

MUST BE  
SUBMITTED  
NO LATER THAN  
**November 27, 2017**

STANDARD CLAIM FORM  
FOR PAYMENT IN

For Office Use Only

*Barnes, et al v. River North Foods, Inc.,*  
Case No. 16-L-459,  
St. Clair County Circuit Court, Illinois

IMPORTANT LEGAL MATERIALS

**GENERAL INSTRUCTIONS**

**Settlement Class Members who seek payment from the Settlement must complete and return this Claim Form.** Completed Claim Forms must be mailed to:

Barnes, et al v. River North Foods, Inc.  
c/o Heffler Claims Group  
P.O. Box 59543  
Philadelphia, PA 19102-9543

or can be submitted via the Settlement Website, [www.BarnesSettlement.com](http://www.BarnesSettlement.com).

**Claim Forms must be RECEIVED or SUBMITTED ONLINE NO LATER THAN  
November 27, 2017 at 11:59 p.m., Central Time.**

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Settlement Notice (“the Notice”) available at [www.BarnesSettlement.com](http://www.BarnesSettlement.com). Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Release(s) included as a material term of the Settlement Agreement.

If you fail to timely submit a Claim Form, you may be precluded from any recovery from the Settlement fund. If you are a member of the Settlement Class and you do not timely and validly seek to Opt-Out from the Settlement Class, you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form. You can elect one Benefit per Household. To receive the most current information and regular updates, please submit your Claim Form on the Settlement Website at [www.BarnesSettlement.com](http://www.BarnesSettlement.com).



Class Member ID: 3096900000000

### Claimant Information

**Claimant Name:** \_\_\_\_\_  
*First Name*                      *M.I.*                      *Last Name*

**Street Address:** \_\_\_\_\_

**Street Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_ (*zip4 optional*)

**Daytime Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Evening Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_



30969



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Page 1 of 5



Class Member ID: 3096900000000

# For use with Tier 1 Claims

Tier 1 Benefit is available for Settlement Class Members who purchased Frontera Products during the Class Period and do not have a valid Proof of Purchase. You may receive up to a maximum of \$0.50 per unit, up to 10 units or \$5.00 maximum per Household, or less depending on a number of factors including how many Valid Claims are actually submitted.

**Purchase Information**

1. Please identify the Frontera Product(s) you purchased.

A.


B.


C.


D.


E.


F.




Class Member ID: 3096900000000

G.


H.


I.


J.


2. How many Unit(s) did you purchase? \_\_\_\_\_  
(Number of Units is limited to 10 per household; Tier 2 benefits allow up to 20 units.)

3. Please identify the store(s) at which you purchased the product(s):

- 7-Eleven: YES  NO
- Albertsons: YES  NO
- Aldi: YES  NO
- Costco: YES  NO
- Fresh Thyme: YES  NO
- Kroger: YES  NO
- Publix: YES  NO
- Safeway: YES  NO
- Target: YES  NO
- Trader Joe's: YES  NO
- Walmart: YES  NO
- Whole Foods: YES  NO
- Winn-Dixie: YES  NO
- All of the above: YES  NO
- None of the above: YES  NO
- Other:

\_\_\_\_\_



Class Member ID: 3096900000000

## For use with Tier 2 Claims

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Tier 2 Benefit is available for Settlement Class Members who purchased the Products during the Class Period and have a valid Proof of Purchase. You may receive up to a maximum of \$0.50 per unit, up to 20 units or \$10.00 maximum per Household, or less depending on a number of factors including how many Valid Claims are actually submitted.

### Purchase Information

1. Please attach Proof(s) of Purchase.



30969



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Page 4 of 5



Class Member ID: 3096900000000

**Submission to Jurisdiction of the Court**

By signing below, you are submitting to the jurisdiction of St. Clair County, Illinois.

**Certification under Penalty of Perjury**

**I hereby certify under penalty of perjury that:**

1. I have read the Settlement Agreement and agree to its terms, including the Release(s);
2. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information, and belief;
3. The additional information provided to the Settlement Administrator to support my Claim is an original or a complete and true copy of the original document;
4. I am a member of the Settlement Class and did not request to Opt-Out from the Settlement Class;
5. I have not entered into a Settlement for any of the Claims set forth in this Claim Form;
6. I am neither (a) a Person who purchased or acquired the Product for resale; (b) an employee, principal, legal representative, successor, or an assign of Defendant or its affiliated entities; (c) a government entity; nor (d) a judge to whom this Action is assigned, or any member of the judge's immediate family;
7. I have not submitted any other Claim for the same purchases and have not authorized any other Person or entity to do so, and know of no other Person or entity having done so on my behalf;
8. No other Person in my Household has submitted a Claim under this Settlement;
9. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim;
10. I understand that by submitting this Claim Form, I am deemed to have given a complete Release of all settled Claims; and
11. I understand that Claims will be audited for veracity, accuracy, and fraud. Claims Forms that are not valid and/or illegible can be rejected.

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATED:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_