

Holt v. FoodState, Inc. Settlement Administrator
P.O. Box 404041
Louisville, KY 40233-4041



FBA

KATHLEEN HOLT, STEPHANIE BAUMAN, AND JOSE RUBALCAVA V. FOODSTATE, INC.

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW HAMPSHIRE

Case No. 1:17-cv-00637-LM (D.N.H.)

**Must Be Postmarked No Later Than
August 19, 2019**

Claim Form

CLAIMANT INFORMATION

First Name			M.I.	Last Name		
Primary Address						
Primary Address Continued						
City			State	Zip Code		
Foreign Province		Foreign Postal Code		Foreign Country Name/Abbreviation		

YOU MUST COMPLETE THIS CLAIM FOR AND SUBMIT IT TO THE SETTLEMENT ADMINISTRATOR POSTMARKED NO LATER THAN AUGUST 19, 2019.

You may also submit your Claim Form online at www.FoodStateSettlement.com no later than August 19, 2019.

1. Please provide the information requested below.

If you move or your name changes before you receive your award, please send your new contact information to the Settlement Administrator at the address listed above.

Primary Phone Number					
Email Address (optional)					



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
----------------------------------	-----------------------------	-----------------------------	--	---

Number of Bottles Purchased	Covered Product Name (must be a MegaFoods or Innate Response Formula brand)	Date of Purchase	Store Name	Approximate Location of Purchase (City, State)

Total Number of Bottles Claimed: _____ (cannot exceed 4)

2. Attach or Include Proof of Purchase, if Any. Proof of purchase may include: (1) dated and legible cash register receipt(s) reflecting the purchase of a Covered Product; (2) intact box or bottle for a Covered Product that displays a readable UPC code and a readable lot number; or (3) substantially similar documentation that identifies the Covered Product and the date and location of purchase. **PROOF OF PURCHASE WILL NOT BE RETURNED.**

Fill in the circle here if you are including Proof of Purchase.

3. Sign the Claim Form. I declare the following under penalty of perjury: (1) I am a Settlement Class Member; (2) I have read this Claim Form; (3) The foregoing information is true and correct to the best of my recollection, knowledge, and belief; and (4) By submitting this Claim Form, I understand I am releasing the legal claims described in the Settlement Agreement.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

