

PROOF OF CLAIM FORM

**GTV Media Group Fair Fund
c/o JND Legal Administration
PO Box 91403
Seattle, WA 98111**

**Toll-Free Number: 866-853-5013
Distribution Website: www.GTVMediaGroupFairFund.com
Email: info@GTVMediaGroupFairFund.com**

To be considered for eligibility for a distribution payment from the GTV Media Group Fair Fund, created *In the Matter of GTV Media Group, Inc., Saraca Media Group, Inc., and Voice of Guo Media, Inc.*, you must complete and sign this Proof of Claim Form (“Claim Form”), include all necessary documentation, and submit the package to JND Legal Administration (the “Fund Administrator”). Submissions may be made online through the Distribution Website **no later than 11:59 p.m. PST on June 6, 2022; by First Class Mail postmarked by June 6, 2022; or if not by First Class mail, received by the Fund Administrator by June 6, 2022.** The “Claims Bar Date” is identified in the Distribution Plan.

Failure to submit your Claim Form by June 6, 2022, may result in your claim being rejected and may preclude you from being eligible to recover any money from the GTV Media Group Fair Fund. Your Claim Form must be submitted in compliance with the directions herein.

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GENERAL INSTRUCTIONS

1. If you are a third party who solicited funds on behalf of investors and are wishing to file a claim, you must follow the Electronic Filing Instructions found on the website www.GTVMediaGroupFairFund.com under "Important Documents". Any file not submitted in accordance with the required electronic filing format will be subject to rejection.

2. Your completed and signed Claim Form, including adequate supporting documentation, must be submitted online **no later than 11:59 p.m. PST on the Claims Bar Date**, following the directions at www.GTVMediaGroupFairFund.com; or, alternatively, **sent by First Class Mail, postmarked no later than the Claims Bar Date or, if not sent by First Class Mail, received by the Fund Administrator no later than the Claims Bar Date**.

3. You must include all your transactions requested in Parts II(A) and II(B), the Schedules of Transactions (pages 6 and 7), and you and/or your representative must fully complete this Claim Form. The Claim Form must be signed by the beneficial owner of the eligible Security (see paragraph 9, below) or by their representative, under the penalty of perjury. If you fail to complete and sign the Claim Form, including adequate supporting documentation, your claim may be rejected, and you may be precluded from any recovery from the GTV Media Group Fair Fund.

4. DO NOT use highlighter on the Claim Form or any supportive documents.

5. Submission of the Claim Form does not guarantee that you will be eligible for a Distribution Payment; eligibility will be determined in accordance with the criteria in the Court-approved Plan, available for review and download at www.GTVMediaGroupFairFund.com.

6. **Claim Form Submission:**

(a) **Online:** Online submissions must be completed **no later than 11:59 p.m. PST on the Claims Bar Date, following the directions at www.GTVMediaGroupFairFund.com**;

(b) **First Class Mail or other Delivery:** Submissions by **First Class Mail must be postmarked no later than the Claims Bar Date; submissions by other delivery service must be RECEIVED by the Fund Administrator no later than the Claims Bar Date**. Unless your Claim Form is submitted with a U.S. Mail postmark, it will be deemed to have been submitted when actually received by the Fund Administrator. You must send your completed and signed Claim Form, with adequate supporting documentation, to the address below:

**GTV Media Group Fair Fund
c/o JND Legal Administration
PO Box 91403
Seattle, WA 98111**

(c) It is your responsibility to timely submit your completed and signed Claim Form and adequate supporting documentation in accordance with the directions herein and you must be able to document timely, proper, and complete submission.

7. Use the Schedules of Transactions in Part II of this Claim Form, pages 6 and 7, to supply all required details of your transaction(s) (including free transfers and deliveries) and holdings of each eligible Security. On these schedules, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of the eligible Security, regardless of whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested Relevant Period may result in the rejection of your claim.

