

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

<p style="text-align:center">SECURITIES AND EXCHANGE COMMISSION,</p> <p style="text-align:center">Plaintiff,</p> <p style="text-align:center">v.</p> <p>MAGDALENA TAVELLA, ANDRES HORACIO FICICCHIA, GONZALO GARCIA BLAYA, LUCIA MARIANA HERNANDO, CECILIA DE LORENZO, ADRIANA ROSA BAGATTIN, DANIELA PATRICIA GOLDMAN, MARIANO PABLO FERRARI, MARIANO GRACIARENA, and FERNANDO LOUREYRO,</p> <p style="text-align:center">Defendants.</p>	<p>Civil Action No. 13-CIV-4609</p> <p>Judge Naomi Reice Buchwald</p>
--	---

PROOF OF CLAIM FORM

I. GENERAL INSTRUCTIONS

1. To be potentially eligible to recover as an injured investor based on your claims in the Biozoom Fair Fund (the "Fair Fund"), you must complete and, on page 5 hereof, sign this Proof of Claim Form. If you fail to file a properly addressed (as set forth in paragraph 4 below) Proof of Claim Form, your claim may be rejected and you may be precluded from any recovery from the Fair Fund created in connection with the proposed Distribution Plan.

2. The capitalized and defined terms used herein shall have the meanings set forth in the Plan of Distribution (the "Plan"), unless otherwise noted.

3. Submission of this Proof of Claim Form, however, does not assure that you will share in the proceeds of the Fair Fund.

4. YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM POSTMARKED ON OR BEFORE **OCTOBER 31, 2016**, ADDRESSED AS FOLLOWS:

Biozoom Fair Fund
c/o KCC
P.O. Box 30233
College Station, TX 77842-3233

Eligible Claimants of the Fair Fund is defined as all persons (other than Excluded Parties) who purchased Eligible Securities during the Relevant Period and who are determined by the Distribution Agent to be eligible for a Distribution Payment from the Fair Fund.

IF YOU ARE NOT AN ELIGIBLE CLAIMANT DO NOT SUBMIT A PROOF OF CLAIM FORM.

II. CLAIMANT IDENTIFICATION

If you held Biozoom common stock in your name, you are the beneficial purchaser as well as the record purchaser. If, however, you purchased the common stock but it was registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

Use Part I of this form entitled "CLAIMANT IDENTIFICATION" to identify each purchaser of record ("nominee"), if different from the beneficial purchaser which forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OF THE CERTIFICATE(S) UPON WHICH THIS CLAIM IS BASED.**

All joint purchasers must sign the Proof of Claim Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

III. CLAIM FORM

Use Part II of the Proof of Claim Form entitled "Schedule of Transactions" to supply all required details of your purchase(s) of the Eligible Securities during the Relevant Period. If you need more space to list your transactions, make a copy of the applicable page. Additional copies of the schedules can also be found on the Fair Fund website, www.BiozoomFairFund.com. Sign and print or type your name on each additional schedule.

On the schedules, provide all of the requested information with respect to **all** of your purchases of the Eligible Securities during the Relevant Period, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

List each transaction separately, and accurately, providing the month, day, and year for each.

Copies of broker confirmations or other documentation of your transactions should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All claimants **MUST** submit a manually signed paper Proof of Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Distribution Agent at 415-458-3027 to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Distribution Agent issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

Must Be Postmarked
No Later Than
October 31, 2016

SVL



Official
Office
Use
Only

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

*Securities and Exchange Commission v.
Magdalena Tavella, et al.,*

Civil Action No. 13-CIV-4609

PROOF OF CLAIM AND RELEASE

Please Type or Print in the Boxes Below
Do NOT use Red Ink, Pencil, or Staples

PART I: CLAIMANT IDENTIFICATION

Last Name	M.I.	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (Co-Beneficial Owner)	M.I.	First Name (Co-Beneficial Owner)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA		
<input type="text"/>		
Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)		
<input type="text"/>		
Account#/Fund# (Not Necessary for Individual Filers)		
<input type="text"/>		

Last Four Digits of Social Security Number	or	Taxpayer Identification Number
<input type="text"/>		<input type="text"/>
Telephone Number (Primary Daytime)		Telephone Number (Alternate)
<input type="text"/>		<input type="text"/>
Email Address		
<input type="text"/>		

MAILING INFORMATION

Address		
<input type="text"/>		
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> ATP	<input type="radio"/> BE	<input type="radio"/> FL	<input type="radio"/> OP	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
			<input type="radio"/> KE	<input type="radio"/> DR	<input type="radio"/> ME	<input type="radio"/> RE		
			<input type="radio"/> ICI	<input type="radio"/> EM	<input type="radio"/> ND	<input type="radio"/> SH		



PART II. SCHEDULE OF TRANSACTIONS IN BIOZOOM, INC.

