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Doctor's Best Glucosamine Sulfate Class Action Settlement Exclusion Form

COMPLETE THIS FORM IF YOU WISH TO EXCLUDE YOURSELF FROM SHARAE CASEY V. DOCTOR'S BEST INC., SETTLEMENT CASE NO. 8:20-cv-01325-JLS-JDE.

THE EXCLUSION FORM MUST BE RECEIVED ON OR BEFORE JUNE 10, 2022, 11:59 PM PT. YOU MAY MAIL THE FORM TO DOCTOR'S BEST SETTLEMENT c/o KROLL SETTLEMENT ADMINISTRATION, PO BOX 225391, NEW YORK, NY 10150-5391.

BY COMPLETING THIS FORM, YOU WILL EXCLUDE YOURSELF FROM THE SETTLEMENT CLASS AND RETAIN THE RIGHT TO SUE DOCTOR'S BEST, INC. FOR THE CLAIMS RELEASED BY THE SETTLEMENT. IF YOU EXCLUDE YOURSELF, YOU CANNOT FILE A CLAIM OR OBJECT TO THE SETTLEMENT.

Instructions: Fill out each section of this form and sign where indicated. You must fill out each section that is marked with an asterisk.

Name *: _____ _____ _____
*First Name** *M.I.* *Last Name **

Street Address *: _____

City *: _____

State *: ____ ____ **Zip Code *:** ___ ___ ___ ___ ___ - ___ ___ ___ ___ (zip4 optional)

Email Address: _____ @ _____ . _____

☐* **I WISH TO BE EXCLUDED FROM THE SHARAE CASEY V. DOCTOR'S BEST INC., SETTLEMENT CASE NO. 8:20-CV-01325-JLS-JDE.**

By signing this Exclusion Form, I hereby opt out of this settlement. By signing this Exclusion Form, I understand that I will have no right to receive any money under the settlement in this case, and I will have no right to object to the settlement and be heard at the Final Approval Hearing.

SIGNATURE *: _____ **PRINTED NAME *:** _____

DATED *: ___ ___ / ___ ___ / ___ ___ ___ ___