

Must Be Postmarked
or Submitted Online
or By Facsimile
No Later Than
April 28, 2015

FLAX1



Madenlian v. Flax USA, Inc.
UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA,
SACV 13-1748-JVS (JPRx)

Claim Form

I. Eligible Products

If you purchased one or more 32-oz cartons of Flax USA brand aseptic (non-refrigerated) flax milk on or before **September 22, 2014**, in the United States for personal use and not for resale, distribution or donation, then you may be able to recover money pursuant to a class action settlement. Please read the Full Notice (available at www.FlaxMilkSettlement.com) regarding the Settlement before filling out this Claim Form.

You may be eligible to receive up to \$3.25 per carton (up to a maximum of 10 cartons, or \$32.50 per claimant or address) if you follow the instructions below and identify the name, city and state of the retailer(s) where you purchased flax milk.

You may be eligible to receive up to \$2.50 per carton (up to a maximum of 10 cartons, or \$25.00 per claimant or address) if you follow the instructions below, but do not identify the name, city and state of the retailer(s) where you purchased flax milk.

Any money available to you may be reduced if the total amount of money due to eligible consumers in this settlement exceeds the total amount of money available to fund the settlement. This is described in greater detail in the Full Notice available at www.FlaxMilkSettlement.com.

II. How to Receive Settlement Money

A. Claim Form Submission

There are three ways to submit a claim:

1. File a claim online at www.FlaxMilkSettlement.com on or before **April 28, 2015**; or
2. Mail a completed Claim Form, to Flax Milk Litigation Settlement, c/o Gilardi & Co, LLC, P.O. Box 8060, San Rafael, CA 94912-8060. Mailed Claim Forms must be postmarked no later than **April 28, 2015**.
3. Fax a completed Claim Form to Flax Milk Litigation Settlement, c/o Gilardi & Co, LLC to 415-256-9756. Claim Forms sent via facsimile must be received on or before **April 28, 2015**.

B. Required Information

Regardless of how you submit a claim, to be eligible to receive any payment, your Claim Form must truthfully, completely and legibly provide the following information:

1. All information in the "Claimant Information" section below;
2. All information in the "Flax Milk Purchase Information" section below; and
3. A verification signed under penalty of perjury at the end of the Claim Form.
 - a. Claim Forms submitted online must be electronically signed under penalty of perjury;
 - b. Claim Forms submitted by mail or facsimile must be manually signed under penalty of perjury. The Claim Form that is mailed must bear your original signature, not a copy or a scan.



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
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C. Optional Information

You are not required to complete the "Retailer Information" section below. However, in order to be eligible for a higher, per-carton payment, your Claim Form must truthfully, completely and legibly provide all information in the "Retailer Information" section below.

If you choose this option, but do not correctly indicate (1) the name of the retailer where you purchased each carton and (2) the city and state where that retailer is located, your claim will be ineligible for any payment.

D. Use of Claim Form Information

Any information provided in a Claim Form may be shared with the Court or the parties, and will be shared with their attorneys and the Claims Administrator. If a dispute arises involving your claim, a copy of your claim may be attached to public court filings.

E. Ineligible Claims

The Claims Administrator, in consultation with the attorneys representing the Plaintiff and Defendant, retains the discretion to determine when claims exceed the allowed maximums, are duplicates, contain false information or are otherwise ineligible for any payment under the terms of the settlement. The decision of the Claims Administrator concerning the validity of all submitted claims is final.

III. Claimant Information - Please enter your name, address, telephone number and email address:

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Area code	Telephone number (or best number to reach you)	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Email Address (Optional)		
<input type="text"/>		

IV. Flax Milk Purchase Information

I purchased one or more 32-oz cartons of Flax USA brand aseptic (non-refrigerated) flax milk on or before **September 22, 2014**, in the United States for personal use and not for resale, distribution or donation. The number of cartons that I purchased and for which I am making a claim (up to a maximum of 10) is as follows:

(Insert Number of Cartons You Purchased)

V. Retailer Information (Optional)

As explained above, this section is optional and you are not required to complete it unless you are claiming a higher, per-carton payment. The retailer of each carton for which I am making a claim is as follows:

Identify each carton for which you are making a claim, starting with 1 and continuing, if applicable, up to 10.

Carton No.:	Retailer's Name:
<input type="text"/>	<input type="text"/>
Retailer's City	Retailer's State
<input type="text"/>	<input type="text"/>

Carton No.:	Retailer's Name:
<input type="text"/>	<input type="text"/>
Retailer's City	Retailer's State
<input type="text"/>	<input type="text"/>



VI. Verification

I declare under penalty of perjury of the laws of the United States of America that I purchased one or more 32-oz cartons of Flax USA brand aseptic (non-refrigerated) flax milk for personal use and not for resale, distribution, or donation, and that all the information provided in this Claim Form, together with all the information submitted with this Claim Form (if any), is, to the best of my knowledge, accurate and correct.

Signature

Date

Please keep a copy of your completed Claim Form and copies of any proof of purchase(s) for your records. Note: if you are not the purchaser of the flax milk products but you are signing this Claim Form as a representative for a Settlement Class Member, a certification of current authority to act on behalf of the Settlement Class Member must be included with the Claim Form.

Please mail your completed Claim Form to the Claims Administrator so that it is postmarked no later than **April 28, 2015**, with any proof of purchase(s), to:

**Flax Milk Litigation Settlement
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael, CA 94912-8060**

**Or you can file a claim online at www.FlaxMilkSettlement.com
Or you can fax your completed Claim Form to 415-256-9756.**

