

PROOF OF CLAIM AND RELEASE FORM

RAIDER v. Archon Corporation, et al.

c/o JND Legal Administration

P.O. Box 91332

Seattle, WA 98111

Toll-Free Number: 1-888-551-9712

Email: info@ArchonPreferredClassAction.com

Website: www.ArchonPreferredClassAction.com

TO BE ELIGIBLE TO RECEIVE A SHARE OF THE NET SETTLEMENT FUND IN CONNECTION WITH THE PROPOSED SETTLEMENT, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE FORM ("CLAIM FORM") AND MAIL IT BY PREPAID, FIRST-CLASS MAIL TO THE ABOVE ADDRESS, OR SUBMIT IT BY EMAIL, SO THAT IT IS **RECEIVED BY THE CLAIMS ADMINISTRATOR NO LATER THAN MARCH 19, 2022.**

FAILURE TO SUBMIT YOUR CLAIM FORM BY THE DATE SPECIFIED WILL SUBJECT YOUR CLAIM TO REJECTION AND MAY PRECLUDE YOU FROM BEING ELIGIBLE TO RECOVER ANY MONEY IN CONNECTION WITH THE PROPOSED SETTLEMENT. DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE PARTIES TO THE ACTION, OR THEIR COUNSEL. SUBMIT YOUR CLAIM FORM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE, OR BY EMAIL TO INFO@ARCHONPREFERREDCLASSACTION.COM.

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A. GENERAL INSTRUCTIONS

If you owned or held Archon Corporation (“Archon”) preferred stock as of the close of business on August 31, 2007, you are a Class Member, and you may be entitled to share in the proceeds of the Settlement. Excluded from the Class are Defendants, Archon Corporation, Paul W. Lowden and Suzanne Lowden (collectively, “Defendants”). Also excluded are officers or directors of Archon or any Plaintiff in one of four individual cases that have already resolved. Those four cases are: (1) D.E. Shaw et al. v Archon Corporation, United States District Court for the District of Nevada, Case No. 2:07-CV-01146-PMP-LRL, (2) Leeward, L.P. v Archon Corporation, United States District Court for the District of Nevada, Case No. 2:08-CV-00007-PMP-LRL, (3) Archon v. Jung and Megowen, District Court of Clark County Nevada, Case No. A-15-712853-C and (4) Haberkorn v. Archon Corporation, et al., District Court of Clark County, Nevada, Case No. A-16-732619-B.

If you are an Excluded Person, or if you have filed a request for exclusion from the Class, you are not a Class Member, you are not eligible for any Settlement benefits, and you MAY NOT submit this form.

Only “Eligible Class Members” are eligible to receive a distribution from the Settlement. Eligible Class Members means Class Members (other than Excluded Persons and any putative Class Members who have delivered a timely and valid request for exclusion) who held Archon preferred stock at the close of business on August 31, 2007.

If you are an Eligible Class Member and wish to receive a distribution from the Settlement, you must complete and submit this Proof of Claim and Release Form (“Claim Form”) and submit it so that it is **received by the Claims Administrator no later than March 19, 2022**. If you do not complete and submit this Claim Form, you will not be eligible to receive a distribution from the Settlement.

The interest component of the distribution is U.S. source income. Therefore, before distribution, to ensure that the Settlement Fund can comply with its reporting and/or withholding obligations, the Claims Administrator must obtain an IRS Form W-9 (for U.S. persons) or IRS Form W-8BEN, W-8BEN-E, W-8IMY, W-8ECI, or W-8EXP. If you are not a U.S. person, as that term is defined below, then you should not complete the enclosed Substitute IRS Form W-9. Instead, you should complete the IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be obtained from the IRS website: <https://www.irs.gov/forms-instructions>

The term “U.S. person” means:

- A citizen or resident of the United States,
- A partnership created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- A corporation created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- Any estate or trust other than a foreign estate or foreign trust, (See IRS Code Section 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
- Any other person that is not a foreign person.

