

## CLAIM FORM

If you wish to make a claim to receive a refund or a voucher for a flu shot as described in the Notice of Proposed Settlement of Class Action, you must submit this Claim Form to the Settlement Administrator. The Claim Form must be complete, signed, and postmarked on or before **September 7, 2009**, for it to be valid. To qualify for a refund or a flu shot voucher, you must have purchased one or more Wal-born, Wal-borne, or Wal-Born Gold products, with the exception of Wal-born Hand Sanitizer, at a United States Walgreens store between May 24, 2001 and March 31, 2009 ("Qualifying Purchase"). A complete definition of the class qualifications is provided in the Notice of Proposed Settlement, Paragraphs 6 and 8. There is a limit of one Claim Form per person. There also is a limit of one flu shot voucher or up to three (3) refunds (valued at \$4.99 each) per person, no matter the number of Qualifying Purchases made by the person between May 24, 2001 and March 31, 2009. Claim Forms must be submitted to:

**Wal-born Settlement Administrator**  
**PO Box 6848**  
**Broomfield, CO 80021**

Please provide the following required information:

### **Claimant Information**

Your Name (First, MI, Last)		(       )
Current Street Address		Daytime Phone
City	State	Apartment/Unit  ZIP

**Qualification Information** - To be considered a valid claim, please respond to the following questions and sign the bottom of this form. **Incomplete or unsigned Claim Forms will not be considered.**

1. I purchased one or more Wal-born, Wal-borne, or Wal-Born Gold products, with the exception of Wal-born Hand Sanitizer, at a United States Walgreens store between May 24, 2001 and March 31, 2009.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. I have enclosed one or more Walgreens receipts showing my purchases of Wal-born, Wal-borne, or Wal-Born Gold products, with the exception of Wal-born Hand Sanitizer, at one or more United States Walgreens stores between May 24, 2001 and March 31, 2009.

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Please select your preferred remedy.

Refund(s) \_\_\_\_\_ Flu shot voucher \_\_\_\_\_

*If you answered "yes" to Nos. 1 and 2 and have enclosed one or more receipts from your Qualifying Purchase, you do not need to complete item no. 4. Please sign and date the Claim Form and return it to the Settlement Administrator as instructed above.*

4. To facilitate the validation of your claim without a receipt, please provide the following information regarding your Qualifying Purchase(s):

Date of Purchase	Specific Product Purchased	Quantity	Price Per Unit	Store Location

I represent that the foregoing is true and correct, and I make these statements regarding the number of packages I purchased under the penalty of perjury. I understand that Walgreens retains the right to verify my responses and dispute any claims made.

Signature \_\_\_\_\_ Date \_\_\_\_\_