

# Poseidon Concepts Corp. Securities Litigation

## ELECTRONIC FILING INSTRUCTIONS

### I. Important Notes – PLEASE READ

- In addition to these instructions, please review the details set forth in the claim form and notice prior to submitting claims.
- Electronic claim submissions apply to institutions or claim preparers filing on behalf of multiple clients or accounts, or to individuals filing a large number of transactions who have requested or been requested to file claims electronically.
- Electronic claim submissions **MUST** be accompanied by all documentation requirements outlined in Section IV of these instructions.
- Please provide all trade dates in **US** date format (**MM/DD/YYYY**).
- Please provide the holdings and transactions of the eligible securities outlined in Section II in order to conform with these electronic filing requirements.

### II. Eligible Securities (CUSIP 73731R103)

#### **Eligible Poseidon shares:**

1. Common shares **acquired** as a result of the restructuring of Open Range Energy Corp. (Spin-Off Shares) on or about November 1, 2011; and/or
2. Common Shares **purchased** in the primary market (Offering Shares) pursuant to a Final Short-Form Prospectus dated January 26, 2012; and/or
3. Common Shares **purchased** in the secondary market anywhere in the world between November 4, 2011 and February 14, 2013;

#### **AND held some or all of those shares as of:**

1. November 15, 2012; and/or
2. December 27, 2012; and/or
3. February 14, 2013.

### III. Methods of Submission

Electronic files will not be deemed properly submitted unless the Claims Administrator issues an automated email after processing your file with your claim number(s) and respective account information. Do not assume that your file has been properly submitted until you receive this email. If you do not receive such an email, you should contact the Claims Administrator at **info@poseidonclassactionsettlement.com** to inquire about your file and confirm it was received and acceptable.

The Claim Form must be properly submitted **no later than February 7, 2019**.

The following methods are available for submitting your electronic claims:

**1. INTERNET - [www.poseidonclassactionsettlement.com](http://www.poseidonclassactionsettlement.com)**

You may submit your claim online at [www.poseidonclassactionsettlement.com](http://www.poseidonclassactionsettlement.com) - It's fast, easy and secure.

**2. EMAIL**

You may email your electronic claim submission to **[info@poseidonclassactionsettlement.com](mailto:info@poseidonclassactionsettlement.com)**.

- If you choose to email your file, you **MUST** also attach all documentation requirements in the email as .pdf documents or equivalent.

**3. MAIL**

Read the instructions carefully, duly complete and sign the Claim Form, include all the documents required, and mail it to **the mailing address below**. Claim Forms must be postmarked or received **no later than February 7, 2019**.

Poseidon Concepts Corp. Securities Litigation Administrator  
c/o Epiq Class Action Services Canada Inc  
Nelson P. O. Box 20187  
322 Rideau Street  
Ottawa ON K1N 5Y5

#### **IV. Documentation Requirements**

The documentation requirements outlined below must be submitted with your claim form. Your claim submission will not be considered valid until all documentation requirements are received. Please note that one single document may meet more than one requirement.

Any documentation provided **must** include the claimant's name and address or account number.

**Appropriate documentation to support your claim includes:**

- **Trade Confirmation** - Trade confirmation slips showing the trade date, quantity, price per security and net amount of the transaction are acceptable forms of documentation to support your purchases and/or sales.
- **Official monthly, quarterly or year-end broker statements** - Monthly, quarterly or year-end statements provided by your broker listing your transactions are sufficient to prove purchase and sale transactions so long as the necessary information for that transaction is included, such as the trade date, quantity and price paid or received for each security, and the total amount paid or received for each transaction. These statements may also be used to support the quantity of securities held after the class period has ended. On your claim form, these will be listed as Unsold Holdings.

**Please Note:** The Claims Administrator, Class Counsel or the Court reserve the right to request additional information or documentation.

Spreadsheets, charts, tax forms, handwritten information, and other documentation prepared by the claimant are not considered adequate supporting documentation.

#### **1. DULY COMPLETED CLAIM FORM**

Each section of the Claim Form must be fully documented to be considered eligible. This includes all purchase transactions, all sales transactions, and those securities remaining unsold after the end of the class period.

- You must complete the *Claimant Identification* section, (Part I on page 2) and the *Claimant Certification and Privacy Statement* section (Part III on page 5).
- The claim form must be signed by an authorized signatory who is also listed on your signature verification document and state the capacity (job title) of the signatory.
- You must submit one (1) claim per account.

