

**Your Signed Claim
Form and
Supporting
Documentation
Must be Postmarked
No Later than
July 17, 2008**

**MENU FOODS HAWAI'I
CONSUMER SETTLEMENT**

Claims Administrator

P.O Box 5358

Portland, OR 97228-5358

Telephone: 1-866-325-3621

Email: Question@menufoodshiconsumersettlement.com

INSTRUCTIONS TO CLAIM FORM
AND CLAIM FORM

INSTRUCTIONS

Please read the Class Notice carefully before filling out this Form. It is available at <http://menufoodshiconsumersettlement.com/notice>.

YOUR CLAIM MUST BE POSTMARKED ON OR BEFORE JULY 17, 2008

IMPORTANT: If your pet(s) became ill or died as a result of consuming the recalled pet food identified below, you are not included in this lawsuit and cannot recover under this settlement.

Who May Be Entitled to Recover:

You may be entitled to recover for the cost of dog or cat food if:

- 1) You were a resident of the State of Hawai'i between November 8, 2006 and March 7, 2007;
- 2) You purchased Menu Foods Recalled Pet Food in Hawai'i;
- 3) Your pet was not injured or did not die as a result of eating Menu Foods Recalled Pet Food; and
- 4) You have receipts or other acceptable forms of proof of purchase verifying your purchase of Menu Foods Recalled Pet Food.

If you comply with the above, you may also be eligible to receive reimbursement for a preventative veterinary screening and/or testing you obtained for your pet(s). You may only recover that portion of your veterinary bill that relates to the preventative screening exam and/or testing. This means you cannot recover the portion of your veterinary bill for unrelated procedures or treatments.

- 1) You took your pet(s) to a veterinarian for a preventative screening and/or testing, which may include bloodwork and/or urinalysis, on or between March 16, 2007 and November 1, 2007 to confirm that your pet did not become ill or die as a result of the consumption of Menu Foods Recalled Pet Food;
- 2) The screening or testing indicated that your pet(s) did not become ill or die due to the consumption of Menu Foods Recalled Pet Food; and
- 3) You have documents verifying your pet(s) received the preventative veterinary screening or testing, which may include bloodwork, urinalysis and/or other testing, on or between March 16, 2007 and November 1, 2007;

You must fill out a separate Claim Form for each pet for which you seek compensation.

To be eligible for compensation, you must return the Claim Form together with copies of your supporting documentation.

The Claims Administrator appointed by the Court will determine whether a claim is valid and payable from the Settlement Fund before paying a claim. The information that you supply below may be checked by the Claims Administrator. By filling out this Claim Form and signing the verification statement, you are specifically authorizing a representative from the Claims Administrator to contact you or your veterinarian to confirm the information provided and to seek additional information about your claim. The Claims Administrator has complete and final authority to determine whether a claim is valid and the amount to be paid on each claim, and its decision shall be final, binding and can not be appealed.

You will be asked to sign this Claim Form and swear under penalty of perjury that the information that you have supplied is accurate.

CLAIM FORM

I. YOUR INFORMATION

Name: _____

Address: _____

Telephone Number(s): _____

Email Address (optional): _____

II. PET INFORMATION

Pet (*check one*): Dog ____ or Cat ____

(A separate Claim Form must be submitted for each animal.)

Pet's Name: _____

Breed: _____

Gender of Pet (*check one*): Male ____ Female ____

III. RECALLED PET FOOD PURCHASE INFORMATION

I am applying to receive:

_____ The cost of recalled pet food.

Amount Claimed (up to \$300 per pet) \$ _____

You must attach the documentation identified in the Instructions to verify the amount claimed. Acceptable forms of proof of purchase include: cash register receipts, cancelled checks, credit card receipts or copies of the product labels from the Menu Foods Recalled Pet Food.

IV. REIMBURSEMENT FOR EXPENSES RELATING TO THE PREVENTATIVE SCREENING OR TESTING OF YOUR PET

My pet never became sick and did not die as a result of consuming Menu Foods Recalled Pet Food, but I took my pet to a veterinarian to be tested because it consumed Menu Foods Recalled Pet Food. I am applying to receive the cost of veterinary preventative screening examination(s) and testing.