The G-Entities Security and Corresponding Relevant Period(s) (Inclusive)

Security	Relevant Period Start Date	Relevant Period End Date
GTV Common Stock	4/20/2020	6/2/2020
Digital Assets: G-Coins or G-Dollars	4/1/2020	6/30/2020

8. You must submit supporting documentation for the transactions reported on this Claim Form, such as proof of your payment via check, wire, subscription agreement, or other similar documents. **If such documents are not in your possession, please obtain copies or equivalent documents from your bank or other account representative. Failure to supply this documentation may result in the rejection of your claim.** DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Fund Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.

9. Separate Claim Forms should be submitted for each separate legal entity (i.e. a separate Claim Form should be filed for an individual account, a joint account, an IRA account, an account held for minor, etc.). Conversely, a single Claim Form should be submitted on behalf of one legal entity that includes all transactions made by that entity, no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form, as should an individual with multiple accounts maintained in his or her same name).

10. If you purchased or otherwise acquired an eligible Security during the corresponding Relevant Period(s) and held the stock in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to be considered for participation in the GTV Media Group Fair Fund. Joint beneficial owners must **each** sign this Claim Form and their names must appear in Part I of this Claim Form. If you purchased or otherwise acquired an eligible Security during the corresponding Relevant Period(s) for your own benefit, but the stock was registered in the name of a third party, such as a nominee or brokerage firm, you are still the beneficial owner of these shares, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be considered for eligibility for a distribution payment from the GTV Media Group Fair Fund.

11. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons and entities represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, Social Security Number (or taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the eligible Security; and
- (c) furnish evidence of their authority to submit the Claim Form on behalf the beneficial owner (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person/entity's accounts.)

12. By submitting this Claim Form, you will be seeking a determination of your eligibility to participate in the distribution of the GTV Media Group Fair Fund. If you are NOT a Potential Claimant (as defined in the Plan of Distribution, paragraph 25), or are an Excluded Party (Plan, paragraph 17), DO NOT submit a Claim Form.

13. If you have questions concerning the Claim Form or need additional copies of the Claim Form or the Plan Notice, you may contact the Fund Administrator by writing to the above address, by calling the toll-free hotline at 866-853-5013, by sending an email to info@GTVMediaGroupFairFund.com, or you may download the documents from www.GTVMediaGroupFairFund.com. **PLEASE NOTE: YOUR CLAIM IS NOT CONFIRMED AS SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT EMAIL. THE FUND ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL WITHIN 60 DAYS OF RECEIPT. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL WITHIN 60 DAYS, PLEASE CONTACT THE FUND ADMINISTRATOR.**

I. CLAIMANT IDENTIFICATION

The Fund Administrator will use the information supplied below for all communications regarding this Claim Form. If this information changes, you **MUST** promptly notify the Fund Administrator in writing at the address in paragraph 5, above, or by email to info@GTVMediaGroupFairFund.com.

Complete names of all persons and entities must be provided.

Beneficial Owner Name

Joint Beneficial Owner Name

Name of Representative, if applicable (e.g., executor, administrator, trustee, c/o, etc.), if different from Beneficial Owner

Please note: If you are a third party filing on behalf of investors, you must follow the Electronic Filing Instructions found on the Fund Website.

Street Address

City

State/Province

Zip Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Telephone Number (Day)

Telephone Number (Evening)

Email Address (Please note by providing your email, you authorize the Fund Administrator to use it in providing you with information relevant to this claim)

Last Four of SSN/TAX ID #

Identification Type and Number (Driver's License, Passport, Visa, or other government-issued ID)

II(A). SCHEDULE OF TRANSACTIONS IN GTV COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in detail in the General Instructions above. Do not include information regarding securities other than **GTV common stock** on this schedule.

