

Must Be Postmarked  
No Later Than  
June 30, 2010

Able Laboratories Securities Litigation  
c/o The Garden City Group, Inc.  
P.O. Box 9584  
Dublin, OH 43017-4884  
Toll-Free: 1 (866) 405-2131

ABL-S



**SECTION A: CLAIMANT IDENTIFICATION:**

Claim Number: \_\_\_\_\_ Control Number: \_\_\_\_\_

WRITE ANY NAME AND ADDRESS CORRECTIONS  
BELOW OR IF THERE IS NO PREPRINTED DATA TO  
THE LEFT, YOU MUST PROVIDE YOUR FULL NAME  
AND ADDRESS HERE:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**IF THE ABOVE AREA IS BLANK, YOU MUST ENTER  
YOUR FULL NAME AND ADDRESS HERE** →

You must provide the last 4 digits of your Social Security  
Number/Taxpayer ID Number if box is blank:

Daytime Telephone Number: ( ) -

Evening Telephone Number: ( ) -

Account Number: \_\_\_\_\_  
(not required)

Email Address: \_\_\_\_\_

**PROOF OF CLAIM**

YOU MUST COMPLETE THIS CLAIM FORM BY JUNE 30, 2010 TO BE ELIGIBLE TO SHARE IN THE SETTLEMENT.

IF YOU PURCHASED OR OTHERWISE ACQUIRED THE PUBLICLY TRADED COMMON STOCK OF ABLE LABORATORIES, INC. ("ABLE") BETWEEN OCTOBER 30, 2002 AND MAY 18, 2005, INCLUSIVE (THE "CLASS PERIOD"), YOU ARE A MEMBER OF THE "CLASS" AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS. (EXCLUDED FROM THE CLASS ARE THE DEFENDANTS; DIRECTORS, OFFICERS, AND EMPLOYEES OF ABLE OR ANY OF ITS SUBSIDIARIES, AFFILIATES OR INSURERS; IMMEDIATE FAMILY MEMBERS OF THE DEFENDANTS AND THE OTHER EXCLUDED INDIVIDUALS; ABLE'S SUBSIDIARIES AND AFFILIATES; ENTITIES IN WHICH ANY SUCH EXCLUDED PERSON HAS A CONTROLLING INTEREST; AND THE LEGAL REPRESENTATIVES, HEIRS, SUCCESSORS, ASSIGNS, AND INSURERS OF ANY SUCH EXCLUDED PERSON.)

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 MAIL IT BY FIRST CLASS MAIL, POSTAGE PREPAID, AND POSTMARKED NO LATER THAN JUNE 30, 2010, TO THE FOLLOWING ADDRESS:

ABLE LABORATORIES SECURITIES LITIGATION  
C/O THE GARDEN CITY GROUP, INC.  
P.O. BOX 9584  
DUBLIN, OH 43017-4884

FAILURE TO SUBMIT THIS FORM BY JUNE 30, 2010, WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY FROM THE SETTLEMENT. DO NOT SEND 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. SEND YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ABOVE P.O. BOX ADDRESS.



**SECTION B - SCHEDULE OF TRANSACTIONS IN ABLE COMMON STOCK**

1. **BEGINNING HOLDINGS:** State the number of shares of Able common stock held at the close of trading on **October 29, 2002**. If none, write "zero" or "0". If other than zero, holdings must be documented:

2. **PURCHASES/ACQUISITIONS:** Please list all purchases/acquisitions of Able common stock between **October 30, 2002** and **May 18, 2005**, inclusive. Be sure to attach the required documentation as described in item #5 on page 3. (NOTE: If you acquired your Able common stock during this period other than by an open market purchase, please provide a complete description of the terms of the acquisition on a separate page):

Date(s) of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Purchased or Acquired	Purchase/Acquisition Price Per Share of Common Stock	Aggregate Cost (excluding commissions, taxes, and fees)
/ /		\$ .	\$ .
/ /		\$ .	\$ .
/ /		\$ .	\$ .
/ /		\$ .	\$ .

