

**UNITED STATES DISTRICT COURT
DISTRICT OF ARIZONA**

CASE NO.: 4:06-CV-00354-CJK

GEORGE WOOD, On Behalf of Himself and All Others Similarly Situated,)	Case No.: 4:06-cv-00354-CKJ
)	
Plaintiff,)	
vs.)	
IONATRON, INC., ROBERT HOWARD, AND THOMAS C. DEARMIN,)	
)	
Defendant.)	
)	
)	
)	
)	
)	
RAYMOND DEEDON, Individually and on Behalf of All Others Similarly Situated,)	Case No.: 4:06-cv-00377-CKJ
)	
Plaintiff,)	
vs.)	
IONATRON, INC., ROBERT HOWARD; AND THOMAS C. DEARMIN,)	
)	
Defendant.)	
)	
)	
)	

PROOF OF CLAIM AND RELEASE

DEADLINE FOR SUBMISSION: OCTOBER 30, 2009.

IF YOU PURCHASED PUBLICLY TRADED SECURITIES OF IONATRON, INC. ("IONATRON") BETWEEN MAY 4, 2005 AND MAY 10, 2006, INCLUSIVE, ("CLASS PERIOD"), YOU MAY BE A "CLASS MEMBER" ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS. (EXCLUDED FROM THE CLASS ARE: (1) THE DEFENDANTS, MEMBERS OF THE IMMEDIATE FAMILY OF EACH OF THE INDIVIDUAL DEFENDANTS, ANY PARENT, SUBSIDIARY, AFFILIATE, OFFICER OR DIRECTOR OF IONATRON, ANY ENTITY IN WHICH ANY EXCLUDED PERSON HAS A CONTROLLING INTEREST, AND THE LEGAL REPRESENTATIVES, HEIRS, SUCCESSORS, AND ASSIGNS OF ANY EXCLUDED PERSON.)

IF YOU ARE A MEMBER OF THE CLASS, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN OCTOBER 30, 2009 TO THE FOLLOWING ADDRESS:

Ionatron, Inc. Securities Litigation
Administar Services Group LLC
P.O. Box 56380
Jacksonville, FL 32241-6380

YOUR FAILURE TO SUBMIT YOUR CLAIM BY OCTOBER 30, 2009 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY RECOVERY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION. 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.

YOU MUST ALSO READ THE RELEASE AND WAIVER IN THIS PROOF OF CLAIM FORM AND SIGN IT. FAILURE TO SIGN THIS PROOF OF CLAIM FORM AND RELEASE MAY RESULT IN DELAY OR REJECTION OF YOUR CLAIM.

PART I: CLAIMANT'S STATEMENT

1. I affirm that I purchased publicly traded securities of Ionatron between May 4, 2005 and May 10, 2006, inclusive, as listed herein. (Do not submit this Proof of Claim if you did not purchase Ionatron publicly traded securities during this period).

2. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member as defined above and in the Notice of Proposed Settlement of Class Action (the "Settlement Notice"), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class; that I have read and understand the Settlement Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Settlement Notice; and that I have not previously submitted a request for exclusion. (If you are acting in a representative capacity on behalf of a Member of the Class (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

3. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proofs of Claim.

4. I have set forth where requested below all relevant information with respect to each purchase of Ionatron publicly traded securities during the Class Period, and each sale, if any, of such securities. I agree to furnish additional information (including transactions in other Ionatron securities) to the Claims Administrator to support this claim if requested to do so.

5. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of Ionatron securities listed below in support of my claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)

6. I understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Claim. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject common stock such as options.)

7. I hereby acknowledge that, as a Member of the Class, I (or the person or entity for whom or which I am executing this Proof of Claim) will be bound by the terms of the Stipulation of Settlement and Order and Final Judgment in this action and, to the full extent set forth in the Stipulation of Settlement, upon the Effective Date will have granted a release of all "Settled Claims" to all "Released Parties" on behalf of myself (or on behalf of the Member for whom or which I submit this Proof of Claim) and my (or such Member's) heirs, agents, executors, administrators, beneficiaries, predecessors, successors and assigns.

8. 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 in the required file layout. All Claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1 (866) 756-5177 or visit www.ionatronincsecuritieslitigation.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

Name(s) of Beneficial Owner(s):

[illegible]

Name

[illegible]

Joint Owner's Name (if any)

Account Number:

If you are a bank or other institution filing on behalf of a third-party, and an account number is needed to identify the claimant for your records, indicate account number here:

[illegible]

Address if Beneficial Owner(s):

[illegible]

Street Number

[illegible]

City

--	--

State

--	--	--	--	--

Zip Code

[illegible]

Foreign Province

--	--	--	--

Telephone Number (Day)

[illegible]

Country

--	--	--	--

Telephone Number (Night)

[illegible]

E-mail Address

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

Taxpayer I.D. No. or Social Security No.

