First Class, Inc.
5410 West Roosevelt Road, Unit 222
Chicago, IL 60644-1570

NAME _____

ADDRESS _____

_____

DO NOT TEAR APART - RETURN THIS ENTIRE PAGE

CLAIM FORM

Lewis, et. al. vs. CIB Marine Bancshares, et. al.
United States District Court for the Eastern District of Wisconsin (Cause 05-1008)

Instructions: You must mail this Claim Form to the Claims Administrator which is **First Class, Inc. at the above address by November 14, 2008**. Claims postmarked after that day may not be honored. This form should be completed only if CIB Marine stock was acquired between January 21, 2000 and April 12, 2004. If you do not complete the form as to the per share price paid, your price paid will be assumed to be $17.29 for purposes of calculation of the amount of the recovery you will receive.

Claim: I hereby certify that between **January 21, 2000 and April 12, 2004** I purchased the following number of CIB Marine stock at the following price(s). I further certify that I am **not a relative** of any of the individual Defendants who are Jose Araujo, John Michael Straka, a/k/a J. Michael Straka, Donald M. Trilling, Dean M. Katsaros, W. Scott Blake, Norman E. Baker, Howard E. Zimmerman, Steven T. Klitzing, and Donald Straka. I understand that by submitting a claim form, if the settlement receives final approval, I will have released claims as set forth in paragraph 12 of the notice that accompanied this claim form.

I hereby submit this Claim Form for benefits under the class action settlement in the above case. By signing this Claim Form, I certify, under penalty of perjury, that all the representations made in this document are true and correct to the best of my knowledge.

Signature _____ Date _____

Daytime Phone				-				-					Evening Phone				-				-									
Mobile Phone				-				-					Social Security #				-			-										

Date or approximate date purchased	Number of shares purchased	Price per share purchased	Name of seller purchased from
		$	
		$	
		$	

Review your name and address at the top of the form. If there are any changes, provide new information.

❑ My name has changed. My new name is:

New Name																														

❑ My address has changed. My new address is:

New Address																														
City/St/Zip																														