



**It is your responsibility to keep a current address on file with the Settlement Administrator. Please make sure to notify the Settlement Administrator of any changes to your address.**

Please read the statement below. You must sign and date the Claim Form acknowledging that you have reviewed and agree with the statement.

I attest to the fact that between March 21, 2012 and December 28, 2016, I purchased a “Class Product” for personal use, and not for resale, and am not an officer, director, or employee of Universal, or the immediate family member of such a person, and have not received remuneration from Universal in connection with the use or endorsement of the “Class Product”.

Signature: \_\_\_\_\_

Dated: 

		/			/				
--	--	---	--	--	---	--	--	--	--

**REMINDER: If your Claim Form is not received or postmarked on or before June 10, 2017 your claim may be rejected.**

PLEASE DO NOT CALL THE COURT, THE JUDGE, OR THE DEFENDANTS REGARDING THIS MATTER.

If you have questions about this Claim Form visit [www.universalclasssettlement.com](http://www.universalclasssettlement.com) **OR** E-mail the Settlement Administrator at: [claims@ilymgroupclassaction.com](mailto:claims@ilymgroupclassaction.com) **OR** Write the Settlement Administrator at:

Universal Protein Supplements Co.  
Settlement Administrator  
c/o ILYM Group, Inc.  
P.O. Box 2031  
Tustin, CA 92781