#### **2. SIGNATURE VERIFICATION DOCUMENT**

- If you are an institution or claim preparer filing on behalf of client/customer or proprietary accounts (i.e., not an individual claimant), you must provide a document verifying that the individual who signed the claim form and any supplemental documents is authorized to sign on behalf of his/her company. Some common types of documents that fulfill this requirement include the following (this list is not exclusive and non-US entities may have different documents that fulfill this requirement. If you are a non-US entity, you must submit an equivalent document):
  - Copy of company's By-Laws, including signature page(s)
  - Copy of company's Corporate Resolution, including signature page(s)
  - Notarized Affidavit signed by an officer of the institution clearly granting a specific individual(s) authorization or confirming his/her authority to sign on behalf of his/her company.

#### **3. DATA VERIFICATION DOCUMENT(S)**

- If you are an institution or claim preparer filing on behalf of client/customer or proprietary accounts (i.e. not an individual claimant), you must provide a notarized affidavit or signed letter on firm letterhead which meets the below criteria:
  - Confirms the number of distinct accounts and transactions on your file
  - Discloses the source of your data (i.e. internal data retention system)
  - Attests to the truth and accuracy of the transactions and holdings on your electronic file
  - Is executed by an authorized signatory who is listed on your signature verification document, and specifies both the capacity and contact information of that signatory.

#### **4. AUTHORIZATION DOCUMENT (IF FILING ON BEHALF OF CLIENT OR CUSTOMER ACCOUNTS)**

- If you are an institution or claim preparer filing on behalf of client/customer accounts (i.e. not an individual claimant), you must provide a current document verifying that you are authorized to file and sign claims on behalf of your clients.<sup>1</sup> Some common types of documents that fulfill this requirement include the following (this list is not exclusive and non-US entities may have different documents that fulfill this requirement. If you are a non-US entity, you must submit an equivalent document):
  - Power of Attorney
  - Service Agreement
  - Signed/dated letter on client's company letterhead specifically granting your company authority to file/sign claims on their behalf.
  - Notarized affidavit or signed letter on your company's letterhead confirming your authority to file and sign claims on behalf of your clients. It must be executed by an officer of the company who is also listed on your signature verification document and reference the capacity and contact information of the signatory.

### **ADDITIONAL DOCUMENTATION (IF REQUESTED) - DATA INTEGRITY AUDIT**

The Claims Administrator may request random entities, as deemed appropriate by Epiq, who file claims electronically to provide documentation to support certain transactions and/or holdings in specific claims. This data integrity audit is designed to verify the overall integrity of a data file. Accordingly, the documentation provided must be independent in nature and sufficient to verify the validity and accuracy of the entire data file.

Even if you provided a letter/affidavit attesting to the truth and accuracy of your data when initially submitting your file electronically, we will **require** specific documentary evidence (trade confirmations, monthly statement, or equivalent) to independently verify the details of the transactions and/or holdings requested, if your file is selected for a data integrity audit.

**\*FAILURE TO COMPLY WITH THIS AUDIT REQUEST WILL RESULT IN THE REJECTION OF ALL CLAIMS ON YOUR SUBMISSION\***

## **V. Required Filing Format**

### **GENERAL INSTRUCTIONS**

- Files may be submitted as an Excel spreadsheet
  - All fields in the below format must be included on your file
  - Any fields that do not apply to your file must be left blank (do not delete any fields)
  - Your file must include one header row with column headings
  - Do not provide any blank rows on your file
  - Any files not in accordance with the below format are subject to rejection
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## VI. Electronic Filing Notes

### ADDRESSES

- Claims and checks (if the claim is eligible) will be created based on the account and address information provided on your electronic file.
- If you require checks to be made out directly to the beneficial owner but still sent to your company, please include a "c/o" before your company name in column A of your file.
- If you require checks to be mailed to some other party (i.e. directly to the custodian bank for each account or directly to the beneficial owner), please **do not** include your company name on the electronic file, and contact us for additional details about the proper electronic file layout to accommodate your request.
- For foreign addresses, the two-character country code must be provided in column H, all address information (including full country names and provinces) must be included in the two address fields (columns B-C), and the city, state, zip fields (columns D-G) must be left blank.
- If you are a third party claim preparer filing on behalf of multiple clients on a single claim submission, you **must** provide the distinct client in your electronic claim submission.

### SECURITIES

- All transactions and holding positions **must** reference an appropriate security identifier (CUSIP) in column D of your tab *Transaction Info*.
- All securities for each account must balance. This means that the beginning holdings plus purchases (including free receives) during the Class Period **MUST EQUAL** total sales (including free deliveries) during the Class Period plus the ending/unsold holdings.
- Negative values may **only** be given for beginning and ending/unsold holdings (transaction type "U"). All other transactions must reflect positive values.

### TRANSFERS

Free receive/free deliver (transfer in/out) transactions are considered deficient unless you have additional information regarding the original purchase(s) from the prior account or the ultimate sale(s) or ending holdings from the subsequent account.

