

PROOF OF CLAIM FORM

SECURITIES & EXCHANGE COMMISSION V. HOWARD R. BAER & KEVIN C. BAER
CASE NO. CV 06-2792-PHX-FJM
UNITED STATES DISTRICT COURT
DISTRICT OF ARIZONA

GENERAL INSTRUCTIONS

In order to establish a valid claim and participate in the Health Enhancement Products, Inc. (“HEPI”) distribution fund (“HEPI Fund”) established in connection with the proceedings entitled *Securities and Exchange Commission (“Commission”) v. Howard R. Baer and Kevin C. Baer*, Case No. CV 06-2792-PHX-FJM, you or your representative must fully complete the Proof of Claim Form. The Proof of Claim Form must be signed by the Beneficial Owner(s) or by their Representative under the penalty of perjury. If you fail to submit a timely, properly completed and addressed Proof of Claim Form, your claim may be rejected and you may be precluded from any recovery from this action.

Pursuant to the Amended Distribution Order, Eligible Claimants do not include:

- a) Any HEPI Investor who has fully recovered, from any source, the principle amounts expended in the purchase of HEPI common stock during the Covered Period.
- b) Any HEPI Investor who is a present or former officer, director, or employee of HEPI, and any heir, assignee, distributee, legatee, donee, spouse, parent, child, relative, or controlled entity of any officer, director, or employee of HEPI.
- c) Any HEPI Investor who, on or before the Claims Bar Date, was the subject of any criminal action or proceeding related to the violations alleged in the Commission’s complaint in this action, other than a Person found not guilty of all such criminal charges or as to whom all of such criminal charges were dismissed with prejudice on or before the Claims Bar Date, and any heir, assignee, distributee, legatee, donee, spouse, parent, child, relative, or controlled entity of any such Person.

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

Submission of the Proof of Claim Form does not guarantee that you will receive payment.

You must mail your completed and signed Proof of Claim Form so that it is **postmarked on or before August 27, 2015**, addressed as follows:

HEPI Fund
c/o Rust Consulting, Inc., Distribution Agent
P.O. Box 2253
Faribault, MN 55021-2436

CLAIMANT IDENTIFICATION

If you purchased HEPI common stock during the period of October 31, 2003 through and including May 31, 2004 (the “Covered Period”) and held the certificate(s) in your name, you are the Beneficial Owner (holder) as well as the record owner. If, however, the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the Beneficial Owner and the third party is the record owner.

If the Proof of Claim Form is completed by the Beneficial Owner, then complete Section IV titled “Certification and Declaration of Claimant.” If the Proof of Claim Form is completed by a Representative of the Beneficial Owner, then complete Section V titled “Declaration of Represented Claimant.”

If the Beneficial Owner is an entity, the entity name should be provided (e.g., corporation, trust, estate, etc.) If this account is an IRA, the name of the IRA should be provided (e.g., John Doe IRA).

THE PROOF OF CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER OR OWNERS, OR THE LEGAL REPRESENTATIVE OF SUCH BENEFICIAL OWNER(S) OF THE SHARES OF COMMON STOCK UPON WHICH THIS CLAIM IS BASED.

The Social Security (or taxpayer identification) number and telephone number of the Eligible Claimant may be used in verifying the Proof of Claim Form. Failure to provide the foregoing information could delay verification of your Proof of Claim Form or result in rejection of your Proof of Claim Form.

If during the Covered Period you were a registered securities broker, dealer, or broker-dealer, you must check the box in Section C indicating that you were an Institutional Investor.

All joint owners must sign this Proof of Claim Form. Executors, administrators, guardians, conservators and trustees (“Representative”) must complete and sign this Proof of Claim Form on behalf of persons and/or entities represented by them, proof of their authority must accompany this Proof of Claim Form and their titles or capacities must be stated.

PROOF OF CLAIM FORM

Use Section II of the Proof of Claim Form titled "Schedule of Transactions" to supply all required details of your transaction(s) in HEPI common stock. List the trade history by listing each individual purchase and sale, or otherwise acquired common stock in chronological trade order. For each transaction please provide: (A) the trade date; (B) the number of shares traded; (C) the price per share; and (D) the total transaction amount.

Please provide all of the required supporting information with respect to all of your purchases and sales of HEPI common stock during the Covered Period. Failure to report all such transactions may result in the rejection of your Proof of Claim Form. Broker confirmations or other valid third party supporting documentation of your holdings in shares of HEPI common stock should be attached to your Proof of Claim Form. Failure to provide this documentation could delay verification of your Proof of Claim Form or result in rejection of your Proof of Claim Form.

A Proof of Claim Form received by the Distribution Agent shall be deemed to have been submitted when postmarked on or before August 27, 2015.

You should be aware that it will take a significant amount of time to fully process all of the Proof of Claim Forms and to administer the HEPI Fund. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim Form.

