

IMPORTANT LEGAL MATERIALS

Dacia Trentham v. Taste of Nature, Inc.
Case No. 18PH-CV00751,
Phelps County Circuit Court, Missouri

For use by purchasers of TASTE OF NATURE candy products enclosed in cardboard boxes within the following product lines: Cookie Dough Bites, Chocolate Chip Cookie Dough Bites, Fudge Brownie Cookie Dough Bites, Santa's Village Chocolate Chip Cookie Dough Bites, Cookies N' Cream Cookie Dough Bites, Cinnamon Bun Bites, Red Velvet Cupcake Bites, Moon Pie Bites, Strawberry Dream Bites, Birthday Cake Cookie Dough Bites, Peanut Butter Cookie Dough Bites, Muddy Bears, Shari Candies Cherry Sour Balls, Despicable Me 2 Sour Gummies, Sqwigglies, and Hello Kitty Treats between January 1, 2013 and June 18, 2018.

CLAIM FORM

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 the Settlement Administrator at Trentham v. Taste of Nature, c/o Settlement Administrator, PO Box 59502, Philadelphia, PA 19102-9502 or can be submitted online via the Settlement Website, www.CandyProductsSettlement.com. Claim Forms submitted via mail must be POSTMARKED BY December 24, 2018 or submitted online no later than 11:59 pm, Central Time.

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Notice of Proposed Class Action Settlement (the "Notice") available at www.CandyProductsSettlement.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 submit a timely Claim Form, your Claim may be rejected and 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 request 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, receive updates, and to file your Claim please visit the Settlement Website at www.CandyProductsSettlement.com.



Class Member ID: 310050000000

Claimant Information

**MUST BE
SUBMITTED
NO LATER THAN
DECEMBER 24, 2018**

For Office Use Only

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: (_____) - _____ - _____

Email: _____ @ _____ . _____

Please complete only one of the Tier options below.

Completing more than one Tier option below will invalidate your claim.



Class Member ID: 310050000000

For use with Tier 1 Claims

Tier 1 Benefit is available for Settlement Class Members who purchased Products during the Class Period and do not have valid Proof of Purchase. You may recover a maximum of \$0.25 per Product, up to 4 units, for a maximum of \$1.00 per Household, or less depending on a number of factors.

Purchase Information

<p>1. Please identify the brand name of the Product(s) you purchased</p>	
<p>2. How many boxes of candy did you purchase?</p>	<p>_____</p>
<p>3. Please identify the approximate date(s) of purchase(s)</p>	<p>____ / ____ / _____</p> <p>____ / ____ / _____</p> <p>____ / ____ / _____</p> <p>____ / ____ / _____</p>



Class Member ID: 310050000000

For use with Tier 2 Claims

Tier 2 Benefit is available for Settlement Class Members who purchased the Products during the Class Period and who elect to provide a valid Proof of Purchase showing, at a minimum, the purchase of a Product, the purchase price, purchase date, and place of purchase. You may recover a maximum of \$0.25 per Product purchased, up to 50 units, for a maximum of \$12.50 per Household, and may vary depending upon a number of factors. Proof of Purchase must be attached and submitted with this Claim.

Purchase Information

1. Attach Proof of Purchase.



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Class Member ID: 310050000000

By signing below, you are submitting to the jurisdiction of Phelps County, Missouri.

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. Illegible Claims Forms can be rejected. If a Claim Form is determined not to be a Valid Claim, it will be rejected.

<p>SIGNATURE: _____</p> <p>PRINTED NAME: _____</p> <p>DATED: ___ / ___ / _____</p>
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