Check one:

- ☐ Individual
 ☐ Corporation
☐ Joint Owners
 ☐ IRA
☐ Estate
 ☐ Other (Specify) _____

Record Owner's Name (if different from Beneficial Owner listed above):

[illegible]

Market Maker or Specialist:

I was ☐ / I was not ☐ a Market Maker or a Specialist in Ionatron securities during the Class Period.

PART II: SCHEDULE OF TRANSACTIONS IN IONATRON STOCK

Separately list each of your purchases or sales of Ionatron stock below. Photocopy this page if more space is needed. **Be sure to include and sign your name and the last four digits of your Social Security number or Tax ID number on any additional sheets.** The dates of purchase, acquisition or sale is the "trade" or "contract" date, and not the "settlement" or "payment" date.

1. **BEGINNING HOLDINGS:** At the end of the day on May 3, 2005, I owned the following shares of Ionatron stock. (If none, write "zero" or "0") (If other than zero, must be documented). _____
2. **PURCHASES:** I made the following purchases of Ionatron stock between May 4, 2005 and May 10, 2006, inclusive (must be documented). (Persons who received Ionatron stock during the Class Period other than by purchase are not eligible to submit claims for those transactions, except as otherwise provided in the Notice):

Date(s) of Purchase (List Chronologically) (Month/Date/Year)	Number of Shares of Stock Purchased	Purchase Price Per Share of Stock	Aggregate Cost (excluding commissions, taxes, and fees)	Please Check the Box if this Transaction was the Result of the Exercise of an Option
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>

Total shares of Ionatron stock purchased from May 4, 2005 through May 10, 2006, inclusive: _____.

3. **SALES DURING THE CLASS PERIOD:** I made the following sales (including short sales) of Ionatron stock between May 4, 2005 and May 10, 2006, inclusive (must be documented):

Date(s) of Sale (List Chronologically) (Month/Date/Year)	Number of Shares of Stock Sold	Sale Price Per Share of Stock	Amount Received (excluding commissions, taxes, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

Total shares of Ionatron stock sold from May 4, 2005 through May 10, 2006, inclusive: _____.

4. **SHARES HELD AT THE END OF THE CLASS PERIOD:** At the close of trading on May 10, 2006, I owned the following shares of Ionatron stock (If none, write "zero" or "0") (If other than zero, must be documented): _____

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND MUST CHECK THIS BOX ☐

PART III: SCHEDULE OF TRANSACTIONS IN IONATRON OPTION CONTRACTS

IONATRON CALL OPTIONS

1. **BEGINNING POSITION:** At the close of business on May 3, 2005, I owned the following call options on Ionatron securities (must be documented):

Date(s) of Purchase (List Chronologically) (Month/Date/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options	Purchase Price Per Contract	Amount Paid	Insert an "E" if Exercised or an "X" if Expired	Exercise Date MM/DD/YYYY

2. **PURCHASES:** I made the following purchases of call options on Ionatron securities between May 4, 2005 and May 10, 2006, inclusive (must be documented):

Date(s) of Purchase (List Chronologically) (Month/Date/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options	Purchase Price Per Contract	Amount Paid	Insert an "E" if Exercised or an "X" if Expired	Exercise Date MM/DD/YYYY

3. **SALES:** I made the following sales of the above call options on Ionatron securities which call options were purchases before May 10, 2006 (include all such sales no matter when they occurred) (must be documented):

Date(s) of Purchase (List Chronologically) (Month/Date/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options	Purchase Price Per Contract	Amount Paid	Insert an "E" if Exercised or an "X" if Expired	Exercise Date MM/DD/YYYY

IONATRON PUT OPTIONS

4. **BEGINNING POSITION:** At the close of business on May 3, 2005, I was obligated on the following put options on Ionatron securities (must be documented):

Number of Contracts	Expiration Month and Year & Strike Price of Options	Sale Price Per Contract	Amount Received	Insert an "A" if Assigned or an "X" if Expired	Assign Date MM/DD/YYYY

5. **SALES (WRITING) OF PUT OPTIONS:** I wrote (sold) put options on Ionatron securities between May 4, 2005 and May 10, 2006, inclusive as follows (must be documented):

Date of Writing (Sale) (List Chronologically) MM/DD/YYYY	Number of Contracts	Expiration Month and Year & Strike Price of Options	Sale Price Per Contract	Amount Received	Insert an "A" if Assigned or an "X" if Expired	Assign Date MM/DD/YYYY

6. **COVERING TRANSACTIONS (REPURCHASES):** I made the following repurchases of the above put options on Ionatron securities that I wrote (sold) before _____ (include all repurchases no matter when they occurred) must be documented):

Number of Contracts	Expiration Month and Year & Strike Price of Options	Sale Price Per Contract	Amount Received	Insert an "A" if Assigned or an "X" if Expired	Assign Date MM/DD/YYYY

SUBSTITUTE FORM W-9

PART 1

Request for Taxpayer Identification Number (TIN) and Certification.

NAME: _____

Check appropriate box:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Joint Owners | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Other |

Enter TIN on appropriate line. For individuals, this is your Social Security number ("SSN").