1. PURCHASES/ACQUISITIONS OF GTV COMMON STOCK DURING THE PERIOD FROM APRIL 20, 2020 THROUGH AND INCLUDING JUNE 2, 2020 – Separately list each and every purchase/acquisition during this period. (Must be documented.)					
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding all fees, taxes, and commissions)	Proof of Purchase/ Acquisition Enclosed	
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
2. REFUND OR SALES OF GTV COMMON STOCK DURING THE PERIOD FROM APRIL 20, 2020 THROUGH AND INCLUDING JULY 1, 2020 – Separately list each and every SALE OR REFUND/disposition during this period. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>	
Date of Refund/Sale (List Chronologically) (Month/Day/Year)	Number of Shares Refunded/Sold	Refund/Sale Price Per Share	Total Refund/Sale Price (excluding all fees, taxes, and commissions)	Name of Refund Entity	Proof of Refund or Sale Enclosed
/ /		\$	\$		<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$		<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$		<input type="checkbox"/> Y <input type="checkbox"/> N
3. ENDING HOLDINGS – State the total dollar amount invested in GTV common stock held as of the close of trading on JULY 1, 2020 . (Must be documented.) If none, write “zero” or “0.”				Amount	Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER'S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER, AND THE SPECIFIC SECURITY ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX. <input type="checkbox"/>					

II(B) SCHEDULE OF TRANSACTIONS IN “DIGITAL ASSETS” KNOWN AS EITHER G-COINS OR G-DOLLARS

Please be sure to include proper documentation with your Claim Form as described in detail in the General Instructions above. Do not include information regarding securities other than “DIGITAL ASSETS” KNOWN AS EITHER G-COINS OR G-DOLLARS.

1. PURCHASES/PAYMENTS FOR “DIGITAL ASSETS” KNOWN AS EITHER G-COINS OR G-DOLLARS DURING THE PERIOD FROM APRIL 1, 2020 THROUGH AND INCLUDING JUNE 30, 2020 – Separately list each and every purchase/acquisition during this period. (Must be documented.)					
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Digital Assets Purchased/ Acquired	Purchase/ Acquisition Price Per Digital Asset	Total Purchase/ Acquisition Price (excluding all fees, taxes, and commissions)	Was This Purchase Refunded? Proof of Purchase/ Acquisition Enclosed	
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
2. REFUND OR SALES OF “DIGITAL ASSETS” KNOWN AS EITHER G-COINS OR G-DOLLARS DURING THE PERIOD FROM APRIL 1, 2020 THROUGH AND INCLUDING JULY 1, 2020 – Separately list each and every SALE OR REFUND/disposition during this period. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>	
Date of Refund/Sale (List Chronologically) (Month/Day/Year)	Number of Digital Assets Refunded/Sold	Refund/Sale Price Per Digital Asset	Total Refund/Sale Price (excluding all fees, taxes, and commissions)	Name of Refund Entity	Proof of Refund or Sale Enclosed
/ /		\$	\$		<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$		<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$		<input type="checkbox"/> Y <input type="checkbox"/> N
3. ENDING HOLDINGS – State the total dollar amount invested in G-COINS OR G-DOLLARS held as of the close of trading on JULY 1, 2020. (Must be documented.) If none, write “zero” or “0.”				Amount	Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER, AND THE SPECIFIC SECURITY ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX. <input type="checkbox"/>					

Payment Election Form

A. Payment by Check

Complete this section if you want to receive any potential payment via Check.

Name and Address to Appear on Checks:	Name			
	Street			
	City	State	Zip	Country

B. Payment by Wire

Complete this section if you want to receive any potential payment via wire*.

Are you the account holder? Yes No

NOTE: If you are receiving a distribution payment and you send your funds to a different party, you may be subject to a verification process and may incur fees from a third party. Check box to confirm understanding

Contact Information:	
Bank Name:	
Bank ABA/Routing Number:	
Bank Address:	
Bank SWIFT Code (if Int'l):	
Intermediary Bank Name (if any):	
Intermediary Bank:	
Account #:	
Name of Account:	
Recipient Address:	
Secondary Account? (Y/N)	
Secondary Account Routing Number:	
Secondary Account Number:	
Special Instructions Note:	
Other Bank Information:	

