, 2008 *only* regarding purchases of *Taq* Products listed on Exhibit A. Please provide the data as a table in electronic form (*e.g.*, as a tab-delimited text file, an Excelspreadsheet, or an Access database) in the following format:

Time Period	Product Number from Exhibit A ¹	Supplier ²	Quantity	Net Purchases ³
9/23/00 – 12/31/00				
2001				
2002				
2003				
2004				
2005				
2006				
2007				
1/1/08 – 8/31/08				



Please provide valid supporting documentation for your sales data, including copies of actual invoices from the Defendants. Any electronic data must be supported by direct invoices from the Defendants and must be made available to the Claims Administrator for verification, if needed.

If you received more than one Notice and Proof of Claim Form with different Claimant ID Nos., please provide supporting documentation for your sales data for all Claimant ID Nos. You do not need to disaggregate your sales data by Claimant ID No. and you only need to include your sales data with one of the Proof of Claim Forms you return, but you must file all Proof of Claim Forms received.

- ¹ Please provide the requested information separately for each product on Exhibit A purchased within each time period.
- ² Your supplier must be one of the Defendants listed in Part 2 above.
- ³ Net purchases should equal total sales net of returns, rebates, chargebacks, other debits, or credits (*i.e.*, price adjustments).

PART 3: SUBMISSION TO JURISDICTION OF THE COURT

By signing below, you are submitting to the jurisdiction of the United States District Court for the District of Columbia with respect to the claim you are making as a Class Member and for purposes of enforcing the Release set forth below.

PART 4: RELEASE

If you are a Class Member, whether or not you submit a Proof of Claim Form and sign below, you will release and discharge forever to the fullest extent of the law all Settled Claims against the Released Parties. In addition, you will covenant and agree that you shall not hereafter seek to establish liability against any Released Party, in whole or in part, for any of the Settled Claims.

By signing below, you are verifying that you have not assigned or transferred (or purported to assign or transfer) any matter released, pursuant to this release or any other part or portion thereof, **except those assignments or attempted assignments identified in Part 2(A) above**. You are further verifying under penalty of perjury that the information provided in this Proof of Claim and Release is accurate and complete.

PART 5: VERIFICATION

I declare under penalty of perjury under the laws of the United States of America that the foregoing information provided by the undersigned is true and correct and that this Proof of Claim and Release was executed this _____ day of _____, 200_____ in _____, _____ (city), _____ (state / country).

(Sign your name here)

(Type/Print your name here)

(Type/Print your Company name here)

(Capacity of person signing, *e.g.*, President, Partner)



ACCURATE PROCESSING OF CLAIMS MAY TAKE SIGNIFICANT TIME.
THANK YOU IN ADVANCE FOR YOUR PATIENCE.

CHECKLIST

Before submitting your claim, please make sure that you:

1. Sign the Release and Verification above.
2. Maintain the original documents and electronic files supporting your claim (where applicable), including your purchase invoices from the Defendants listed in Part 2 above.
3. If you received more than one Notice and Proof of Claim Form with different Claimant ID Nos., complete and return each Proof of Claim Form.
4. Keep a copy of the completed Proof of Claim and Release for your records.
5. Send your Proof of Claim and Release by Certified Mail (return receipt requested), if you want proof that your claim was received.
6. Submit your claim **postmarked on or before February 27, 2009**.

If you have any questions concerning the plan or the Proof of Claim and Release, or if you change your address, please contact the Claims Administrator at:

Taq Antitrust Litigation
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Website: <http://www.completeclaimsolutions.com/taq>
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