

**Must be Postmarked
No Later Than
November 17, 2008**

**In re Iridium Securities Litigation
Claims Administrator
c/o The Garden City Group, Inc.
PO Box 9261
Dublin, OH 43017-4661
1-866-825-2465**



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

IF YOU PURCHASED IRIDIUM WORLD COMMUNICATIONS, LTD., IRIDIUM LLC, AND IRIDIUM OPERATING LLC ("IRIDIUM"), SECURITIES, PURCHASED IRIDIUM CALL OPTIONS, AND/OR SOLD IRIDIUM PUT OPTIONS DURING THE PERIOD FROM SEPTEMBER 8, 1998 TO MAY 13, 1999, INCLUSIVE (THE "CLASS PERIOD") AND SUFFERED DAMAGES THEREBY (THE "CLASS"), THEN YOU ARE A "CLASS MEMBER" AND YOU MAY BE ENTITLED TO SHARE IN THE MOTOROLA SETTLEMENT'S PROCEEDS AND THE INDIVIDUAL DEFENDANTS SETTLEMENT'S PROCEEDS.

IF YOU PURCHASED IRIDIUM CLASS A COMMON STOCK PURSUANT TO, OR TRACEABLE TO, A REGISTRATION STATEMENT FILED BY IRIDIUM ON OR ABOUT OCTOBER 13, 1998, AMENDED NOVEMBER 13, 1998 THAT BECAME EFFECTIVE ON OR ABOUT JANUARY 25, 1999, AND SUFFERED DAMAGES THEREBY (THE "SUB-CLASS"), THEN YOU ARE A "SUB-CLASS MEMBER" AND YOU MAY BE ENTITLED TO SHARE IN THE UNDERWRITER DEFENDANTS SETTLEMENT'S PROCEEDS.

Excluded from the Class and Sub-Class are Defendants, the officers and directors of Iridium and Motorola, Inc., members of their immediate families and their legal representatives, heirs, successors and assigns, and any entity in which any of the Defendants have or had a controlling interest. Also excluded are the persons and entities who previously requested exclusion pursuant to the Notice of Pendency dated May 18, 2006 previously circulated in this matter.

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, POSTMARKED NO LATER THAN **NOVEMBER 17, 2008** TO THE FOLLOWING ADDRESS:

**In re Iridium Securities Litigation
Claims Administrator
c/o The Garden City Group, Inc.
PO Box 9261
Dublin, OH 43017-4661**

YOUR FAILURE TO SUBMIT YOUR CLAIM BY **NOVEMBER 17, 2008** WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION. DO NOT MAIL OR DELIVER 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. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.



CLASS MEMBER CLAIMANT'S STATEMENT

1. a. I affirm that I purchased Iridium World Communications, Ltd., Iridium LLC, and/or Iridium Operating LLC ("Iridium") securities, and/or purchased call options on Iridium Class A common stock, and/or sold put options on Iridium Class A common stock, during the period September 8, 1998 to May 13, 1999, inclusive, and suffered damages thereby.

b. If applicable check box: I also affirm that I purchased Iridium Class A common stock pursuant to or traceable to the registration statement filed by Iridium on or about October 13, 1998 and amended on November 13, 1998, that became effective on or about January 25, 1999.

2. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member [and, if box 1.b. is checked, a Sub-Class Member] as defined above and in the Notice of Proposed Settlements With All Defendants, Motion for Attorneys' Fees and Settlement Fairness Hearing (the "Notice of Settlement"), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class; that I have read and understand the Notice of Settlement; that I believe that I am a Class Member [and, if box 1.b. is checked, a Sub-Class Member] entitled to receive a share of the Net Settlement Fund from any or all of the Settlements; that I elect to participate in the proposed Settlements described in the Notice of Settlement; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member and/or a Sub-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 and/or Sub-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 Court 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/or a Sub-Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the Action or Settlements in connection with processing of the Proofs of Claim.

4. I have set forth where requested below all relevant information with respect to each purchase and sale of Iridium securities, call options on Iridium common stock, and put options on Iridium common stock I made during the Class Period September 8, 1998 to May 13, 1999, inclusive, including any purchase of Iridium Class A common stock pursuant to or traceable to the registration statement filed by Iridium on or about October 13, 1998 and amended on November 13, 1998, that became effective on or about January 25, 1999, as well as my opening positions, if any, as of September 8, 1998 in such securities, and my holdings as of May 13, 1999, and subsequent sales where requested. I agree to furnish additional information (including transactions in other Iridium securities) to the Claims Administrator to support this claim if requested to do so.

