

CLAIM FORM

I. Your Information

Please clearly print or type your information in the spaces below:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address (Optional): _____

II. Please provide either: (1) an original or copy of your customer receipt, OR (2) an original or copy of your credit or debit card statement

You must provide proof in either one of the following two ways:

Option (1): You may attach an original or a copy of your customer receipt that contains the expiration date of your credit or debit card and shows that you made a transaction from any Saar's or Super Saver Foods store at any time during the period July 20, 2014 through July 18, 2016;

OR

Option (2): You may attach an original or a copy of your credit or debit card statement showing that you made a credit transaction at any Saar's or Super Saver Foods store at any time during the period July 20, 2014 through July 18, 2016. Before providing your statement or copy of your statement, please redact (meaning you may white-out or mark-over) information contained in your credit or debit card statement to prevent it from showing things like your account numbers, your other purchases, etc. The only information that is required to show on your statement for purposes of making a claim under this Settlement is your name, address, and all of the details of your transaction from any Saar's or Super Saver Foods store, including the date and amount of your purchase.

You may make only one claim regardless of whether you have made one or more than one eligible credit transaction (either using a credit card or debit card). Accordingly, if you had more than one eligible transaction you only need to provide proof of either one receipt or one statement showing that you made one credit transaction at any Saar's or Super Saver Foods store at any time during the period July 20, 2014 through July 18, 2016.

III. Please Sign This Form

I declare that the facts stated in this Claim Form are true and accurate.

Signature: _____

INSTRUCTIONS FOR THE CLAIM FORM

I. Deadline For Returning Your Completed Claim Form

In order to receive any benefits, you must complete and return the attached Claim Form **by no later than May 12, 2018**. You may submit the Claim Form by U.S. mail, fax, or on-line submission.

If you are mailing the Claim Form, your completed Claim Form (together with the required documentation) must be mailed to the following address **postmarked no later than May 12, 2018**:

Saar's Settlement
c/o JND Legal Administration
P.O. Box 91343
Seattle, WA 98111

You may also send your Claim Form (together with the required documentation) by facsimile to the following facsimile number 1-844-327-5615, **by no later than 11:59 p.m. Pacific Time on May 12, 2018**.

You may also submit your claim by completing and submitting an electronic version of the Claim Form (and uploading and submitting the required documentation) on the internet at www.SaarsSettlement.com, **by no later than 11:59 p.m. Pacific Time on May 12, 2018**.

II. You Must Complete Section I Of The Claim Form

You must complete Section I entitled "Your Information" by clearly printing or typing your information in the appropriate spaces. You must complete all of the spaces, except for your E-mail address which is optional.

III. You Must Also Provide The Necessary Document With Your Claim Form

As explained in Section II of the Claim Form, you must provide proof **in either one of the following two ways**:

Option (1): You may attach an original or a copy of your customer receipt that contains the expiration date of your credit or debit card and shows that you made a transaction from any Saar's or Super Saver Foods store at any time during the period July 20, 2014 through July 18, 2016;

OR

Option (2): You may attach an original or a copy of your credit or debit card statement showing that you made a credit transaction at any Saar's or Super Saver Foods store at any time during the period July 20, 2014 through July 18, 2016. Before providing your statement or copy of your statement, please redact (meaning you may white-out or mark-over) information contained in your credit or debit card statement to prevent it from showing things like your account numbers, your other purchases, etc. The only information that is required to show on your statement for purposes of making a claim under this Settlement is your name, address, and all of the details of your transaction from any Saar's or Super Saver Foods store, including the date and amount of your purchase.

You may make only one claim regardless of whether you have made one or more than one eligible credit transaction (either using a credit card or debit card). Accordingly, if you had more than one eligible transaction you only need to provide proof of either one receipt or one statement showing that you made one credit transaction at any Saar's or Super Saver Foods store at any time during the period July 20, 2014 through July 18, 2016.

Although you may submit either the original or a copy of either your receipt or card statement, if you decide to send an original, it is encouraged that you make and keep a copy for yourself. We will not be responsible for original documents that are lost.

IV. You Must Sign In The Space Provided In Section III Of The Claim Form

You must also sign the Claim Form in the space provided in Section III of the Claim Form.

V. List Of Stores Involved In This Settlement

For your convenience, the specific Saar's and Super Saver Foods stores (collectively the "Saar's Stores") involved in this settlement are as follows:

- i. Super Saver Foods
1702 Auburn Way North,
Auburn, WA 98002;
- ii. Saar's
32199 State Route 20
Oak Harbor, WA 98277;
- iii. Saar's Super Saver Food
3208 NE Sunset Blvd.
Renton, WA 98056;
- iv. Super Saver Foods
10616 16th Ave. SW
Seattle, WA 98146;
- v. Saar's
13322 Pacific Ave.
Tacoma, WA 98444;
- vi. Super Saver Foods
3725 South 144th St.
Tukwila, WA 98168.