

UNIQUE ID (printed on your Claim Form): _____

DIRECT PURCHASER ANTITRUST PURCHASE AUDIT REQUEST FORM

Please use this form if you do not agree with the purchase information pre-printed on page 2 of your Claim Form and you would like to have that information audited. Please fill out your contact information below and provide annualized purchase information on page 2.

You must submit this Purchase Audit Request Form to the mailing address listed at the top of this form or on the Settlement Website, www.BeefDirectPurchaserSettlement.com, along with your Claim Form, by **March 4, 2024.**

<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>			

If you do not agree with the purchase information provided on page 2 of the Claim Form, 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 the purchases from the Defendants and alleged Co-Conspirators that you are claiming during the relevant time periods. You may not seek Settlement Proceeds if you previously opted out of the JBS Settlement.

If you agree with the purchase information provided on page 2 of the Claim Form but want to supplement your claim to include 2021 and 2022 purchase data, you may include the purchase information provided on page 2 of your Claim Form for the years 2015 through 2020, and add your purchase data for 2021 and January 1, 2022, to February 10, 2022.

You must submit this form along with your Claim Form by **March 4, 2024** (postmarked or submitted online), to the Settlement Administrator at the address listed above, along with additional documentation to support your dispute or supplementation. 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.

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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 \$ _____

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 Purchase Audit Request 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 and audit request.

Signature: _____ Date: _____

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

Title: _____