For sole proprietors, you must show your individual name, but you may also enter your business or "doing business as" name.

You may enter either your SSN or your Employer Identification Number ("EIN"). For other entities, it is your EIN.

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

Social Security Number

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

Employer Identification Number

PART 2

Certification

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT:

The number shown on this form is my/our correct Taxpayer Identification Number; and I (we) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(C) of the Internal Revenue Code because: (a) I am (we are) exempt from backup withholding; or (b) I (we) have not been notified by the Internal Revenue Service that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, you must cross out the word "NOT" above and check here. ☐

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

NOTE: If you require the instructions for Completing Substitute Form W-9, please make a written request to us at Claims Administrator, Ionatron, Inc. Securities Litigation, P.O. Box 56380, Jacksonville, FL 32241-6380. Please note that your accountant should also be able to provide you with these instructions.

I/We declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____, in _____, _____.

(City)

(State / Country)

(Signature)

Date

(Type or print your name here)

(Signature)

Date

(Type or print your name here)

Capacity of persons signing (e.g., Beneficial Owner, Executor, Administrator or Corporate Title)

RELEASE

1. I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, unconditionally, and forever settle, release and discharge with prejudice from the Settled Claims each and all of the Released Parties (as defined below).
2. "Released Parties" means Defendants and any and all of their past or present partners, principals, employees, predecessors, successors, affiliates, officers, directors, attorneys, agents, insurers, assigns, spouses and heirs.
3. "Settled Claims" means any and all claims, debts, demands, rights or causes of action or liabilities whatsoever (including, but not limited to, any claims for damages, interest, attorneys' fees, expert or consulting fees, and any other costs, expenses or liability whatsoever), whether based on United States federal, state, local, statutory or common law or any other law, rule or regulation, whether foreign or domestic, fixed or contingent, accrued or unaccrued, liquidated or unliquidated, at law or in equity, matured or unmatured, foreseen or unforeseen, whether class or individual in nature, including both known claims and Unknown Claims (as defined below) (i) that have been asserted in the Action by the Class Members or any of them against any of the Released Parties (whether pleaded in the Complaint or not), or (ii) that could have been asserted in the Action or in any forum by the Class Members or any of them against any of the Released Parties, which also arise out of, relate to, or are based on any of the claims, allegations, activities, press releases or public statements set forth in the Complaint and relate to the purchase, sale, transfer or acquisition of the publicly traded securities of Ionatron during the Class Period, or any actions, representations or omissions that were alleged or might have been alleged to affect the price of any publicly traded securities of Ionatron during the Class Period.
4. "Unknown Claims" means any and all Settled Claims which any Lead Plaintiff or Class Member does not know or suspect to exist in his, her or its favor at the time of the release of the Released Parties, and any Settled Defendants' Claims which Defendants do not know or suspect to exist in their favor, which if known by him, her or it might have affected his, her or its decision(s) with respect to the Settlement. With respect to any and all Settled Claims and Settled Defendants' Claims, the Parties stipulate and agree that by operation of the Order and Final Judgment, upon the Effective Date, the Lead Plaintiffs and Defendants shall have expressly waived, and each Class Member shall be deemed to have waived, and by operation of the Final Judgment shall have expressly waived, any and all provisions, rights and benefits conferred by any law of any state or territory of the United States, or principle of common law, which is similar, comparable, or equivalent to Cal. Civ. Code § 1542, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

5. I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever release, relinquish and discharge all claims that have been or could have been asserted against Plaintiffs and/or Plaintiffs' Counsel relating to the institution, prosecution or settlement of the Action or the Settled Claims.
6. I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, unconditionally, and forever settle, release and expressly waive with prejudice any claims for abuse of process, for malicious prosecution and/or for sanctions under Rule 11 of the Federal Rules of Civil Procedure or otherwise.
7. This release shall be of no force or effect unless and until the Court approves the Stipulation and Agreement of Settlement and the Stipulation becomes effective on the Effective Date (as defined in the Stipulation).
8. 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
9. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in Ionatron securities which occurred during the Class Period as well as: (1) the number of shares of Ionatron securities held by me (us) at the opening of trading on May 4, 2005; and (2) the number of shares of Ionatron securities held by me (us) at the close of trading on May 10, 2006.

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

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign)

Signature

Signature

_____/_____/_____
Date

(Title/Capacity of person(s) signing, e.g. beneficial purchaser(s), president, executor, administrator, trustee, etc.)

**ACCURATE CLAIM PROCESSING TAKES TIME.
THANK YOU FOR YOUR PATIENCE.**

REMINDER CHECKLIST

1. Please be sure to sign this Proof of Claim. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
2. Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
3. Do NOT use highlighter on the Proof of Claim or any supporting documents.
4. If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.

THIS PROOF OF CLAIM AND RELEASE MUST BE POSTMARKED NO LATER THAN OCTOBER 30, 2009 AND MUST BE MAILED TO:

Ionatron, Inc., Securities Litigation
Administar Services Group LLC
P.O. Box 56380
Jacksonville, FL 32241-6380