III. CERTIFICATION AND SIGNATURE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am NOT:
 - (a) a Respondent;
 - (b) a present or former officer or director of the Respondents or an assign, creditor, heir, distributee, spouse, parent, dependent child or controlled entity of any of the foregoing persons or entities;
 - (c) an employee or former employee of the Respondents or any of its affiliates who has been terminated for cause or has otherwise resigned, in connection with the conduct described in the Order;
 - (d) a Person who, as of the Claims Bar Date, has been the subject of criminal charges related to the conduct described in the Order or any related Commission action;
 - (e) a firm, trust, corporation, officer, or other entity in which Respondents have or had a controlling interest;
 - (f) the Fund Administrator, its employees, and those persons assisting the Fund Administrator in its role as the Fund Administrator; or
 - (g) a purchaser or assignee of another Person's right to obtain a recovery from the Fair Fund for value; provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance or devise.
2. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Fund Administrator for those purposes;
3. I agree that under no circumstances shall the Fund Administrator or its agents incur any liability to me or to any other Person if it makes a distribution in accordance with the Distribution Plan;
4. I agree that upon receipt and acceptance by me of a distribution from the GTV Media Group Fair Fund, I shall be deemed to have released all claims that I may have against the Fund Administrator and its agents and shall be deemed enjoined from prosecuting or asserting any such claims;
5. If I am a custodian, trustee, or professional investing on behalf of and representing more than one claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated solely for the benefit of current or former pooled investors;
6. If signing this Claim Form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Claim Form;
7. I agree to submit to the jurisdiction of the Securities and Exchange Commission for all purposes relating to this claim;
8. I have read my foregoing Claim Form, including any attachments and enclosures, and certify that the Claim Form including any attachments and enclosures is true, correct, and complete, in every aspect; and am attesting to the accuracy and completeness of all the information contained herein and attached hereto, including transactional details; and
9. I have not authorized nor am aware of anyone else who has filed a Claim Form on my behalf for the same losses and/or transactions included in this Claim Form.

Certification

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION WITHIN THE PROOF OF CLAIM FORM PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS, IF ANY, SUBMITTED HEREWITH, ARE TRUE, COMPLETE, 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.

IV. REMINDER CHECKLIST



1. **Please sign the Claim Form.** If this Claim Form is being made on behalf of joint claimants, then both must sign the Claim Form.



2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.



3. Please do not highlight any portion of the Claim Form or any supporting documents.

4. Keep copies of the completed Claim Form and documentation for your own records.



5. The Fund Administrator will acknowledge receipt of your Claim Form by email, within 60 days of receipt. Your claim is not confirmed as submitted until you receive an acknowledgement email. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL WITHIN 60 DAYS, PLEASE CALL THE FUND ADMINISTRATOR TOLL FREE AT 866-853-5013.**

6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please promptly send the Fund Administrator written notification of your new address by email at info@GTVMediaGroupFairFund.com or mail to the Fund Administrator to the address below. If you change your name, please inform the Fund Administrator.



7. If you have any questions or concerns regarding your claim, please contact the Fund Administrator in writing at the below address, toll-free at 866-853-5013, by email at info@GTVMediaGroupFairFund.com, or visit www.GTVMediaGroupFairFund.com. **Please DO NOT call the SEC or the Respondents with questions regarding your claim.**

THIS CLAIM FORM MUST BE SUBMITTED TO THE FUND ADMINISTRATOR SO THAT IT IS RECEIVED ONLINE NO LATER THAN 11:59 P.M. PST ON THE CLAIMS BAR DATE; IF SENT BY MAIL, POSTMARKED NO LATER THAN THE CLAIMS BAR DATE; OR IF SENT BY ANY OTHER METHOD, RECEIVED BY THE FUND ADMINISTRATOR AT THE FOLLOWING ADDRESS NO LATER THAN:

**GTV Media Group Fair Fund
c/o JND Legal Administration
P.O. Box 91403
Seattle, WA 98111**

You should be aware that it will take a significant amount of time to fully process all the submitted Claim Forms. This work will be completed as promptly as time permits. Please be patient and notify the Fund Administrator of any change of address by email at info@GTVMediaGroupFairFund.com or mail to the Fund Administrator to the address listed directly above.