

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

DR. MAGDY FOUAD, individually and on behalf of
all others similarly situated,

Plaintiff,

v.

ISILON SYSTEMS, INC., et al.,

Defendants.

No. C07-1764 MJP

PROOF OF CLAIM AND RELEASE

I. GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled *Dr. Magdy Fouad, individually and on behalf of all others similarly situated v. Isilon Systems, Inc., et al.*, Case No.: 07-1764 MJP (the "Action"), you must complete this Proof of Claim and Release form (the "Claim Form"). If you fail to file a properly addressed (as set forth in paragraph 3 below) Claim Form, your claim may be rejected and you may be precluded from any recovery from the Settlement Fund created in connection with the proposed Settlement of the Action.

2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement in the Action.

3. YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM POSTMARKED NOT LATER THAN MAY 1, 2010, ADDRESSED AS FOLLOWS:

Isilon Securities Litigation
c/o Rust Consulting, Inc.
P.O. Box 24622
West Palm Beach, FL 33416

If you are NOT a member of the Class, as defined in the Notice of Proposed Settlement of Class Action, Motion for Attorneys' Fees and Reimbursement of Expenses and Settlement Fairness Hearing ("Notice"), DO NOT submit a Claim Form.

4. If you are a member of the Class, you are bound by the terms of any judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

II. CLAIMANT IDENTIFICATION

1. If you purchased or otherwise acquired the common stock of Isilon Systems, Inc. ("Isilon") between December 14, 2006 and November 8, 2007 inclusive (the "Class Period"), including shares of Isilon common stock purchased pursuant and/or traceable to Isilon's December 2006 initial public offering, and held the certificate(s) in your name, you are the beneficial purchaser as well as the record purchaser. If, however, the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

2. Use Part I of this form entitled "Claimant Identification" to identify each purchaser of record ("nominee"), if different from the beneficial purchaser of Isilon common stock that forms the basis of this claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER OR PURCHASERS, OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER OR PURCHASERS, OF THE ISILON COMMON STOCK UPON WHICH THIS CLAIM IS BASED.

3. All joint purchasers must sign this Claim Form. Executors, administrators, guardians, conservators and trustees must complete and sign this Claim Form on behalf of persons and/or entities represented by them and proof of their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

III. CLAIM FORM

1. Use Part II of this form entitled "Schedule of Transactions in Isilon Systems, Inc. ("Isilon") Common Stock" to supply all required details of your transaction(s) in Isilon common stock. If you need more space, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. Please provide all of the requested information with respect to *all* of your purchases, acquisitions, and sales of Isilon common stock requested below, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

3. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.

4. Broker confirmations or other documentation of your transactions in Isilon common stock should be attached to your Claim Form. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

5. The requests are designed to provide the minimum amount of information necessary to process the claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information and/or the hiring of an accounting expert at the claimant's cost. This is expected to be necessary, if at all, for institutional claimants or those with many dozens of calculations.

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

Reminder Checklist:

1. Please sign the Certification section of the Claim Form on Page 4.
2. If this claim is being made on behalf of joint claimants, both must sign.
3. Remember to attach supporting documentation, if available.
4. Do not send original stock certificates or brokerage statements, or originals of similar documents.
5. Keep a copy of your Claim Form and all documents submitted for your records.
6. If you wish to receive an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
7. If you move, please send the Claims Administrator your new address.

This form, with your supporting documentation, must be postmarked not later than May 1, 2010.

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 WESTERN DISTRICT OF WASHINGTON
Dr. Magdy Fouad, et al. v. Isilon Systems, Inc., et al.
 No. C07-1764 MJP

MUST BE POSTMARKED
NOT LATER THAN
MAY 1, 2010

For Official Use Only

PROOF OF CLAIM AND RELEASE
 Use Blue or Black Ink Only

PART I. CLAIMANT IDENTIFICATION - Complete either Section A or B and then proceed to C. Please type or print.

A. Complete this Section ONLY if the Beneficial Owner is an individual, joint, or IRA account. Otherwise, proceed to B.

| | |
|--|-------------------------------------|
| Last Name (Beneficial Owner) | First Name (Beneficial Owner) |
| <input type="text"/> | <input type="text"/> |
| Last Name (Joint Beneficial Owner, if applicable) | First Name (Joint Beneficial Owner) |
| <input type="text"/> | <input type="text"/> |
| Name of IRA Custodian, if applicable | |
| <input type="text"/> | |
| If this account is an IRA, and if you would like any check that you may be eligible to receive made payable to the IRA account, please include "IRA" in the "Last Name" box above (e.g., Jones IRA). | |

B. Complete this Section ONLY if the Beneficial Owner is an Entity: i.e., corporation, trust, estate, etc. Then, proceed to C.

| |
|---|
| Entity Name |
| <input type="text"/> |
| Name of Representative, if applicable (executor, administrator, trustee, c/o, etc.) |
| <input type="text"/> |

C. Account/Mailing Information:

| | | |
|---|--|---|
| Specify one of the following: | | |
| <input type="checkbox"/> Individual(s) | <input type="checkbox"/> Corporation | <input type="checkbox"/> UGMA Custodian |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Other: <input type="text"/> | |
| Number and Street or P.O. Box | | |
| <input type="text"/> | | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Foreign Province and Postal Code | Foreign Country | |
| <input type="text"/> | <input type="text"/> | |
| Telephone Number (Day) | Telephone Number (Evening) | |
| <input type="text"/> | <input type="text"/> | |
| E-mail Address | Account Number | |
| <input type="text"/> | <input type="text"/> | |
| Enter Taxpayer Identification Number below for the Beneficial Owner(s). | | |
| Social Security No. (for individuals) | or Taxpayer Identification No. | |
| <input type="text"/> | <input type="text"/> | |



PART II: SCHEDULE OF TRANSACTIONS IN ISILON SYSTEMS, INC. ("ISILON") COMMON STOCK
YOU MUST SUBMIT DOCUMENTATION SUPPORTING THE INFORMATION BELOW.

