

BROILER CHICKEN CONSUMER LITIGATION CLAIM FORM

INSTRUCTIONS

This class action alleges that Defendants and their co-conspirators conspired to restrict the supply, and fix, raise, and stabilize the price, of chicken from at least January 1, 2012, through at least July 31, 2019, in violation of federal and state consumer protection and antitrust laws. Defendants deny these allegations.



If you already filed a claim, you do not need to submit another Claim Form. You only need to fill out this form if you have not already filed a claim before.

If you need to update the information on your previous claim, please email info@overchargedforchicken.com and provide the name, address, and email address you provided previously along with your updated information.

Please fill out the following before answering the questions starting on the second page:

CLAIMANT NAME* (INDIVIDUAL OR BUSINESS NAME)

CONTACT NAME (IF DIFFERENT THAN CLAIMANT NAME)

CARE OF (IF APPLICABLE)

STREET ADDRESS*

FLOOR/SUITE

<input type="text"/>	<input type="text"/>
----------------------	----------------------

CITY*

STATE*

ZIP*

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

MOBILE PHONE NUMBER*

EMAIL ADDRESS*

Please provide a current, valid email address and mobile phone number with your claim submission. If the email address or mobile phone number you include with your submission become invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment. When you receive the email and/or mobile phone text notifying you about your Settlement payment, you will be provided with a number of digital payment options to immediately receive your Settlement payment.

You do not need to provide any documentation at this time. However, the Settlement Administrator may ask for additional information or documentation to support your claim.

You can find more information at www.overchargedforchicken.com or by calling toll-free 1-877-888-5428.

1. Did you purchase one of the following chicken products for personal use in the United States from January 1, 2012, to July 31, 2019: fresh or frozen raw chicken as whole birds (with or without giblets), whole cut-up birds purchased within a package, breast cuts, or tenderloin cuts?

Yes **No**

2. Did you purchase the chicken product while a resident of one of the following states: California, District of Columbia, Florida, Hawaii, Illinois, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, or Wisconsin?

Yes **No**

Please list the state or states where you were a resident and the months and years lived in each state (for example, New York: January 2012-October 2014 or Missouri: November 2014-July 2019):

For the following questions, please limit your responses to only purchases of the chicken products listed in Question 1 above that you made while a resident of one of the states listed in Question 2 above.

3. Are you filing this claim for yourself or for a business that you represent?

Individual **Business**

4. In general, from January 1, 2012, to July 31, 2019, did you purchase the chicken products monthly during this entire period?

Yes **No**

If Yes, what is your best estimate of how many packages of the chicken products you purchased on a monthly basis?

Number of Chicken Product
Purchases

If No, what is your best estimate of THE NUMBER OF MONTHS you purchased the chicken products?

Number of Months

What is your best estimate of how many packages of these chicken products you purchased for the months that you purchased the chicken products?

Number of Chicken Product
Purchases

5. For the months you purchased the chicken products, what is your best estimate of how much that you spent per month?

\$ Per Month

CERTIFICATION

By signing this claim submission, I certify that the information included with this claim submission is accurate and complete to the best of my knowledge, information, and belief. If I am submitting this claim submission on behalf of a claimant, I certify that I am authorized to submit this claim submission on the claimant's behalf. I am, or the claimant on whose behalf I am submitting this claim submission is, a member of the Class, and am not subject to any of the exceptions to being included in the Class, such as being an employee of one of the Defendants. I agree and consent to be communicated with electronically via email and/or mobile phone text (message & data rates may apply). I agree to furnish additional information regarding this claim submission if requested to do so by the Settlement Administrator.

SIGNATURE

DATE

	<i>mm/dd/yyyy</i>
--	-------------------

Return this Claim Form to the Settlement Administrator by mail to:

Broiler Chicken Consumer Litigation
c/o A.B. Data, Ltd.
P.O. Box 173045
Milwaukee, WI 53217