

March 4, 2024

**LIGHTNING eMOTORS, INC. and LIGHTNING SYSTEMS, INC.
NOTICE OF RECEIVER’S SALE OF ASSETS & SOLICITATION OF CLAIMS**

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 supplier, customer, service provider, former employee, or other possible creditor of the Company.

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.*

NOTICE IS HEREBY GIVEN that on February 23, 2024, the Receiver completed the sale of substantially all LeM’s assets in a single transaction, free and clear of all liens, claims, encumbrances, interests, and liabilities, under the supervision of the Court. Concurrent with the completion of the sale, the Receiver paid all the claims and obligations of the secured creditor, Cupola Infrastructure Income Fund, LLLP. Although the funds received in the asset sale by the Receiver will be grossly insufficient to satisfy all the anticipated LeM claims in full, there are remaining proceeds from the sale to distribute on a pro rata basis to unsecured creditors that file a valid proof of claim with the Receiver.

AT THIS TIME, the Receiver is requesting any party with a possible claim against LeM to send in the attached Proof of Claim form and supporting documentation to Cordes & Company **by April 8, 2024** (“Claims Bar Date”). Any claims received by Cordes after the Claims Bar Date will be denied or barred.

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 April 8, 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) 721-8755 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 iteming 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: _____

