

Wholesale Grocery Products Antitrust Litigation
c/o Settlement Administrator
PO Box 6878
Broomfield, CO 80021

<<CLAIM BARCODE>>
Claim ID: <<CF_PRINTED ID>>

<<Class Member Name>>
<<Address Line 1>
<<Address Line 2>>
<<City, State Zip>>

CLASS ACTION CLAIM FORM ENCLOSED

CHAMPAIGN DISTRIBUTION CENTER NON-ARBITRATION CLASS PROOF OF CLAIM FORM

The Court has approved a claim recovery process for the settling Champaign Distribution Center Non-Arbitration Class (“Champaign DC Non-Arbitration Class”) in the lawsuit known as *In re Wholesale Grocery Products Antitrust Litigation*, Civil No. 09-md-02090-ADM-TNL. Please review the below claim filing instructions carefully. If you do not return this form postmarked by December 1, 2017, you will not be eligible to receive any money from the Settlement.

The amount of your payment will be determined by the Plan of Distribution. As explained in the Notice mailed to you on August 24, 2017, the Net Settlement Fund will be divided *pro rata* (based on each class member’s total purchases from the Champaign DC between December 31, 2004 through September 13, 2008 (the “Class Period”)) among all Settlement Class Members who file a valid and qualifying claim.

INSTRUCTIONS:

- 1. Review the ABS and Non-ABS Purchase amounts attributed to your claim during the Class Period as provided below.**
- 2A. If you agree with the purchase amounts listed, simply check the box above the Total Purchases.**
- 2B. If you do not agree with the purchase amounts listed, check the box and write-in the purchase amount you are claiming in the blank. If you are claiming a Total Purchases amount greater than identified below, you must also submit any documentation you may have supporting the claimed Total Purchases amount.**
- 3. The claim form must be completed, signed and mailed to the Settlement Administrator on or before December 1, 2017.**

A. Check this box if you agree with the Total Purchases amount below.

Class Member: <<Class Member Name>>
ABS Purchases: <<CF_ABS PURCHASES>>
Non-ABS Purchases: <<CF_NON-ABS PURCHASES>>
Total Purchases: <<CF_TOTAL PURCHASES>>

B. Check this box if you disagree with the Total Purchases amount above.
Please also provide the Total Purchases amount you are claiming in the following space provided:

Total Purchases Claimed: _____

SIGN AND DATE YOUR FORM:

ATTESTATION: I hereby swear (or affirm), under penalty of perjury, that I am authorized to act on behalf of the listed Class Member/Purchaser, the information provided on this form and any documentation submitted in support of this claim is true and accurate to the best of my knowledge, that I am entitled to file this Claim Form and receive any cash payment that may be owed under the Settlement of this lawsuit, and that this Claim Form was executed by me on the date noted below.

_____ Signature	_____ Month	_____ Day	_____ Year
_____ Name (Print)	_____ Title/Company	_____ Telephone Number	_____ -

MAIL YOUR FORM:

This form must be **postmarked by December 1, 2017** and mailed to:

Wholesale Grocery Products Antitrust Litigation
c/o Settlement Administrator
PO Box 6878
Broomfield, CO 80021

REMINDER:

YOU MUST SIGN THIS CLAIM FORM AND MAIL IT TO THE SETTLEMENT ADMINISTRATOR.

THE CLAIM FORM ENVELOPE MUST BE POSTMARKED ON OR BEFORE DECEMBER 1, 2017.

FAILURE TO MAIL A FULLY COMPLETED FORM TO THE SETTLEMENT ADMINISTRATOR BY THAT DATE WILL RESULT IN FORFEITURE OF ANY CASH PAYMENT TO WHICH YOU MIGHT OTHERWISE BE ENTITLED.

WE ADVISE YOU TO KEEP A COPY OF THIS CLAIM FORM FOR YOUR RECORDS. YOU MAY WISH TO MAIL THIS CLAIM FORM RETURN RECEIPT REQUESTED.