Exhibit 5

Turkey Antitrust Litigation
c/o A.B. Data, Ltd., P.O. Box 173015, Milwaukee, WI 53217
Or Submit Online at www.TurkeyLitigation.com

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 listed purchase information pre-printed on your Claim Form and you would like to have that information audited or you want to submit information about your purchases from Defendant House of Raeford that you made during January 1, 2010, through December 31, 2016 ("Class Period"). Please fill out your contact information and provide your annualized purchase information below.

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.TurkeyLitigation.com, along with your Claim Form, by [DATE].

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

If you do **not agree** with the listed purchase information provided on your Claim Form you must complete the purchase information table on this form about your known Settlement qualifying purchases you made from Defendants during the Class Period. This form must reflect ALL of the purchases you made from the Defendants that you are claiming during the Class Period (including any purchase amounts prepopulated on your Claim Form).

If you agree with the listed purchase information on your claim form for all defendants, but wish to submit information about your purchases from Defendant House of Raeford, please mark "Agree" in the below chart for those defendants and provide the necessary information for House of Raeford. This form must reflect ALL of the purchases you made from House of Raeford that you are claiming during the relevant time periods Class Period

You must submit this form and your Claim Form by [DATE], (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 the Defendant manufacturer, date of purchase, and net purchase amount. Please submit legible copies. Do not send originals. Keep the originals for your records.

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PURCHASE INFORMATION

UNIQUE ID: _____

DEFENDANT	Agree	2010	2011	2012	2013	2014	2015	2016
Butterball								
Cargill								
Cooper Farms								
Farbest Foods								
Foster Farms								
Hormel								
House of Raeford	N/A							
Perdue								
Prestage								
Tyson								

By signing below I/we certify that (1) the above and foregoing information is true and correct; (2) I warrant that I am 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 or co-conspirator; any entity in which any Defendant or co-conspirator has a controlling interest; any entity with an interest, controlling or non-controlling, in a Defendant or their co-conspirator; any entity where an individual owner, trust, and/or holding company also had an interest in any Defendant of greater than 5% during any year of the Class Period; an affiliate, legal representative, heir, or assign of any Defendant or co-conspirator; or a federal, state, or local governmental entity; a judicial officer presiding over this action and the members of his/her immediate family and judicial staff; or a co-conspirator identified in this action; (4) I/we did not previously exclude myself/themselves from the Certified Class; and (5) 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: _____