You may only apply for preventative pet screening exam and/or testing costs if you qualify for the Pet Food Reimbursement.

(A separate Claim Form must be submitted for each animal.)

Date(s) of Exam: _____

Veterinarian Name: _____

Veterinarian's Address: _____

Veterinarian's Telephone Number: _____

Was Testing such as Bloodwork or Urinalysis Performed? _____

Amount Claimed (up to \$150 per pet) \$_____

You must attach documentation described in the Instructions to verify your claims for each pet. Acceptable forms of proof of payment include: (1) veterinarian bills; (2) cancelled checks; (3) receipts; (4) credit card receipts; or (5) statements or a statement from the veterinarian, hospital or clinic.

You must also include a record from your veterinarian that establishes that a preventative screening examination was conducted as well as the type(s) of testing (such as bloodwork or urinalysis) that were performed due to your pet(s)' consumption of Menu Foods Recalled Pet Food. This record must show that your pet(s) did not become ill or die as a result of your pet(s)' consumption of Menu Foods Recalled Pet Food.

V. <u>PRIOR SETTLEMENT/REIMBURSEMENT</u>

You already may have returned Menu Foods Recalled Pet Food to a pet food company or retailer and been reimbursed or permitted to exchange the food. You also already may have been reimbursed for the amount of preventative veterinary screening exams and/or testing. Your claim for reimbursement of Menu Foods Recalled Pet Food will be reduced by any amount you already received as a reimbursement or any amount credited to you as a part of an exchange. Your claim for reimbursement for preventative veterinary screening exams and/or testing will be reduced by any amount you have already received as a reimbursement for such exams and/or testing.

Please indicate whether you have returned Menu Foods Recalled Pet Food and received a reimbursement, been permitted to exchange Menu Foods Recalled Pet Food or received a reimbursement for preventative screening exams and/or testing.

Yes _____ or No _____

If you answered no, then please proceed to Section VI, sign the Claim Form, and mail it to the address on the front of the Form.

If you answered yes, then please provide the following information:

Was Reimbursement Provided for Menu Foods Recalled Product?

Yes _____ or No _____

Amount of Reimbursement: _____

Who did you receive the reimbursement from? _____

Were You Permitted to Exchange Menu Food Recalled Product?

Yes _____ or No _____

Dollar Value of the Exchange: _____

Where Did You Exchange? _____

Was Reimbursement Provided for a Preventative Screening Exam
and/or Testing: Yes _____ or No _____

Amount of the Reimbursement _____

Who did you Receive the Reimbursement From? _____

VI. VERIFICATION

You must review and sign the following to be eligible to recover:

I verify and swear under penalty of perjury the following:

- 1) I was a Hawaii resident at the time I purchased the Menu Foods Recalled Pet Food.
- 2) I own the dog(s) or cat(s) for which I purchased the Menu Foods Recalled Pet Food.
- 3) I purchased the products identified in Section III.
- 4) I have included evidence of my purchase of Menu Foods Recalled Pet Food and/or evidence of preventive screening or testing of my pet(s).
- 5) I understand that my acceptance of payment waives all Released Claims summarized in the Notice of Settlement and detailed in the Settlement Agreement.
- 6) I understand I may receive payment in two or more installments over time or my payment may be pro-rated if the claims exceed the amount of available settlement funds.

I declare under the penalty of perjury that the above information and the information included in and attached to this Claim Form is true and correct. I understand that the above information will be reviewed and will be verified by a representative from the Claims Administrator. I hereby authorize a representative from the Claims Administrator to contact me or my veterinarian, or both, for more information, and authorize the Claims Administrator to share the information contained within this Claim Form with my veterinarian, as necessary, to properly evaluate my claim..

Signature

Date

Please keep a copy of your completed Claim Form and copies of any attached documentation for your records.

Please mail your completed claim form, with all required documentation to:

Menu Foods Hawai'i Consumer Settlement
P.O Box 5358
Portland, OR 97228-5358

If you have any questions about the Notice or Claim Form, then you can contact:

Call 1-866-325-3621 or

Email Question@menufoodshiconsumersettlement.com

THIS FORM MUST BE POSTMARKED NO LATER THAN JULY 17, 2007