3. **PURCHASES:** Please list the number of shares of Able common stock purchased on **May 19, 2005**:

4. **SALES:** List all Sales of Able common stock made between **October 30, 2002** and **May 19, 2005**, inclusive. Be sure to attach the required documentation as described in item #5 on page 3:

Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Sold	Sale Price Per Share of Common Stock	Amount Received (excluding commissions, taxes, and fees)
/ /		\$ .	\$ .
/ /		\$ .	\$ .
/ /		\$ .	\$ .
/ /		\$ .	\$ .

5. **UNSOLD HOLDINGS:** State the number of shares of Able common stock held at the close of trading on **May 19, 2005**. If none, write "zero" or "0". If other than zero, holdings must be documented:

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST  
PHOTOCOPY THIS PAGE AND CHECK THIS BOX   
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED**



**SECTION C - CERTIFICATION AND SIGNATURE**

1. I certify that I purchased or otherwise acquired shares of publicly traded common stock of Able Laboratories, Inc. ("Able") between October 30, 2002 and May 18, 2005, inclusive ("Class Period"). (Do not submit this Proof of Claim if you did not purchase or otherwise acquire Able common stock during this period.)

2. By submitting this Proof of Claim, I state that I believe in good faith that I am a member of the Class as defined above on page 1 and in the Notice of Pendency and Proposed Settlement of Class Action and Fairness Hearing (the "Notice"), or am acting for such person; that I lost money in connection with my purchases of Able common stock during the Class Period; that I am not a Defendant in the Able Laboratories, Inc. Securities Litigation or anyone else excluded from the Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I 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 consent to the jurisdiction of the United States District Court for the District of New Jersey with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my 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 status as a Class Member and the validity and amount of my claim. No such investigation or discovery shall be allowed on the merits of the Action or the fairness, reasonableness and adequacy of the Settlement.

4. I have set forth where requested above all relevant information with respect to each purchase or other acquisition of Able common stock during the Class Period, and each sale, if any, of such stock. I agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.

5. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, acquisition, sale or retention of Able common stock listed above 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 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 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 my Recognized Loss. In some cases the Claims Administrator may condition acceptance of the claim upon the production of additional information.)

7. Upon the occurrence of the Effective Date my signature hereto will constitute a full and complete release, remise and discharge by me and my heirs, executors, administrators, predecessors, successors, and assigns (or, if I am 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 "Settled Claims," as defined in the Notice.

8. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website at [www.gardencitygroup.com](http://www.gardencitygroup.com) or you may e-mail the Claims Administrator at [eClaim@gardencitygroup.com](mailto:eClaim@gardencitygroup.com). Any file not in accordance with the required electronic filing format may be subject to rejection. Claimants who submit electronic files may, at the Claims Administrator's discretion, be requested to also submit a manually signed paper Proof of Claim Form listing all transactions. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at [eClaim@gardencitygroup.com](mailto:eClaim@gardencitygroup.com) to inquire about your file and confirm it was received and acceptable.

I/We declare under penalty of perjury, under the laws of the United States of America, that the foregoing information supplied by the undersigned and the supporting documents attached hereto, are true, correct and complete to the best of my/our knowledge, information and belief, and that this Proof of Claim form was executed this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_, \_\_\_\_\_  
Month) (City) (State)

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.)



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

**REMINDER CHECKLIST**

1. Please fill out this form in its entirety.
2. Don't forget to sign page 3 of the Proof of Claim. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
3. Please remember to attach supporting documents. For an overview of what constitutes adequate supporting documentation please visit [www.gardencitygroup.com/cases/filingtips.html](http://www.gardencitygroup.com/cases/filingtips.html).
4. DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.
5. A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted if postmarked by June 30, 2010. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail, within 45 days. Your Claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment post card within 45 days, please call the Claims Administrator toll free at 1 (866) 405-2131.
7. If you move, please send us your new address.
8. Do not use highlighter on the Proof of Claim form or supporting documentation.
9. Please make a copy of your completed form for your records. Keep copies of everything you submit.

**THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN  
JUNE 30, 2010 AND MUST BE MAILED TO:**

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c/o The Garden City Group, Inc.  
P.O. Box 9584  
Dublin, OH 43017-4884**