RHG Co., Inc. Class Action
c/o KCC Class Action Services
P.O. Box 43034
Providence, RI 02940-3034

RGM

UNITED STATES DISTRICT COURT

Case No. 3:16-cv-02625-JLS-BLM

Must Be Postmarked No Later Than November 27, 2017

PROOF OF CLAIM

First Name | M.I. | Last Name

Primary Address

Primary Address Continued

City | State | Zip Code

Foreign Province | Foreign Postal Code | Foreign Country Name/Abbreviation

Email Address (optional)

Area code — Telephone number (home) | Area code — Telephone number (work)

To make a claim, you must fully complete this claim form so that is postmarked no later than November 27, 2017. A complete description of the Class qualifications and claim benefits can be found at: **www.RHGsettlement.com** until November 27, 2017.

If you are an eligible Class Member and wish to receive a settlement payment, you must complete and return this claim form to the Claims Administrator online or at the address listed above. Class members who submit a valid claim without adequate proof of purchase shall receive up to $6.00 per product, up to a maximum of five (5) products per person. Class Members who have proof of having purchased more than five (5) products and submit a valid claim accompanied by adequate proof of purchase shall receive up to $6.00 per product, up to a maximum of twenty-five (25) products per person. Adequate proof of purchase means a cash register receipt or similar documentation identifying the purchased product and date of purchase. **If you do not sign the claim form, your claim will be denied.**

Eligible Class Members are all Persons who purchased any Vital Nutrients' product in the United States between August 1, 2012 to February 27, 2017 that contained an unqualified "Made in USA" label or otherwise were represented as being "Made in USA."

Product Name

Quantity Purchased | Date of Purchase (__/__/____) | Proof of Purchase Attached? ◯ Yes ◯ No

City In Which You Made The Purchase | State

FOR CLAIMS PROCESSING ONLY	OB	CB	◯ DOC ◯ LC ◯ REV	◯ RED ◯ A ◯ B

Product Name

Quantity Purchased

Date of Purchase

Proof of Purchase Attached? ◯ Yes ◯ No

City In Which You Made The Purchase

State

Product Name

Quantity Purchased

Date of Purchase

Proof of Purchase Attached? ◯ Yes ◯ No

City In Which You Made The Purchase

State

Product Name

Quantity Purchased

Date of Purchase

Proof of Purchase Attached? ◯ Yes ◯ No

City In Which You Made The Purchase

State

Product Name

Quantity Purchased

Date of Purchase

Proof of Purchase Attached? ◯ Yes ◯ No

City In Which You Made The Purchase

State

Declaration

I certify under penalty of perjury that I purchased the above-listed Vital Nutrients' product(s) in the United States and that it / they contained an unqualified "Made in USA" label or were otherwise represented as being "Made in USA." The above information is true and correct to the best of my knowledge.

Signature: _____ Dated: _____

Print Name: _____

Email Address

Area code — Telephone number (home)

Area code — Telephone number (work)