Whether or not you submit a Claim Form, in order to be potentially eligible to participate in the distribution, your completed W-9 or W-8 series form must be received by our office no later than **March 19, 2022**. If the Claim Administrator does not receive a valid and complete Form W-9 or W-8 from you, the Claims Administrator may be required under the Internal Revenue Code to make certain presumptions about you for purposes of tax reporting and, as applicable, withholding. The Claims Administrator may be required to presume the interest is being paid to: (1) a payee subject to 30% withholding under the Foreign Account Tax Compliance Act ("FATCA") and reporting on Form 1042-S; (2) a nonresident alien of the U.S. ("NRA") subject to reporting and 30% NRA withholding and reporting on Form 1042-S; or (3) a U.S. person subject to 24% backup withholding and reporting on Form 1099-INT.

You may wish to consult with your tax advisor to determine the appropriate tax treatment for your particular situation.

You must sign the Claim Form in the space provided below and complete the appropriate tax form in order to make a valid claim. You must also provide the quantity of shares of Archon preferred stock owned by the Claimant at the close of business on August 31, 2007. Your claim must be accompanied by adequate supporting documentation for the holdings reported therein, in the form of broker account statements, an authorized letter from the broker indicating the quantity of shares held as of August 31, 2007, or other reliable and sworn evidence of ownership.

Submission of this Claim Form does not guarantee that you will share in the proceeds of the proposed Settlement.

YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM SO THAT IT IS RECEIVED BY THE CLAIMS ADMINISTRATOR NO LATER THAN MARCH 19, 2022 AT THE FOLLOWING ADDRESS:

Raider v Archon Corporation, et al.
c/o JND Legal Administration
P.O. Box 91332
Seattle, WA 98111

Failure to submit your Claim Form **by March 19, 2022**, or failure to include the information required, will subject your claim to rejection and preclude you from receiving any money in connection with the Settlement. Do not mail or deliver 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. Submit your claim only to the Claims Administrator at the above mailing address or email address.

If you are a Settlement Class Member and you do not submit a timely request for Exclusion, you will be bound by the Settlement Agreement Term Sheet and the terms of any judgment entered in the Action, whether or not you submit a Claim Form.

If you need assistance filling out this Claim Form, please contact the Claims Administrator by phone (toll-free) at 1-888-551-9712 or by email to: info@ArchonPreferredClassAction.com. **DO NOT CALL OR WRITE THE COURT ABOUT THIS CLAIM FORM.**

B. REMINDER CHECKLIST

1. Please fill out Parts I and II of the Claim Form below, containing identifying information about the Claimant(s) and the number of Archon preferred shares held by the Claimant. Remember to attach the supporting documentation required by Part II.
2. Please carefully read Part III of the Claim Form (“Release and Certification, Substitute W-9 and Signature”) complete and sign in the space provided. If this Claim Form is being submitted on behalf of joint claimants, then both must sign.
3. Remember to attach only copies of the supporting documentation. Do not send original documentation. These items cannot be returned to you by the Claims Administrator.
4. Keep copies of the completed Claim Form and all attached documentation for your own records.
5. You will not receive confirmation of receipt of Claim Form. If confirmation is desired, please send your Claim Form by certified mail, return receipt requested.
6. If your address changes in the future, or if the Notice Packet was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.

PART I. CLAIMANT IDENTIFICATION

Please type or print.

Claimant's Name

Joint Owner's Name *(if applicable)*

Representative Name *(if different than Claimant's name identified above)*

Street Address Line 1

Street Address Line 2

City

State

Zip Code

Foreign Province *(if applicable)*

Foreign Country *(if applicable)*

Last Four Digits of SNN or EIN

Telephone Number *(Day)*

Telephone Number *(Evening)*

Facsimile Number

E-Mail Address

Account Number *(broker account where the shares were held, if known)*

Check appropriate box (check only one box):

Individual/Sole Proprietor

Joint Owners

Pension Plan

Corporation

Partnership

Trust

IRA

Other (describe): _____

NOTE: Separate Claim Forms should be submitted for each separate person or legal entity (e.g., a claim from Joint Owners should not include separate holdings of just one of the Joint Owners, and an Individual should not combine his or her IRA holdings with holdings solely in the Individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all holdings of that entity no matter how many accounts that entity has (e.g., a Corporation holding Archon preferred stock across multiple brokerage accounts should include all holdings of preferred stock on one Claim Form).

