

**UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS—DALLAS DIVISION**

GARY ZAGAMI, BRIAN KELLY, AND RICK  
PATMORE, on behalf of themselves and all  
others similarly situated,

*Plaintiffs,*

v.

NATURAL HEALTH TRENDS CORP., MARK  
D. WOODBURN, TERRY L. LaCORE and  
RANDALL A. MASON,

*Defendants.*

Civil Action No.: 3-06-CV-1654-D

**Natural Health Trends Securities Litigation  
Claims Administrator  
c/o Strategic Claims Services  
P.O. Box 230  
Media, PA 19063**

**PROOF OF CLAIM AND RELEASE**

**Deadline for Submission: June 26, 2009**

IF YOU PURCHASED SHARES IN NATURAL HEALTH TRENDS CORPORATION (“NHTC”) DURING THE PERIOD FROM APRIL 16, 2002 THROUGH NOVEMBER 15, 2005, INCLUSIVE (THE “CLASS PERIOD”) AND WERE DAMAGED THEREBY, YOU ARE A “CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS.

IF YOU ARE A CLASS MEMBER, 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 RELEASE (“PROOF OF CLAIM”) AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN JUNE 26, 2009 TO THE FOLLOWING ADDRESS:

Natural Health Trends Securities Litigation  
Claims Administrator  
c/o Strategic Claims Services  
P.O. Box 230  
Media, PA 19063

YOUR FAILURE TO SUBMIT YOUR CLAIM BY JUNE 26, 2009 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. 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.

**CLAIMANT’S STATEMENT**

1. I (we) purchased common stock in NHTC and was (were) damaged thereby. (Do not submit this Proof of Claim if you did not purchase NHTC common stock during the designated Class Period).
2. By submitting this Proof of Claim, I (we) state that I (we) believe in good faith that I am (we are) a Class Member as defined above and in the Notice of Pendency and Settlement of Class Action (the “Notice”), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Actions or anyone excluded from the Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. If you are acting in a representative capacity on behalf of a Class Member (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 (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I (we) understand and agree that my (our) 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 (our) status as a Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Securities Cases or Settlement in connection with processing of the Proof of Claim.
4. I (we) have set forth where requested below all relevant information with respect to each purchase of NHTC common stock during the Class Period, and each sale, if any, of such securities. I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
5. I (we) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of NHTC common stock 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 (we) 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 (we) 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 securities such as options.)
7. Upon the occurrence of the Effective Date, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a full and complete release, remise and discharge by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers and assigns (or, if I am (we are) submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Parties" of all "Released Claims," as defined in the Notice.
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. 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 1-866-274-4004 or visit their website at [www.strategicclaims.net](http://www.strategicclaims.net) 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.



**SCHEDULE OF TRANSACTIONS IN NHTC SECURITIES  
NHTC COMMON STOCK TRANSACTIONS**

**Beginning Holdings:**

A. State the total number of shares of NHTC common stock owned at the close of trading on April 15, 2002, long or short (*must be documented*): \_\_\_\_\_

Check Here If Documentation Is Enclosed

**Purchases:**

B. Separately list each and every open market purchase of NHTC common stock during the period from April 16, 2002 through November 15, 2005, inclusive, and provide the following information (*must be documented*):

<u>Trade Date (List Chronologically) (Month/Day/Year)</u>	<u>Number of Shares Purchased</u>	<u>Price</u>	<u>Total Cost (Excluding Commissions, Taxes, and Fees)</u>	<u>Check Here If Documentation Is Enclosed</u>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>

C. Total purchase(s) of NHTC common stock during the period of November 16, 2005 to February 10, 2006, inclusive: \_\_\_\_\_ (if none, write "none" or "0")

**Sales:**

D. Separately list each and every sale of NHTC common stock during the period from April 16, 2002 through February 10, 2006, inclusive, and provide the following information (*must be documented*):

<u>Trade Date (List Chronologically) (Month/Day/Year)</u>	<u>Number of Shares Sold</u>	<u>Price</u>	<u>Total Proceeds (Excluding Commissions, Taxes, and Fees)</u>	<u>Check Here If Documentation Is Enclosed</u>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>
□□/□□/□□□□	□□□□□□	\$□,□□□□.□□	\$□□,□□□□.□□	<input type="checkbox"/>

**Ending Holdings:**

E. State the total number of shares of NHTC common stock owned at the close of trading on February 10, 2006, long or short (*must be documented*): \_\_\_\_\_

Check Here If Documentation Is Enclosed

**If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.**

**SUBSTITUTE FORM W-9**

**Request for Taxpayer Identification Number ("TIN") and Certification:**

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

Social Security Number: -- OR Employer Identification Number: -  
(for individuals) (for estates, trusts, corporations, etc.)

**Certification**

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 I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

**NOTE:** If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

**UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE 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)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)  
Check here if proof of authority to file is enclosed.  
(See Item 2 on Page 2 for instructions)

Date: \_\_\_\_\_

**THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN JUNE 26, 2009, AND MUST BE MAILED TO:**

**Natural Health Trends Securities Litigation  
Claims Administrator  
c/o Strategic Claims Services  
P.O. Box 230  
Media, PA 19063**

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by June 26, 2009 and if a postmark is indicated on the envelope and it is mailed first class, and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to process fully all of the Proofs of Claim and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim. Please notify the Claims Administrator of any change of address.

Natural Health Trends Securities Litigation  
c/o Strategic Claims Services  
Claims Administrator  
P.O. Box 230  
Media, PA 19063

FIRST CLASS MAIL  
U.S. POSTAGE  
PAID  
PERMIT NO. 138  
PHILADELPHIA, PA

## FIRST CLASS MAIL

**PLEASE FORWARD—IMPORTANT LEGAL NOTICE**

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

**Reminder Checklist:**

1. Please be sure to sign the Proof of Claim on page 11. If the 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. Keep a copy of your claim form for your records.
5. If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.

**NOTE: RECEIPT ACKNOWLEDGMENT NEEDED**

The Claims Administrator will send a written confirmation of its receipt of your Proof of Claim. Do not assume your claim is submitted until you receive written confirmation of its receipt. Your claim is not deemed fully filed until the Claims Administrator sends you written confirmation of its receipt of your Proof of Claim. If you do not receive an acknowledgement postcard within thirty (30) days of your mailing the Proof of Claim, then please call the Claims Administrator toll free at 1-866-274-4004.