

IMPORTANT LEGAL MATERIALS

CLAIM FORM

Real Ham Bone For Dogs Settlement
Michael Taylor, et al. v. Dynamic Pet Products, LLC, et al.,
Case No. 1616-CV11531, Circuit Court of Jackson County, Missouri

1. WHAT THIS CLAIM FORM CONCERNS

This Claim Form concerns the Settlement of a class action lawsuit alleging that the Real Ham Bone For Dogs product sold by Dynamic Pet Products, LLC and Frick's Meat Products, Inc. ("Defendants") has been falsely and deceptively marketed and sold as safe when the product was prone to splinter into needle-like shards and cause significant physical injury when chewed by dogs. Defendants deny these allegations and contend that the dogs should not have been left unsupervised to eat the bones rather than simply chew them.

If you purchased the Real Ham Bone For Dogs product or if your pet was injured or died as a result of use of the Real Ham Bone For Dogs product between January 1, 2011 and May 12, 2017, and you do not timely request exclusion from the Settlement, you are entitled to submit a Claim, so long as you have not previously been reimbursed for pet injury/death. As a claimant, you may be entitled to receive (1) payment up to \$2,500.00 for pet injury or death caused by the Real Ham Bone For Dogs product when accompanied by appropriate documentation (described below) of the purchase or use of the product and the association of the product with the pet injury or death; and (2) payment up to \$3.00 per bone for reimbursement of the purchase price of the Real Ham Bone For Dogs product, with a limit of ten (10) bones per claim with proof of purchase and four (4) bones per claim without proof of purchase. ***Settlement proceeds may be paid on a pro rata basis under certain conditions, as explained in the Notice of Settlement and the Settlement Agreement.***

To make a claim, you must fully complete this Claim Form and submit it to the Claims Administrator with all necessary documentation. You may submit the Claim Form electronically if it is submitted no later than September 9, 2017 via the Settlement Website (www.RealHamBoneSettlement.com). You may also submit the Claim Form by mail if it is postmarked no later than September 9, 2017 and delivered to the Claims Administrator at:

Real Ham Bone Settlement
P.O. Box 3614
Minneapolis MN 55403-0614

The Court will determine whether to approve the Settlement after conducting a Final Approval Hearing, scheduled for August 3, 2017 (date subject to change). No settlement payments will be made before the Settlement receives final approval and all appeals, if any, are fully and finally resolved.

2. REVIEW OF YOUR CLAIM

An independent third party called a "Claims Administrator" has been appointed by the Court to review your Claim. The Settlement between the Parties provides compensation to persons submitting valid and reasonable Claims as determined by the Claims Administrator. The Claims Administrator will review your Claim Form in its entirety and the documents you submit, if any, to evaluate the eligibility of your Claim for payment from the Settlement Fund.

The Claims Administrator will determine whether a Claim is reasonable, valid, and payable from the Settlement Fund before paying a Claim. The information that you supply below may be checked by the Claims Administrator. By filling out this Claim Form and signing the verification statement at the end, you are specifically authorizing a representative from the Claims Administrator to contact you or your veterinarian to confirm the information provided and to seek additional information about your Claim. Any claims denied by the Claims Administrator will be presented to the parties for review and consent. If consent concerning a denied claim is not reached, the parties shall seek to negotiate a resolution or bring the matter to the court for resolution.

Please read all of the following instructions carefully before filling out your Claim Form.

1. Please carefully review the Notice of Class Action Settlement (the "Notice"), which may have been provided with this Claim Form and is available at: www.RealHamBoneSettlement.com.
2. Type or print legibly in black ink.
3. Complete Part A ("Claimant Information") by filling in your name, current mailing address, daytime telephone number with area code, and e-mail address.
4. Complete Part B ("Pet Information") by providing all requested information about your pet and your pet's veterinarian.
5. Complete Part C ("Pet Injury/Death Claim") if you intend to submit a claim for payment of expenses for injury or death of your pet associated with consumption of the Real Ham Bone For Dogs product. You must provide all requested information and the required documentation to support this claim.
6. Complete Part D ("Purchase Reimbursement Claim") if you intend to submit a claim for reimbursement of amounts paid for the purchase of the Real Ham Bone For Dogs product. You must choose whether you are submitting a claim with proof of purchase or a claim without proof of purchase, and provide all requested information (and, if applicable, required documentation) for the chosen claim.
7. Complete Part E ("Declaration/Signature") as directed. An unsigned Claim Form may be rejected.
8. Keep a copy of your completed Claim Form for your records. If your claim is rejected for any reason, the Claims Administrator will notify you of the rejection and the reasons for such rejection.

