

CLAIM NUMBER (printed on your Claim Form): _____

GROWER SALES AUDIT REQUEST FORM
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Please use this form if you do not agree with the sales information pre-printed on pages 1 and 2 of your Claim Form and you would like to have that information audited. Please fill out your contact information below and provide annualized sales information on page 2.

You must submit this Sales Audit Request Form to the mailing address listed at the top of this form or on the settlement website, www.peanutfarmersantitrustlitigation.com, along with your Claim Form, by July 13, 2021.

<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 sales information provided on pages 1 and 2 of the Claim Form, you must complete the sales information table on page 2 of this form with all sales information to which you believe you are entitled. This form must reflect ALL of the sales to the Defendants and alleged Co-Conspirators that you are claiming during the relevant time periods. You may not seek Settlement Proceeds with respect to any Settlement from which you have opted out.

You must submit this form along with your Claim Form by July 13, 2021 (postmarked or submitted online) to the Settlement Administrator at the address listed above, along with additional documentation to support your dispute (e.g., invoices, sales information, etc.).

SALES INFORMATION

DEFENDANT/ CO-CONSPIRATOR	2014	2015	2016	2017	2018	2019
Birdsong						
Golden Peanut						
Olam						

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 Sales Audit Request Form on behalf of the Grower 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: _____