A. Number of Shares held at the close of trading on May 15, 2013:

--	--	--	--	--	--	--	--	--	--

Proof Enclosed?
 Y N

B. Shares of common stock purchased between May 16, 2013 and June 25, 2013, inclusive:

PURCHASES		Trade Date(s) of Shares (List Chronologically)	Number of Shares Purchased or Acquired	Total Purchase or Acquisition Price (Excluding Commissions, Taxes and Fees) Please round off to the nearest whole dollar	Proof of Purchase Enclosed?
		M M / D D / Y Y Y Y		\$	
1.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> .00	<input type="radio"/> Y <input type="radio"/> N
2.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> .00	<input type="radio"/> Y <input type="radio"/> N
3.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> .00	<input type="radio"/> Y <input type="radio"/> N
4.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> .00	<input type="radio"/> Y <input type="radio"/> N
5.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> .00	<input type="radio"/> Y <input type="radio"/> N

C. Shares of common stock sold between May 16, 2013 and the earlier of the date claim filed or October 31, 2016, inclusive:

SALES		Trade Date(s) of Shares (List Chronologically)	Number of Shares Sold	Total Sales Price (Excluding Commissions, Taxes and Fees) Please round off to the nearest whole dollar	Proof of Sales Enclosed?
		M M / D D / Y Y Y Y		\$	
1.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> .00	<input type="radio"/> Y <input type="radio"/> N
2.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> .00	<input type="radio"/> Y <input type="radio"/> N
3.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> .00	<input type="radio"/> Y <input type="radio"/> N
4.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> .00	<input type="radio"/> Y <input type="radio"/> N
5.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> .00	<input type="radio"/> Y <input type="radio"/> N

D. Number of shares purchased between June 26, 2013 and the date this claim is filed or October 31, 2016 (whichever is earlier):

--	--	--	--	--	--	--	--	--	--

Proof Enclosed?
 Y N

E. Number of shares held as of the date this claim is filed or as of October 31, 2016 (whichever is earlier):

--	--	--	--	--	--	--	--	--	--

Proof Enclosed?
 Y N

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS PLEASE PHOTOCOPY THIS PAGE,
 WRITE YOUR NAME ON THE COPY AND FILL THIS CIRCLE:

IF YOU DO NOT FILL IN THIS CIRCLE THESE ADDITIONAL PAGES MAY NOT BE REVIEWED.

YOU MUST READ AND SIGN THE CERTIFICATION ON PAGE 5. FAILURE TO SIGN THE CERTIFICATION
 MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.



IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I submit this Proof of Claim and Certification under the terms of the Plan of Distribution described in the Fair Fund Notice. I also submit to the jurisdiction of the United States District Court for the Southern District of New York with respect to my claim as a harmed investor and for purposes of enforcing the release set forth herein. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in the Fair Fund. I agree to furnish additional information to the Distribution Agent to support this claim if requested to do so. I have not submitted any other claim covering the same purchases, acquisitions or sales of Biozoom publicly traded securities during the Class Period and know of no other person having done so on my behalf.

V. CERTIFICATION

1. Defined terms used herein shall have the meaning ascribed to them in the Distribution Plan.
2. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.
3. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in Biozoom publicly traded securities which occurred during the Relevant Period as well as the number and type of shares of Biozoom publicly traded securities held by me (us) at the close of trading as of the date this claim was filed.
4. I (we) hereby warrant and represent that I (we) are not an Excluded Party, as defined in the Plan of Distribution.

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(s) signing, e.g.,
Beneficial Purchaser or Acquirer, Executor or Administrator)

(Capacity of person(s) signing, e.g.,
Beneficial Purchaser or Acquirer, Executor or Administrator)

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign the above certification.
2. If this claim is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach copies of supporting documentation, if available.
4. **Do not send** originals of certificates.
5. Keep a copy of your Proof of Claim Form and all supporting documentation for your records.
6. If you desire an acknowledgment of receipt of your claim form please send it Certified Mail, Return Receipt Requested.
7. If you move, please send your new address to the address below.
8. **Do not use red pen or highlighter** on the Proof of Claim Form or supporting documentation.

**THIS PROOF OF CLAIM FORM MUST BE MAILED NO LATER THAN OCTOBER 31, 2016,
ADDRESSED AS FOLLOWS:**

Biozoom Fair Fund
c/o KCC
P.O. Box 30233
College Station, TX 77842-3233



THIS PAGE INTENTIONALLY LEFT BLANK