The Proof of Claim Form is designed to require the minimum amount of information necessary to process the Proof of Claim Forms. The Distribution Agent may request additional information as required to efficiently and reliably calculate your loss amount.

REMINDER CHECKLIST

1. **Signature Required** – Sign the certification section. If this Proof of Claim Form is submitted on behalf of Joint Account Holders, then both must sign.
2. **Representatives of the Beneficial Owner** – Sign the certification section and attach a properly executed power of attorney or comparable legal document authorizing you to complete this Proof of Claim Form on behalf of the Beneficial Owner.
3. **Postmark Date** – The Proof of Claim Form, along with your supporting documentation, must be postmarked on or before August 27, 2015.
4. **Mailing Address** – Mail to:
HEPI Fund
c/o Rust Consulting, Inc., Distribution Agent
P.O. Box 2253
Faribault, MN 55021-2436
5. **Supporting Documentation** – Remember to attach the required supporting documentation. Do NOT provide originals of stock certificates or any other documentation. If the name appears different on the supporting documentation, you must provide proof of name/bank account change (i.e. marriage certificate/divorce decree, death certificate or appropriate court documents).

Required supporting documentation may include: (a) monthly stock brokerage or other investment account statements; (b) trade confirmation slips; (c) applicable year-end statement(s); (d) a signed letter from your broker on firm letterhead verifying the information you are providing; (e) a Deposit or Escrow Receipt showing your holdings; or (f) other equivalent proof of your transactions. All documentation must be legible and include your account name, date of purchase/sale, quantity, total transaction amount and security name or CUSIP. Stock certificates containing only the issue date, handwritten documentation, and/or personally prepared spreadsheets are not acceptable forms of documentation. If you are claiming any transfer transactions, securities transferred in or out cannot be treated as eligible purchases or sales unless you provide acceptable documentation showing that the original purchase date for the transfer in or sale date for the transfer out of these securities was during the relevant time period. Please send copies of documents, not originals.
6. **Retain Copies of Submitted Documents** – Keep a copy of your Proof of Claim Form and all documents submitted for your records. Keep copies of everything you submit.
7. **Notice of Address Change** – If you move after submitting this Proof of Claim Form, please notify the Distribution Agent in writing, to the address above, of the change in your address.
8. **SSN/EIN Required** – In Sections III and IV you must provide the Social Security Number or Employer Identification Number of the Claimant.

**POSTMARKED
ON OR BEFORE
AUGUST 27, 2015**

FOR OFFICIAL USE ONLY

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Securities & Exchange Commission v. Howard R. Baer & Kevin C. Baer
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PROOF OF CLAIM AND RELEASE

Section I – CLAIMANT IDENTIFICATION

A. Beneficial Owner Information:

Name of Beneficial Owner: _____
First, Middle, Last or Entity Name (if Beneficial Owner is an Entity, e.g., corporation, trust, estate, etc.) If this account is an IRA, you must provide the name of the IRA, such as "John Doe IRA".

Name of Joint Beneficial Owner, if any: _____
(First, Middle, Last)

Name of IRA Custodian, If applicable: _____

Account Type: Individual(s) Corporation UGMA Custodian IRA
 Partnership Estate Trust Other: _____

If you have more than one Account Type, you must complete a Proof of Claim Form for each Account Type

B. Mailing/Contact Information:

Name of Representative (if different from Beneficial Owner above): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Foreign Province: _____ Foreign Postal Code: _____

Country (if other than United States): _____

Daytime Phone Number: (_____) _____ - _____

Evening Phone Number: (_____) _____ - _____

Email Address: _____

Account Number: _____

C. Additional Information:

Check here if during the Covered Period (October 31, 2003 through and including May 31, 2004) you were an Institutional Investor. An Institutional Investor is defined as a registered securities Broker, dealer or broker-dealer.





Section II – SCHEDULE OF TRANSACTIONS IN HEALTH ENHANCEMENT PRODUCTS, INC. (“HEPI”) COMMON STOCK

YOU MUST SUBMIT DOCUMENTATION SUPPORTING THE INFORMATION BELOW.

COMMON STOCK BEGINNING HOLDINGS

1. Number of shares of HEPI common stock held at the beginning of trading on **October 31, 2003**. (If none, write “zero” or “0”; if other than zero, must be documented)
Number of Shares

COMMON STOCK PURCHASES

2. List (in chronological order) all purchases and/or acquisitions of HEPI common stock made between **October 31, 2003** and **May 31, 2004**, inclusive.

