

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
December 26, 2017**

PROOF OF CLAIM

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

To make a claim, you must fully complete this claim form so that is postmarked no later than December 26, 2017. A complete description of the Class qualifications and claim benefits can be found at: www.RHGsettlement.com until December 26, 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."

<input type="text"/>
Product Name
<input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>
Quantity Purchased Date of Purchase
<input type="text"/>
City In Which You Made The Purchase
<input type="text"/>
State



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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