If you have this information, you must combine or amend your accounts as follows:

- ❖ Shares Received into Account – Provide the original purchase of these shares from the prior account rather than the "free receive" transaction.
- ❖ Shares Delivered out of Account – Provide the sale(s) and/or ending holdings from the subsequent account rather than the "free deliver" transaction.

If you have no information available on the original purchase/subsequent sale, you must provide the free receive/deliver transactions in their respective claim(s) for **balancing purposes only**. A

free receive or transfer in must be reflected as a transaction type "R" and a free deliver or transfer out must be reflected as a transaction type "D" (prices and net amounts must be zero).

### REQUIRED FILE LAYOUT OF THE E-CLAIM

| <b>Tab 1 - File Summary Tab</b> |                                      |   |
|---------------------------------|--------------------------------------|---|
| Column                          | Column Title                         | Notes   |
| A                               | File Submitted By (Full Name)        |   |
| B                               | Company Name                         | Name of Company for Mailing of Checks (Include a "c/o" before your company name if you require checks made out to the beneficial owner c/o your company.) |
| C                               | Company Address                      | Address Information for Mailing of Checks   |
| D                               | Company Address 2                    |   |
| E                               | Company City                         |   |
| F                               | Company Province/State               |   |
| G                               | Company Postal/Zip Code              |   |
| H                               | Company Country                      |   |
| I                               | Contact Name                         |   |
| J                               | Contact Phone Number                 |   |
| K                               | Email Address                        |   |
| L                               | Total Number of Accounts in File     |   |
| M                               | Total Number of Transactions in File |   |

| <b>Tab 2 - Claimant Information Tab</b> |   |  |
|---|---|--|
| Column                                  | Column Title  | Notes                                    |
| A                                       | ACCOUNT NUMBER OF BENEFICIAL OWNER  |  |
| B                                       | ACCOUNT TYPE<br>1 - Individual<br>2 - Joint<br>3 - Partnership<br>4 - Corporation<br>5 - Trust<br>6 - Estate<br>7 - IRA or Other Retirement Plan<br>8 - Other |  |
| C                                       | BENEFICIAL OWNER SIN or SSN/TIN   | Please indicate what # you are providing |
| D                                       | FIRST NAME BENEFICIAL OWNER   |  |
| E                                       | LAST NAME BENEFICIAL OWNER  |  |
| F                                       | FIRST NAME JOINT OWNER  | Co-Beneficial Owner                      |
| G                                       | LAST NAME JOINT OWNER   | Co-Beneficial Owner                      |

|   |  |  |
|---|--|--|
| H | BENEFICIAL OWNER<br>ENTITY NAME            |  |
| I | REPRESENTATIVE OF<br>BENEFICIAL OWNER      |  |
| J | BENEFICIAL OWNER<br>ADDRESS 1              |  |
| K | BENEFICIAL OWNER<br>ADDRESS 2              |  |
| L | BENEFICIAL OWNER<br>ADDRESS 3              |  |
| M | BENEFICIAL OWNER<br>CITY                   |  |
| N | BENEFICIAL OWNER<br>PROV / STATE           |  |
| O | BENEFICIAL OWNER<br>POSTAL CODE / ZIP CODE |  |
| P | BENEFICIAL OWNER/ COUNTRY                  |  |

**Tab 3 - Transaction Info Tab**

| Column | Column Title  | Notes   |
|--------|---|---|
| A      | ACCOUNT # OF BENEFICIAL OWNER   |   |
| B      | CURRENCY TYPE (CAD, USD, EUR, GBP, etc)   |   |
| C      | SECURITY TYPE:<br>Spin-Off Common Shares<br>Offering Common Shares (Primary Market)<br>Secondary Market Common Shares   |   |
| D      | CUSIP:<br>73731R103   |   |
| E      | TRANSACTION TYPE:<br><u>A</u> - Spin-Off Shares acquired on <b>11/01/2011</b> ,<br><u>Q</u> - Offering on <b>01/26/2012</b> , <u>P</u> - Purchase of<br>Secondary Market Common Shares from<br><b>11/04/2011</b> , <u>R</u> - Received, <u>S</u> - Sale, <u>D</u> -<br>Delivered, <u>U</u> - Unsold Common Shares at the<br><b>close</b> of trading on <b>2/14/2013</b> |   |
| F      | TRANSACTION DATE: (MM/DD/YYYY)  | <b>Note:</b> for Received Shares this is the original date of purchase from the account the shares were acquired from |
| G      | QUANTITY OF ELIGIBLE SECURITY   |   |
| H      | PURCHASE/SALES PRICE PER SECURITY   |   |
| I      | TOTAL PURCHASE/SALES PRICE/PROCEEDS<br><u>Including</u> Commissions, Taxes, and Fees  |   |
| J      | COMMENTS  |   |