

June 17, 2024

**LIGHTNING eMOTORS, INC. and LIGHTNING SYSTEMS, INC.
SUPPLEMENTAL NOTICE & SOLICITATION OF CLAIMS
REGARDING RECALL 23V207**

You are receiving this notice because you were listed in the records of Lightning eMotors, Inc. and/or Lightning Systems, Inc. (together, the “Company” or “LeM”) as a customer or other possible creditor of the Company. This Notice supplements prior notices. This Notice is related only to those customers or creditors whose claims would include claims related to National Highway Traffic Safety Administration (“NHTSA”) ID 23V207 in connection with vehicles equipped with eMatrix battery packs.

Pursuant to a Court Order dated December 15, 2023, Cordes & Company, LLP was appointed as Receiver (the “Receiver”) over LeM by the Larimer County District Court, State of Colorado (the “Court”) in Case No. 2023CV31015, *Cupola Infrastructure Income Fund, LLLP v. Lightning eMotors, Inc./ Lightning Systems, Inc.*

AT THIS TIME, the Receiver is requesting any party with a possible claim against LeM related to NHTSA ID 23V207 to send in the attached Proof of Claim form and supporting documentation to Cordes & Company **by July 19, 2024** (“Supplemental Claims Bar Date”). Any claims received by Cordes after the Supplemental Claims Bar Date will be denied or barred. Any claims allowed as a result of Supplemental Claims timely submitted will not result in a higher priority of distribution to holders of such claims over other creditors. If a Supplemental Claim is duplicative of a prior submitted claim, the Receiver will offset the duplicative amount in determining what, if any, distribution is to be made to the claimant.

The Receiver will research and verify all claims received and then submit a motion to the Court to approve the distribution of the remaining net sale proceeds to the holders of verified and valid claims. All Proof of Claims forms should be mailed or sent to the address shown on the form.

Please contact Cordes & Company with any questions you may have at (303) 721-8755 or LightningClaims@cordesco.com.



Michael L. Staheli, Managing Director
Cordes & Company - Receiver



**LIGHTNING E-MOTORS & LIGHTNING SYSTEMS RECEIVERSHIP ESTATE
PROOF OF CLAIM FORM**

The Receiver is soliciting claims against Lightning eMotors, Inc. and/or Lightning Systems, Inc. (together, the “Company” or “LeM”) as of the date of the appointment of the Receiver, or December 15, 2023. All claims must include the following Proof of Claim form and appropriate supporting documentation. The Proof of Claim package must be received by Cordes & Company either via U.S. Mail or e-mail by July 19, 2024 (“Claims Bar Date”) for consideration. Any claims received after the Claims Bar Date may be rejected.

Please send the Proof of Claim to the following address:

Cordes & Company, LLP
Attn: Lightning eMotors Claims
7979 E. Tufts Avenue, Suite 820
Denver, CO 80237

Or to lightningclaims@cordesco.com

Please call (303) 796-1103 or email lightningclaims@cordesco.com if you have any questions.

Creditor Information

Name of Creditor:	
Street Address:	
City, State, Zip Code:	
Contact (if applicable):	
Tax ID # or SSN:	
Phone Number:	
Email Address:	

Address where notices or payments to creditor should be sent, if different from above:

Name:	
Street Address:	
City, State, Zip Code:	
Contact (if applicable):	

(see reverse side of page)



Proof of Claim Form (continued)

Nature of Claim

1. I am filing this claim as a: Vendor/Supplier Customer Former Employee Other

Describe other: _____

2. How much is the claim? \$_____. Does this amount include interest or other charges? No Yes (attached statement itemizing interest, fees, expenses or other charges)

3. What is the basis for the claim (to the extent not covered above).

Examples: materials supplied, loan, lease, services performed, warranty obligation, etc.

4. Supporting documentation:

Please enclose with this form all documents that support the claim, including contracts, invoices, statements, detailed calculation of damages, etc.

Authorized Creditor Representative:

The person submitting this form must sign and date it. Please check the appropriate box.

- I am the creditor
- I am the creditor's attorney or authorized agent.
- I am the trustee
- I am a guarantor, surety, endorser or other codebtor.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Company credit for any payments received toward the debt. I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

By: _____

(signature)

Printed Name: _____

Title: _____

Company: _____

Address: _____

Phone #: _____

Email: _____