PURCHASES

A. List (in chronological order) all purchases and/or acquisitions of Isilon common stock made between **December 14, 2006** and **November 8, 2007**, inclusive, and all shares of Isilon common stock purchased pursuant and/or traceable to Isilon's December 2006 initial public offering.

| Check Box if result of an Option Exercised/ Assigned | Check Box if IPO Purchase | Date(s) of Purchase <i>(list chronologically)</i> Month/Day/Year | Number of Shares of Common Stock Purchased | Purchase Price Per Share of Common Stock | Amount Paid <i>(excluding commissions, taxes & fees)</i> |
|--|---------------------------|--|--|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SALES

B. List (in chronological order) all sales of Isilon common stock made between **December 14, 2006** and **November 8, 2007**, inclusive.

| Check Box if result of an Option Exercised/ Assigned | Date(s) of Sale <i>(list chronologically)</i> Month/Day/Year | Number of Shares of Common Stock Sold | Sale Price Per Share of Common Stock | Amount Received <i>(excluding commissions, taxes & fees)</i> |
|--|--|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

ENDING HOLDINGS

C. Number of shares of Isilon common stock *held at the close of trading on November 8, 2007* (if none, write "zero" or "0"); (if other than zero, must be documented)

Number of Shares

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PHOTOCOPY THIS PAGE.



IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I submit this Claim Form under the terms of the Stipulation of Settlement dated as of October 23, 2009 (“Stipulation”). I also submit to the jurisdiction of the United States District Court for the Western District of Washington, with respect to my claim as a Class Member (as defined in the Notice) and for purposes of enforcing the release set forth herein. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in the Action. I agree to furnish additional information to the Claims Administrator to support this claim if required to do so. I have not submitted any other claim covering the same purchases, acquisitions and sales of Isilon common stock listed herein and know of no other person or entity who has done so on my behalf.

V. DEFINITIONS AND RELEASE

1. I hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release, relinquish and discharge all of the Settled Claims against each and all of the Defendants and the Released Parties, defined in the Stipulation of Settlement and set forth below.

2. “Related Parties” means each of Defendants’ past or present subsidiaries, parents, successors and predecessors, officers, directors, shareholders, partners, agents, employees, attorneys, insurers, and any person, firm, trust, corporation, officer, director or other individual or entity in which any Defendant has a controlling interest or which is related to or affiliated with any of the Defendants, and the legal representatives, heirs, successors in interest or assigns of the Defendants.

3. “Released Persons” means each and all of Defendants and their Related Parties.

4. “Released Claims” means and includes any and all claims, debts, demands, rights or causes of action or liabilities whatsoever, whether based on federal, state, local, statutory or common law or any other law, rule or regulation, whether fixed or contingent, accrued or un-accrued, liquidated or un-liquidated, at law or in equity, matured or un-matured, whether class and/or individual in nature, including both known claims and “Unknown Claims” (as defined below), (1) that have been asserted in this Action by Plaintiffs against any of the Released Persons, or (2) that could have been asserted in this Action, or in any other action or forum by Plaintiffs and/or the members of the Class or any of them against any of the Released Persons which arise out of or are based upon or relate in any way to the allegations, transactions, facts, matters or occurrences, representations or omissions involved, set forth, or referred to in the Action and which are related to the purchase or acquisition of Isilon common stock during the Class Period. Released Claims does not include any claims asserted in the derivative action, *In re Isilon Systems, Inc. Derivative Litigation*, 08-2-09536-3 SEA, pending in Washington Superior Court in and for King County.

5. “Unknown Claims” means any and all Released Claims which Plaintiffs or any Class Member does not know or suspect to exist in his, her or its favor at the time of the release of the Released Persons, and any Settled Defendants’ Claims which any Defendant does not know or suspect to exist in his, her or its favor, which if known by him, her or it might have affected his, her or its decision(s) with respect to the Settlement, including any and all provisions, rights and benefits conferred by any law of any state or territory of the United States, or principle of common law, which is similar, comparable, or equivalent to Cal. Civ. Code § 1542, which provides: “A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.”

6. This release shall be of no force or effect unless and until the Court approves the Stipulation and it becomes effective on the Effective Date.

7. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

8. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in Isilon common stock requested herein.





VI. CERTIFICATION

I (We) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the language above.

The Internal Revenue Service does not require your consent to any provision other than the certifications required to avoid backup withholding.

I (we) declare under penalty of perjury under the laws of the United States of America that the foregoing information is true and correct.

Executed this _____ day of _____, 20__ in _____, _____.
(City) (State/Country)

Signature of Claimant

(Type/print name of Claimant)

Signature of Joint Claimant, if any

(Type/print name of Joint Claimant, if any)

Signature of person signing on behalf of Claimant

(Type/print name of person signing on behalf of Claimant)

Capacity of person signing on behalf of Claimant, if other than an individual
 (e.g., Administrator, Executor, Trustee, President, Custodian, Power of Attorney, etc.)

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