

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 or you purchased Turkey products from one of Defendants’ alleged co-conspirators during the Settlement Class Period. 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 submit it on the Settlement Website, www.TurkeyLitigation.com, along with your Claim Form, by April 21, 2025.

<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, 2010, through January 1, 2017. This form must reflect ALL of the purchases from the Defendants and co-conspirators that you are claiming during the relevant time periods (including any purchase amounts prepopulated on your Claim Form).

You must submit this form along with your Claim Form by April 21, 2025 (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 or co-conspirator that directly sold the Turkey Products to you, date of purchase, and net purchase amount. Please submit legible copies. Do not send originals but maintain the originals in your records.

PURCHASE INFORMATION

UNIQUE ID: _____

DEFENDANT	2010	2011	2012	2013	2014	2015	2016	1/1/2017
Butterball								
Cargill								
Cooper Farms								
Farbest Foods								
Foster Farms								
Hormel								
House of Raeford								
Perdue								
Prestage								
Tyson								

Note: If you have qualifying Turkey purchases from a co-conspirator, then please attach a table (and supporting documentation) providing annual purchase information by co-conspirator, as shown above.

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; an affiliate, legal representative, heir, or assign of any Defendant or co-conspirator 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: _____