Must be Postmarked No Later Than November 24, 2014

Perrigo Glucosamine Settlement c/o GCG PO Box 10111 Dublin, OH 43017-3111 (844) 322-8236 www.perrigoglucosaminesettlement.com





Claim Number:

Control Number:

CLAIM FORM

Quinn, et al, v. Walgreen Co., Wal-Mart Stores, Inc., Supervalu, Inc., and Perrigo Company of South Carolina, Inc., Case No.: 12-cv-8187 VB, (U.S. District Court, Southern District of New York) (the "Lawsuit")

IN ORDER FOR YOU TO RECEIVE A CASH AWARD AS PART OF THE SETTLEMENT IN THIS LAWSUIT, YOU MUST SUBMIT BY NOVEMBER 24, 2014 A COMPLETED CLAIM FORM EITHER ON LINE AT WWW.PERRIGOGLUCOSAMINESETTLEMENT.COM OR BY MAILING IT TO THE FOLLOWING ADDRESS:

Perrigo Glucosamine Settlement c/o GCG PO Box 10111 Dublin, OH 43017-3111

Class Members who submit a valid Claim Form accompanied by a cash register receipt that identifies the Covered Product manufactured by Perrigo and/or its affiliates will receive the actual receipt value per bottle of Covered Product. Class Members who submit a valid Claim Form without a cash register receipt will receive \$12.00 per bottle of Covered Product. Class members may submit claims for any number of Covered Products for which they have cash register receipts and also claims for up to a maximum of eight (8) bottles per household for Covered Products for which they no longer have such proof of purchase. The actual amount received by each Class Member will depend on the total number of valid Claims received, and will be adjusted up or down in order to fully distribute the Net Settlement Fund to Settlement Class Members who submit valid Claims.

CONTACT INFORMATION		
Name (first, middle, last):		
Street Address:		
City:	State: Zip	Code:
Email Address: (Email address is not required, but if you provide it you authorize		
Email address is not required, but if you provide it you authorize	e the Claims Administrator to use it in providing you with information rel	evant to this claim.)
Daytime Telephone Number:	Evening Telephone Number:	

To view GCG's Privacy Notice, please visit http://www.gcginc.com/privacy

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CLAIM INFORMATION (CHECK A	ALL THAT APPLY)
I am a resident of the United States.	
I purchased one or more of the Covered Products between Nove	ember 1, 2005 and August 1, 2014.
These Covered Products were purchased for personal use and r	not for purposes of resale or distribution.
CLASS MEMBERS WITH	RECEIPTS
Do you have receipts proving that you purchased one of the Covered Production	ducts between November 1, 2005 and August 1, 2014?
If so, how many bottles of Covered Products did you buy for which you ha	ve a receipt?
If you have receipts, you can either submit those receipts by filling out this attach an image of those receipts and make a claim through the website v	
CLASS MEMBERS WITHOU	T RECEIPTS
If you do not have receipts, you can still make a claim for up to eight (8) Co to August 1, 2014 by completing the statement below:	overed Products you purchased from November 1, 2005
I have reviewed the list of Covered Products and have identified one or 2005 and August 1, 2014.	more products that I purchased between November 1
I purchased: Number of Bottles (Fill in the number purchand August 1, 2014.	hased) of Covered Product between November 1, 2005
Optional: To the extent you are able to do so, please identify the Covered purchase (you do <u>not</u> need to fill out this section to submit a claim):	I Products you purchased and the approximate date of
CERTIFICATION	V
By my signature below, I state <u>under penalty of perjury</u> under the law and the United States of America that the information provided herein a of my claim is true and correct. Signed:	
Print:	Dated:

If you provide incomplete, incorrect or inaccurate information, your claim may be denied.

If you have any questions, additional information can be found on www.perrigoglucosaminesettlement.com and inquiries can be made through the website or by phone by calling (844) 322-8236.