

# PROTEIN SOLUTIONS CLASS ACTION LAWSUIT CLAIM FORM

## GENERAL INSTRUCTIONS

**1. IN ORDER TO CLAIM COMPENSATION FROM THE SETTLEMENT, THIS CLAIM FORM MUST BE POSTMARKED BY October 5, 2020 AND MUST BE FULLY COMPLETED, BE SIGNED UNDER OATH AND MEET ALL REQUIREMENTS OF THE SETTLEMENT AGREEMENT.**

2. If you wish to complete and return this Claim Form, you must timely mail it along with the requested documentation to: Liddle & Dubin, P.C., Attn: Protein Solutions Claim Forms, 975 E. Jefferson Ave., Detroit, MI 48207. If you fail to return a properly addressed, and fully completed Claim Form with all the requested documentation on or before the deadline, your claim likely will be rejected and you may be precluded from receiving any distribution from the Settlement Fund.

3. It is important that you completely read the Notice of Pendency of Class Action Settlement (the "Class Notice") that accompanies this Claim Form. The Class Notice explains many of the terms used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read the Class Notice, including the terms of the releases described therein and provided for herein.

4. This Claim Form is directed to all Settlement Class Members as defined in the attached Class Notice.

**IF YOU ARE NOT A SETTLEMENT CLASS MEMBER OR IF YOU, OR SOMEONE ACTING ON YOUR BEHALF, FILED A REQUEST FOR EXCLUSION FROM THE CLASS, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A SETTLEMENT CLASS MEMBER. THUS, IF YOU FILE A VALID REQUEST FOR EXCLUSION IN A TIMELY MANNER, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.**

5. Submission of this Claim Form does not guarantee that you will share in the Settlement Fund. The distribution of the Settlement Fund is governed by the claim procedures set forth in the Settlement Agreement, if approved by the Court or such other plan of allocation as the Court approves.

6. You are required to submit genuine and sufficient documentation in response to the requests contained in this Claim Form. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT DOCUMENTS TO SUPPLY THESE REQUESTS. THE LACK OF DOCUMENTATION MAY RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS.** Please keep a copy of all documents that you send to Class Counsel. No documents you submit with your Claim Form will be returned to you.

7. If the Court approves the Settlement Agreement and you or anyone in your household timely and properly completes and submits this Claim Form with the requested documentation and it is approved by Class Counsel, a check will be sent to your household for your payment from the Settlement Fund. You will then have one hundred and twenty (120) days from the date on the check to cash it. Any uncashed checks after that time will become null and void. If you or someone in your household fails to cash a check within that time, you and everyone else in your household will forever forfeit any claim to receive any payment from the Settlement Fund.

8. Type or print legibly in black ink.

**Protein Solutions Claim Form Cont...  
Claimant's Identity**

_____ Your Full Name (please print)	_____ Your Spouse's Full Name (please print)
_____ Mailing address	_____ Email Address
_____ City, State Zip	(_____) _____ Daytime telephone number

**Eligibility**

Check all of the following that apply:

1. I own(ed) or occupy(ied) residential property within two miles (2) miles of Defendant's facility at 3800 E. 32nd Street, Joplin, Missouri 64804 at any time between March 15, 2014 and the present and experienced odors that I believe were coming from Defendant's facility.  Yes  No
2. I submitted a Data Sheet to Class Counsel claiming that I experienced odors from the Defendant's facility on or before April 15, 2020.  Yes  No

**Claimed Address**

1. Is your mailing address the same address that either is within two (2) miles of Defendant's facility or the same address that you owned or occupied when you submitted a residential data sheet?  Yes  No
2. If no, please provide the address of the other address:  
\_\_\_\_\_

**Proof of Identification**

You must attach to your Claim Form a copy of a government-issued photo identification to establish your identity and current address. Please mark the box that identifies the requested enclosed item:

- Driver's License
- State Identification Card
- Other government-issued photo identification sufficient to prove your identity

**Claimed Address Ownership and/or Occupancy Status**

If you own(ed) or occupy(ied) residential property within the Class Area, mark the box that describes your interest in that property and attach the requested documents to your Claim Form.

- Owner - If marked, you *must* attach a copy of documentation of ownership such as a current utility bill
- Tenant - If marked, you *must* attach a copy of either a valid rental agreement or a current utility bill.

**Protein Solutions Claim Form Cont...  
Claimant's Certification**

By submitting this Claim Form and checking the boxes below, I declare under penalty of perjury that all responses in this Claim Form are true and accurate to the best of my knowledge.

**The following boxes must both be checked:**

I have read the Class Notice that was sent with this Claim Form, I understand it, and I have had the opportunity to review the Settlement Agreement.

All information provided in this Claim Form and its attachments is true and correct.

Date: \_\_\_\_\_

Your signature: \_\_\_\_\_

Your fully completed Claim Form must be postmarked no later than October 5, 2020 to Class Counsel at the following address:

**Liddle & Dubin, P.C.  
Attn: Protein Solutions Claim Forms  
975 E. Jefferson Ave.  
Detroit MI 48207-3101**