

EXHIBIT 1

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.

EXHIBIT 2

Dear [Class Member]:

You recently received notice of a partial settlement with Supervalu, Inc. in the *In re Wholesale Grocery Products Antitrust Litigation* in the United States District Court for the District of Minnesota. To date, Plaintiff's Class Counsel have not been paid any attorneys' fees or reimbursed for any out-of-pocket costs in connection with this lawsuit. By October 1, 2017, Class Counsel will ask the Court to reimburse certain case-related expenses, to grant a service award to class representative, Plaintiff D&G, Inc. d/b/a Gary's Foods, and to reserve a portion of the settlement funds for consideration of a future motion for an award of attorneys' fees.

Plaintiff's motion containing these requests will be posted on the litigation website www.WholesaleGroceryProductsClassAction.com by October 2, 2017, along with any other important documents. You can find all details of plaintiff's motion on this website; please consult it regularly for updates.

You will have until November 1, 2017 to object to the motion, if you choose to. Plaintiff will ask the Court to hear the motion on November 15, 2017, at the same time as the Final Fairness hearing on Plaintiffs' motion for final approval of the proposed settlement with Supervalu.

Also, if the Court grants final approval to the Supervalu settlement, Class Counsel will ask the Court for permission to distribute the net settlement proceeds to all qualified class members. In the coming weeks, you will receive a claim form and other information by separate letter asking you to verify your affected purchases. Please watch for this letter.

Visit www.WholesaleGroceryProductsClassAction.com, call 1-844-702-7322, or contact Class Counsel (contact information available on the litigation website) with questions or for more information.

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Antitrust Litigation**

c/o JND Legal Administration
PO Box 6878
Broomfield, CO 80021

NO POSTAGE
NECESSARY
IF MAILED IN
THE UNITED
STATES

«First1» «Last1»
«CO»
«Addr2»
«Addr1»
«City», «St» «Zip»
«Country»