A. Date(s) of Purchase (List Chronologically) Month/Day/Year	B. Number of Shares of Common Stock Purchased	C. Purchase Price Per Share of Common Stock	D. Amount Paid (Excluding Commissions, Taxes & Fees)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COMMON STOCK SALES

3. List (in chronological order) all sales of HEPI common stock made between **October 31, 2003** and **May 31, 2004**, inclusive:

A. Date(s) of Sale (List Chronologically) Month/Day/Year	B. Number of Shares of Common Stock Sold	C. Sale Price Per Share of Common Stock	D. Amount Received (Excluding Commissions, Taxes & Fees)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COMMON STOCK ENDING HOLDINGS

4. Number of shares of HEPI common stock held at the close of trading on **May 31, 2004**:
(If none, write “zero” or “0”; if other than zero, must be documented)
Number of Shares

If additional space is required, please photocopy this page and attach.



Section III – SUBSTITUTE FORM W-9

Request for Taxpayer Identification Number (“TIN”) and Certification

NAME:

Check appropriate box for federal tax classification:

Individual/Sole Proprietor Pension Plan Corporation Partnership Trust IRA

Other: _____

Exemptions (Codes apply only to certain entities, not individuals):

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

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.

Social Security No. (for individuals)

or Employer Identification Number

Under penalties of perjury, I (we) certify that:

1. The taxpayer identification 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.

_____/_____/_____
Date Executed (Month/Day/Year)

_____/_____/_____
Date Executed (Month/Day/Year)

Signature of Claimant

Signature of Joint Claimant (if any)

Full Printed Name

Full Printed Name

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

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



Section IV – CERTIFICATION AND DECLARATION OF CLAIMANT

I (We) declare UNDER PENALTY OF PERJURY under the laws of the United States of America that:

1. I (We) hereby warrant and represent that I (we) am (are) not excluded as defined below and pursuant to paragraph 14 of the Amended Distribution Plan.
 - a) Any HEPI Investor who has fully recovered, from any source, the principle amounts expended in the purchase of HEPI common stock during the Covered Period.
 - b) Any HEPI Investor who is a present or former officer, director, or employee of HEPI, and any heir, assignee, distributee, legatee, donee, spouse, parent, child, relative, or controlled entity of any officer, director, or employee of HEPI.
 - c) Any HEPI Investor who, on or before the Claims Bar Date, was the subject of any criminal action or proceeding related to the violations alleged in the Commission’s complaint in this action, other than a Person found not guilty of all such criminal charges or as to whom all of such criminal charges were dismissed with prejudice on or before the Claims Bar Date, and any heir, assignee, distributee, legatee, donee, spouse, parent, child, relative, or controlled entity of any such Person.
2. I (We) have read my (our) foregoing Proof of Claim Form, including any attachments and enclosures, and that the Proof of Claim Form including any attachments and enclosures is true and correct in every aspect.
3. I (We) affirm that at this time I (we) have not received any compensation from any other sources regarding this matter. In the event that I (we) receive any compensation for my (our) losses from any individual or litigation other than the present matter involving the Commission, I (we) will immediately notify the HEPI Fund Distribution Agent.
4. I (We) understand the deadline for filing and returning this Proof of Claim Form is the 27th day of August, 2015 and that the completed documents and all required supporting documentation must be postmarked on or before that date and received at HEPI Fund, c/o Rust Consulting, Inc., Distribution Agent at, P.O. Box 2253, Faribault, MN 55021-2436. I (we) understand that if I (we) fail to comply with the deadline, it may result in the denial of my (our) Proof of Claim Form.
5. I (We) have not authorized nor am aware of anyone else who has filed a Proof of Claim Form on my (our) behalf for the same losses covered in this Proof of Claim Form.
6. All notices regarding the HEPI Fund shall be sent to me at my (our) residence address set forth above, unless I (we) provide to you in writing any change of address.

____ / ____ / ____
Date Executed (Month/Day/Year)

____ / ____ / ____
Date Executed (Month/Day/Year)

Signature of Claimant

Signature of Joint Claimant (if any)

Full Printed Name

Full Printed Name

Social Security No or Taxpayer Identification No

Social Security No or Taxpayer Identification No



Section V – DECLARATION OF REPRESENTED CLAIMANT (if Represented by a Legal Representative or Attorney)

Claimant Social Security Number: _____ - _____ - _____

OR EIN: _____ - _____

I, _____, declare under penalty of perjury that I have been duly authorized by above named Beneficial Owner to submit this Proof of Claim Form on his/her/its behalf. Further, I agree to all terms set forth in this Proof of Claim Form, including Section IV – Certification and Declaration of Claimant.

(Signature)

_____/_____/_____
Date (Month/Day/Year)

Full Printed Name

(_____)_____
Telephone Number

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

IF YOU HAVE ADDITIONAL QUESTIONS,

Call 1-855-460-1530;

Write to the HEPI Fund Distribution Agent at:

HEPI Fund
c/o Rust Consulting, Inc., Distribution Agent
P.O. Box 2253
Faribault, MN 55021-2436

Email info@sechepifund.com; or

Visit the website at www.sechepifund.com.