5. In support of my claim, I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase and sale of Iridium securities, call options and put options I made during the Class Period September 8, 1998 to May 13, 1999, inclusive, listed below. (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 your Recognized Claim. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities such as options.)

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 "Released Claims," as defined in the Notice of Settlement.



SECTION A - CLAIMANT INFORMATION

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Last 4 digits of Claimant Social Security Number/Taxpayer ID Number:

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Claims Administrator in writing at the address above.

Street Address:

City:

State and Zip Code:

Country (Other than U.S.):

Daytime Telephone Number: () -

Evening Telephone Number: () -

Email Address:

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All Claimants **MUST** submit a manually signed paper Proof of Claim form listing all their transactions, whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-866-825-2465, or visit their website at **www.gardencitygroup.com**, to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.



SECTION B - SCHEDULE OF TRANSACTIONS IN IRIDIUM COMMON STOCK

1. **BEGINNING HOLDINGS:** Number of shares of Iridium Class A common stock held at the close of business on **September 7, 1998**. (If none, write 0), (If other than zero, must be documented):
2. **PURCHASES:** Please list all purchases of Iridium Class A common stock during the period of **September 8, 1998 to May 13, 1999**, inclusive (Persons who received Iridium Class A common stock during the Class Period other than by purchase are not eligible to submit claims for those transactions.) (must be documented) (You must attach documentation showing how shares can be traced to the **January 25, 1999** secondary offering of Iridium Class A common stock):

Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Purchase Price Per Share	Amount Paid (including commissions, taxes, or other fees)	Check this box if Shares were purchased pursuant to, or traceable to, the January 25, 1999 Secondary Offering.
/ /		\$.	\$.	<input type="checkbox"/>
/ /		\$.	\$.	<input type="checkbox"/>
/ /		\$.	\$.	<input type="checkbox"/>
/ /		\$.	\$.	<input type="checkbox"/>

3. **PURCHASES:** Please list the number of shares of Iridium Class A common stock purchased during the period **May 14, 1999 to the date this form is completed**, inclusive.
4. **SALES:** Please list all sales of Iridium Class A common stock during the period **September 8, 1998 to the date this form is completed**, inclusive. (must be documented):

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

5. **UNSOLD HOLDINGS:** Number of shares of Iridium Class A common stock held at the close of trading on **the date this form is completed** (If none, write 0), (If other than zero, 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 - SCHEDULE OF TRANSACTIONS OF CALL OPTIONS ON IRIDIUM COMMON STOCK

6. BEGINNING POSITION: At the close of business on **September 7, 1998** I owned the following call options on Iridium common stock (must be documented):

Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (ie. May 2002/\$40)	Purchase Price Per Contract	Amount Paid (including commissions, taxes, and fees)	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)
/ /			\$	\$		/ /
/ /			\$	\$		/ /
/ /			\$	\$		/ /
/ /			\$	\$		/ /

7. PURCHASES: I made the following purchases of call options on Iridium common stock between **September 8, 1998** and **May 13, 1999**, inclusive (must be documented):

Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (ie. May 2002/\$40)	Purchase Price Per Contract	Amount Paid (including commissions, taxes, and fees)	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)
/ /			\$	\$		/ /
/ /			\$	\$		/ /
/ /			\$	\$		/ /
/ /			\$	\$		/ /

8. SALES: I made the following sales of call options on Iridium common stock which call options were purchased between **September 8, 1998** and **May 13, 1999**, inclusive (include all such sales no matter when they occurred) (Must be documented) (If none, leave blank):

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (ie. May 2002/\$40)	Sale Price Per Contract	Amount Received (net of commissions, taxes, and fees)
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	

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SECTION D - SCHEDULE OF TRANSACTIONS OF PUT OPTIONS ON IRIDIUM COMMON STOCK

9. BEGINNING POSITION: At the close of business on **September 7, 1998**, I was obligated on the following put options on Iridium common stock (must be documented):