Part A: Claimant Information

Claimant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: (_____) _____ - _____

E-mail Address: _____

Part B: Pet Information

Pet's Name: _____ Pet's Gender: Male Female

Pet's Date of Birth (best approximation): ____ / ____ / ____

Type/Breed: _____

Name of Pet's Veterinarian: _____

Veterinarian's Street Address: _____

City: _____ State: _____ Zip Code: _____

Veterinarian's Telephone Number: (_____) _____ - _____

Part C: Pet Injury/Death

Note: Complete this section if you claim that you pet suffered injury or death caused by consuming the Real Ham Bone for Dogs product. If you do not wish to submit a claim for pet injury/death, skip to Part D of this Claim Form.

Date You Gave Your Pet Real Ham Bone (best approximation): ___ ___ / ___ ___ / ___ ___

Date Your Pet Was Injured or Died (best approximation): ___ ___ / ___ ___ / ___ ___

Dates of Veterinary Treatment (best approximation): ___ ___ / ___ ___ / ___ ___
to
___ ___ / ___ ___ / ___ ___

Describe the Symptoms Your Pet Experienced: _____

Amount You Claim in Veterinarian Bills and Expenses Associated With Injury/Death: \$ _____ . _____

Note: Claims for pet injury/death are limited to a maximum of \$2,500.00 per claimant. Payment is based on the year in which the injury or death occurred. The proposed Settlement establishes a cash fund of \$150,000 for payment of the first \$150,000 of claims for pet injury/death or purchase reimbursement (see below). For claims in excess of this cash fund, the proposed Settlement provides for a maximum total payment of \$50,000.00 per year for claims occurring in any single year of the Class period (i.e, 2011, 2012, etc.) If the value of valid claims filed for any single year exceeds \$50,000.00, all of the claims for that year will be paid on a pro rata basis. No payment will be made for pet injury/death claims previously paid by Defendants and/or for which Defendants have already received a release.

To be eligible for payment on your pet injury/death claim, you must attach supporting documentation to this Claim Form indicating that the Real Ham Bone For Dogs product was likely the cause of injury or death and substantiating the amount claimed in veterinarian bills and expenses. Evidence may be in the form of veterinary records evidencing purchase or use of the Real Ham Bone For Dogs product and that identify or associate your pet’s injury or death with consumption of the Real Ham Bone For Dogs product. Veterinary records may be in the form of notes, medical records, bills, correspondence or similar documents from your veterinarian.

If you claim injury/death to multiple pets, please attach an additional claim sheet for each additional pet.

Part D: Purchase Reimbursement Claim

Note: Complete this section if you intend to make a claim for reimbursement of amounts paid for the purchase of the Real Ham Bone For Dogs product. Claims are limited to one per household, and may be either a claim with proof of purchase or without proof of purchase, but not both. The proposed Settlement establishes a cash fund of \$150,000 for payment of the first \$150,000 of claims for pet injury/death (see above) or purchase reimbursement. For claims in excess of this cash fund, the proposed Settlement provides for a maximum total payment of \$950,000 for purchase reimbursement claims. If the value of valid claims exceeds that amount, claims will be paid on a pro rata basis. You will select the type of claim you are submitting by checking the appropriate box.

I am Making a Purchase Reimbursement Claim WITH Proof of Purchase

Number of Bones You Purchased: _____

Note: To be eligible for payment, you must submit proof of purchase for all bones you claim to have purchased. Proof of purchase requires a store receipt or other financial record identifying the product, the price at which the product was purchased, and the payment for the product. With proof of purchase, you will be eligible to receive up to \$3.00 per bone with a limit of ten (10) bones per household.

I am Making a Purchase Reimbursement Claim WITHOUT Proof of Purchase

Date of Purchase:	Place of Purchase (Store, City, State)	Number Purchased:

Note: Without proof of purchase, you will be eligible to receive up to \$3.00 per bone with a limit of four (4) bones per household.

Part E: Declaration/Signature

I declare under penalty of perjury that the information stated in this Claim Form is true and accurate to the best of my knowledge.

Signature: _____

Dated: ____ / ____ / ____