PART II. HOLDINGS ON AUGUST 31, 2007

State the number of Archon preferred shares owned as of the close of business on August 31, 2007. Appropriate documentation must be enclosed. Appropriate documentation includes, for example: brokerage statements, or a letter from your bank, broker, or other nominee indicating the quantity of shares held as of August 31, 2007.

Number of Shares

Documentation Enclosed? (Yes/No)

YOU MUST READ PART III BELOW AND SIGN IN THE SPACE PROVIDED.

PART III. RELEASE AND CERTIFICATION, SUBSTITUTE W-9 AND SIGNATURE

I certify that I am (we are) an Eligible Class Member or am (are) authorized to file this Claim Form on an Eligible Class Member's behalf. I (we) hereby acknowledge that upon the Effective Date of the Settlement, without further action by anyone, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, successors, affiliates, agents, attorneys, representatives, and assigns, shall fully, finally, and forever release, settle, and discharged the Released Defendant Parties from and with respect to every one of the Release Plaintiffs' Claims (as defined in the Stipulation and the Notice), and shall be forever barred and enjoined from commencing, instituting, prosecuting, or continuing to prosecute any of the Released Plaintiffs' Claims against any of the Release Defendant Parties. I (we) also acknowledge that from and after the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, affiliates, agents, attorneys, representatives, and assigns, covenant, promise, and agree that I (we) will not commence, institute, prosecute, continue to prosecute, or assist or participate in any way in prosecuting any claim or proceeding in any forum alleging or asserting any of the Released Plaintiffs' Claims against any of the Released Defendant Parties.

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represent(s) the Claimant(s) certifies (certify), as follows:

1. That I (we) have read and understand the contents of the Notice and the Claim Form;
2. That the Claimant(s) is (are) a Settlement Class Member(s), as defined in the Notice, and is (are) not excluded from the Class;
3. That I (we) am (are) not an Excluded Person as defined above; nor am (are) I (we) filing on behalf of an Excluded Person;
4. That I (we) owned the Archon preferred stock identified in this Claim Form and have not assigned any claims that I (we) may have against the Released Defendant Parties to any other person, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
5. That the Claimant(s) has (have) not submitted any other claim covering the same holdings of Archon preferred stock and knows (know) of no other person having done so on his/her/its/their behalf;
6. That the Claimant(s) submits (submit) to the jurisdiction of the District Court of Clark County Nevada (the "Court") with respect to his/her/its/their claim and for purposes of enforcing the release set forth herein and in the Stipulation;
7. That I (we) agree to furnish such additional information with respect to this Claim Form as the Claims Administrator or the Court may require;
8. That I (we) acknowledge that the Claimant(s) will be bound by and subject to the terms of the Settlement and the Stipulation and any judgment that may be entered in the Action, including the releases and covenants set forth therein; and

Certification and Substitute FORM W-9

Social Security Number / Taxpayer Identification Number: _____

Exempt Payee Code (if any) _____ Exemption from FATCA reporting code (if any) _____

Check appropriate box for federal tax classification:

Individual C Corporation S Corporation Partnership Trust/Estate

Other _____

Limited Liability Company - choose tax classification C Corporation S Corporation Partnership

Print your name as it appears on your federal income tax return:

First Name and Last Name, for Individuals. Entity Name for businesses and trusts.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS, IF ANY, SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

(Sign your name here)

(Sign your name here)

(Type or Print your name here)

(Type or Print your name here)

Capacity of person signing, if other than an individual, e.g., executor, president, trustee, custodian, etc.

Capacity of person signing, if other than an individual, e.g., executor, president, trustee, custodian, etc.

**THIS CLAIM FORM MUST BE RECEIVED NO LATER THAN MARCH 19, 2022
BY THE CLAIMS ADMINISTRATOR AT:**

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