

FusionPharm Remission
Remission Administrator
c/o Analytics Consulting LLC
P.O. Box 2007
Chanhassen, MN 55317-2007
Website: www.FusionPharmRemission.com

Email: info@FusionPharmRemission.com / Toll-free phone number: 833-675-1445 / Fax: 952-404-5750

PETITION FORM

PART I: CLAIMANT IDENTIFICATION

Please Type or Print

Beneficial Owner's Name

First Name

M.I.

Last Name

Joint Beneficial Owner's Name

First Name

M.I.

Last Name

Record Owner's Name (if different from beneficial owner listed above)

Street Address

City

State/Province

ZIP Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Telephone Number (Daytime)

Telephone Number (Evening)

Email Address

Social Security Number

OR

Tax Payer Identification Number

Check appropriate box (check only one box):

- Individual/Sole Proprietor Joint Owners Pension Plan Corporation
 Partnership Trust IRA Other (describe: _____)

ALL CLAIMANTS (PERSONS OR ENTITIES) WHO PURCHASED SHARES OF THE COMMON STOCK OF FUSIONPHARM, INC. ("FUSIONPHARM") (CUSIP 36113H100) AND INCURRED A PECUNIARY LOSS ON SHARES OF FUSIONPHARM (TICKER SYMBOL FSPM) PURCHASED FROM MARCH 1, 2011 THROUGH SEPTEMBER 30, 2014.

A. YOU MUST COMPLETE THE ATTACHED PETITION FORM AND RETURN TO:

**FusionPharm Remission
c/o Analytics Consulting LLC
Remission Administrator
P.O. Box 2007
Chanhassen, MN 55317-2007
Email: info@FusionPharmRemission.com
Fax: 952-404-5750**

PART II. INSTRUCTIONS

- A. If you purchased FusionPharm common stock and registered the certificate in your name, you are the beneficial owner as well as the record purchaser. If, however, you purchased FusionPharm common stock and the certificate was registered in the name of a third party, such as your stockbroker or some other nominee or trustee, you are the beneficial owner even though the third party is the record purchaser listed on FusionPharm's records. Funds will be distributed to beneficial owners of FusionPharm common stock as described in the accompanying Notice.
- B. THIS PETITION FORM MUST BE SUBMITTED BY THE ACTUAL BENEFICIAL OWNER(S), OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S), OF THE COMMON STOCK UPON WHICH THIS PETITION IS BASED.
- C. All joint owners must sign this Petition Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and must identify each beneficial owner or owners for whom they are acting; proof of their authority must accompany this claim and their titles or capacities must be stated.
- D. The Social Security (or Taxpayer Identification) Number of the beneficial owner must be provided.
- E. Failure to provide this information could delay verification or result in the rejection of the petition.

PART III. INSTRUCTIONS FOR SCHEDULE OF TRANSACTIONS

- A. Use Part IV, entitled "Schedule of Transactions in FusionPharm Common Stock," to supply all required details of your transactions (open market purchases and/or acquisitions and sales and/or dispositions) in FusionPharm common stock that took place from March 1, 2011 through September 30, 2014.
- B. If you need more space, attach separate, numbered sheets giving all of the required information in substantially the same form. Print your name and Social Security or Taxpayer Identification Number at the top of each additional sheet.
- C. On the schedules, provide all of the requested information with respect to all of your open market purchases and/or acquisitions and sales and/or dispositions of FusionPharm common stock that took place through September 30, 2014.
- D. The failure to report all such transactions may result in the rejection of your claim.
- E. List each transaction separately and in the order in which they took place, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list, as well as the purchase and/or sales price, excluding commissions, taxes, and other fees. If you do not have this information, your broker may be able to help you find it.
- F. COPIES OF BROKER'S CONFIRMATIONS, BROKER'S ACCOUNT STATEMENTS, OR OTHER ACCEPTABLE DOCUMENTATION OF YOUR TRANSACTIONS IN FUSIONPHARM COMMON STOCK MUST BE ATTACHED TO YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS OR SHARES OF STOCK. If you no longer have copies of your broker's confirmations or statements, your broker may be able to get you copies. A complete list of acceptable supporting documentation can be found on the Remission Administrator's website www.FusionPharmRemission.com.
- G. Any claims submitted that contain more than 50 transactions are requested to be filed electronically and to provide all the purchase and sale information required in the Schedule of Transactions. For a copy of instructions and parameters concerning such a submission, contact the Remission Administrator: (1) at the website address above, and click on "Electronic Filing Procedures"; (2) by phone at 833-675-1445 or (3) by email at info@FusionPharmRemission.com.

PART IV. SCHEDULE OF TRANSACTIONS IN FUSIONPHARM COMMON STOCK

Purchases:

A. Separately list each and every open market purchase and/or acquisition of FusionPharm common stock (CUSIP 36113H100) that took place from March 1, 2011 through September 30, 2014. Be sure to attach the required documentation:

Trade Date <i>(List Chronologically)</i>			Number of Shares Purchased	Price per Share	Total Purchase Price <i>(Excluding Commissions, Taxes and Fees)</i>	Check Here If Documentation is Enclosed
M M	D D	Y Y				
				\$		
				\$		
				\$		
				\$		
				\$		

Sales:

B. Separately list each and every sale and/or disposition of FusionPharm common stock (CUSIP 36113H100) that took place from March 1, 2011 through September 30, 2014. Be sure to attach the required documentation:

Trade Date <i>(List Chronologically)</i>			Number of Shares Sold	Price per Share	Total Sales Price <i>(Excluding Commissions, Taxes and Fees)</i>	Check Here If Documentation is Enclosed
M M	D D	Y Y				
				\$		
				\$		
				\$		
				\$		
				\$		

Unsold Holdings:

C. State the total number of shares of FusionPharm common stock (CUSIP 36113H100) owned at the close of trading on September 30, 2014, long or short. If none, write "zero" or "0." If other than zero, be sure to attach the required documentation.

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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.

PART V. CERTIFICATION

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT.

Signature of Claimant

Date Signed - -
M M D D Y Y Y Y

Print Claimant Name Here

Signature of Joint Claimant, if any

Date Signed - -
M M D D Y Y Y Y

Print Joint Claimant Name Here

If Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of Person Completing Form

Date Signed - -
M M D D Y Y Y Y

Print Name of Person Completing Form

Capacity of person signing on behalf of claimant, if other than an individual,
e.g., executor, president, custodian, etc.