Number of Contracts	Expiration Month and Year & Strike Price of Options (ie. May 2002/\$40)	Sale Price Per Contract	Amount Received (net of commissions, taxes, and fees)	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)
		\$	\$		/ /
		\$	\$		/ /
		\$	\$		/ /
		\$	\$		/ /

10. SALES (WRITING) OF PUT OPTIONS: I wrote (sold) put options on Iridium common stock between **September 8, 1998** and **May 13, 1999**, inclusive, as follows (must be documented):

Date of Writing (Sale) (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (ie. May 2002/\$40)	Sale Price Per Contract	Amount Received (net of commissions, taxes, and fees)	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)
/ /			\$	\$		/ /
/ /			\$	\$		/ /
/ /			\$	\$		/ /
/ /			\$	\$		/ /

11. COVERING TRANSACTIONS (REPURCHASES): I made the following repurchases of put options on Iridium common stock that I wrote (sold) between **September 8, 1998** and **May 13, 1999**, inclusive (include all repurchases no matter when they occurred) (Must be documented) (If none, leave blank):

Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (ie. May 2002/\$40)	Price Paid Per Contract	Amount Paid (including commissions, taxes, and fees)
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	

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SECTION E - SCHEDULE OF TRANSACTIONS IN IRIIDIUM DEBT SECURITIES

12. BEGINNING HOLDINGS: Face Amount of Iridium Debt Securities held at the close of business on **September 7, 1998**. (If none, write 0), (If other than zero, must be documented):

Code (See page 8)	Face Amount of Bonds Held	Code (See page 8)	Face Amount of Bonds Held	Code (See page 8)	Face Amount of Bonds Held
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

13. PURCHASES: Purchases of Iridium Debt Securities between **September 8, 1998** and **May 13, 1999**. (Must be documented):

Code (See page 8)	Trade Date (List Chronologically) (Month/Day/Year)	Face Amount of Bonds Purchased	Purchase Price Per \$1000 Face Amount	Amount Paid (including commissions, taxes, and fees)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

14. PURCHASES: State the Face Amount of Iridium Debt Securities purchased during the period **May 14, 1999** through **August 11, 1999**.

Code (See page 8)	Face Amount of Bonds Purchased	Code (See page 8)	Face Amount of Bonds Purchased	Code (See page 8)	Face Amount of Bonds Purchased
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

15. SALES: Sales of Iridium Debt Securities sold from **September 8, 1998** through **August 11, 1999**. (Must be documented):

Code (See page 8)	Trade Date (List Chronologically) (Month/Day/Year)	Face Amount of Bonds Sold	Sale Price Per \$1000 Face Amount	Amount Received (net of commissions, taxes, and fees)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

16. UNSOLD HOLDINGS: Face Amount of Iridium Debt Securities held at the close of trading on **August 11, 1999** (If none, write 0).

Code (See page 8)	Face Amount of Bonds Held	Code (See page 8)	Face Amount of Bonds Held	Code (See page 8)	Face Amount of Bonds Held
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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



Iridium Debt Securities

Code	Issuer	Issue Date	Maturity	Rate
B1	Iridium LLC	7/16/1997	7/15/2005	0%
B2	Iridium LLC	7/16/1997	7/15/2005	13%
B3	Iridium LLC	9/8/1997	7/15/2005	13%
B4	Iridium LLC	7/16/1997	7/15/2005	14%
B5	Iridium LLC	9/8/1997	7/15/2005	14%
B6	Iridium Operating LLC	5/8/1998	7/15/2005	10.875%
B7	Iridium Operating LLC	10/27/1997	7/15/2005	11.25%

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM FORM IS TRUE, CORRECT AND COMPLETE.

(Sign your name here)

(Type or print your name here)

(Joint owner sign your name here)

(Joint owner type or print your name here)

(Capacity of persons signing, e.g., Beneficial Purchaser, Executor or Administrator)

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

REMINDER CHECKLIST

1. Please sign the Certification Section of the Proof of Claim and Release form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim and Release form and all documentation submitted for your records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim and Release by mail, within 30 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 30 days, please call the Claims Administrator toll free at 1-866-825-2465.
7. If you move, please send us your new address.
8. **Do not use highlighter on the Proof of Claim and Release form or supporting documentation.**

THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN
NOVEMBER 17, 2008 AND MUST BE MAILED TO:

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