

DPP Beef Litigation
c/o A.B. Data, Ltd.
P.O. Box 173066
Milwaukee, WI 53217

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MINNESOTA

You may be a member of the Settlement Class in this action for a Settlement previously reached with Defendants JBS USA Food Company, JBS USA Food Company Holding, and related entities (“JBS”). The Settlement Class, subject to certain exclusions, is defined as “All persons and entities who, from January 1, 2015, through February 10, 2022, purchased for use or delivery in the United States, directly from any of the Defendants or their respective subsidiaries and affiliates, boxed or case-ready beef processed from Fed Cattle, excluding ground beef made from culled cows.”

The Court has now issued final approval for the Settlement and a claims process will now commence to distribute the Net Settlement Funds to eligible Settlement Class Members. In accordance with the terms of the Settlement, the Settlement Proceeds, minus Court-approved attorneys’ fees and litigation expenses, any Class Representative Service Award approved by the Court, and Settlement Administration and notice expenses (the “Net Settlement Fund”), will be distributed to Settlement Class Members on a *pro rata* basis based on the amount of Beef purchases by each participating Settlement Class Member compared to the combined Beef purchases of all participating Settlement Class Members. To be eligible to receive a payment, you must submit this Claim Form to the mailing address listed at the top of this form or on the Settlement Website www.BeefDirectPurchaserSettlement.com by March 4, 2024.

If your organization received more than one notice, you only need to file one Claim Form for each Unique ID.

Your purchase information

In the purchase records that Defendants provided, we could not locate any qualifying purchases by you from Defendants for the period between January 1, 2015, through February 10, 2022. Purchase information from all Defendants, with the exception of Tyson, is only available through 2020. If you believe you have qualifying purchases and wish to file a claim, you must complete the purchase information table on page 2 of this form with all Settlement Class period purchase information from January 1, 2015, through February 10, 2022. This form must reflect ALL of your purchases from the Defendants that you are claiming during the relevant time periods. You may not seek Settlement Proceeds if you previously opted out of the JBS Settlement.

DEFENDANT	2015	2016	2017	2018	2019	2020
Cargill						
JBS						
National Beef						
Tyson						

DEFENDANT	2021	2022 (1/1-2/10)
Cargill		
JBS		
National Beef		
Tyson		

Total Purchase Amount \$ _____

Questions? Call the Settlement Administrator toll-free at 877-331-0717 or visit www.BeefDirectPurchaserSettlement.com.

DIRECT PURCHASER ANTITRUST CLAIM FORM

Please complete the Claimant Information below and submit it by **March 4, 2024** (postmarked or submitted online), to the Settlement Administrator at the address listed above, along with additional documentation to support your claim (e.g., invoices, purchase information, etc.).

Documentation must include actual receipts or invoices that include the product name, name of Defendant manufacturer, date of purchase, and net purchase amount. Please submit legible copies. Do not send originals but maintain the originals in your records.

<u>CLAIMANT INFORMATION</u>			
<u>CONTACT NAME:</u>	First	M.I.	Last
<u>COMPANY NAME:</u>	Company Name		
<u>CURRENT MAILING ADDRESS:</u>	Address 1		
	Address 2		
	City		
	State/Province		
	Postal Code	Country	
<u>CONTACT TELEPHONE:</u>	- -		
<u>CONTACT EMAIL ADDRESS:</u>			

By signing below, I/we certify that (1) the above and foregoing information is true and correct; (2) I/we warrant that I am/we are duly authorized and have the legal capacity to sign this Claim Form on behalf of the direct purchaser entity; (3) I/we are not officers, directors, or employees of any Defendant; any entity in which any Defendant has a controlling interest; an affiliate, legal representative, heir, or assign of any Defendant; or a federal, state, or local governmental entity; and (4) I/we agree to submit additional information, if requested, in order for the Settlement Administrator to process my/our claim.

Signature: _____ Date: _____

Printed Full Name (First, Middle, and Last): _____ Title: _____