

# CLAIM FORM

## SUPERIOR COURT OF THE STATE OF CALIFORNIA COUNTY OF LOS ANGELES

*Good Health Natural Products. Class Action Settlement, Case Nos. BC561427; BC588986*

**YOUR CLAIM FORM MUST BE POSTMARKED OR COMPLETED ELECTRONICALLY ON THE SETTLEMENT WEBSITE NO LATER THAN NOVEMBER 2, 2019.**

Please read the full Notice (available at [www.snacksettlement.com](http://www.snacksettlement.com)) carefully before filling out this Claim Form.

To be eligible to receive any money from the settlement obtained in this class action, you must either: (1) complete this Claim Form and mail it postmarked on or before November 2, 2019 to: Good Health Class Action Settlement c/o Atticus Administration, PO BOX 1440, Minneapolis, MN 55440; or (2) submit your Claim Form online at [www.snacksettlement.com](http://www.snacksettlement.com) on or before November 2, 2019. Failure to submit your completed Claim Form on time by U.S. Mail (properly addressed) or to fill out an online Claim Form by the deadline will result in the rejection of your claim and you will not receive any money from this settlement.

### PART 1: CLAIMANT INFORMATION

Claimant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Evening Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### PART 2: PURCHASE INFORMATION

State each type of Good Health Product you purchased in the United States between September 6, 2010 and March 7, 2019 and the quantity you purchased:

["Product(s)" means any and all products Labeled, manufactured, processed, distributed, marketed, advertised, promoted, or sold by Good Health®: (1) containing the words or phrases "Good Health;" "Good Health®" "natural;" "all natural;" "100% natural;" "healthy;" "wholesome;" "nutritious;" "whole wheat;" or "% Less Fat;" (2) containing any other derivation of the words or phrases set forth in this paragraph; (3) containing any words or phrases to convey the same or similar meanings as those set forth in this paragraph; or (4) containing "We guarantee to use only natural, wholesome and nutritious ingredients in each and every Good Health Natural Foods product", including, without limitation, all flavors, varieties and sizes of the following products:

Apple Chips, Humbles Baked Hummus Chips, Bistro Chips, Eat Your Vegetables, Enjoy Being Good Potato Chips, Enjoy Being Good Veggie Snacks (Chips and Straws), Harmonies Multigrain Chips, Multigrain Chips, Popcorn, Popped Crisps, Potato Chips, Pretzels (including Peanut Butter, Gluten-Free, Organic Whole Wheat Sprouted, and Veggie), Solea Polenta Chips, Sweet Potato Chips, Tortilla Chips, Vegetable (Veggie) Chips, Vegetable (Veggie) Rings, Vegetable (Veggie) Stix, and Vegetable (Veggie) Straws.]

GOOD HEALTH PRODUCTS PURCHASED		QUANTITY
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	<b>TOTAL:</b>	

If you are claiming that you purchased more than ten (10) Good Health Products, you must attach Proofs(s) of Purchase such as receipts, wrappers, or other documentation. Failure to include Proof of Purchase for claims in excess of 10 Products and/or the submission of false or fraudulent claims may result in your claim being rejected in its entirety.

**PART 3: SIGNATURE**

To the best of my knowledge, I believe that between September 6, 2010, and March 7, 2019, I purchased the Good Health Products in the United States for personal or household use and in the quantities identified above and that I am a member of the Settlement Class.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_