

WOODARD, et al. v. LABRADA, et al.
United States District Court, Central District of California
5:16-CV-00189-JGB-SP

**CLASS ACTION SETTLEMENT
CLAIM FORM**

CLAIM FORM INSTRUCTIONS

In order for you to qualify to receive a cash payment related to *Woodard, et al. v. Labrada, et al.*, Case No. 5:16-cv-00189-JGB-SP, United States District Court, Central District of California, as described in the notice of settlement, you must file a Claim Form, as described below to process your claim.

REQUIREMENT FOR FILING A CLAIM FORM

1. Please review the Notice of Class Action Settlement (the Notice). A copy of the Notice is also available at www.labradaclassaction.com/documents.
2. Accurately complete all required portions of this Claim Form.
3. Sign the claim form.
4. By signing and submitting this Claim Form, you are hereby certifying under penalty of perjury that you purchased the Labrada Green Coffee Bean Extract product and/or the Labrada Garcinia Cambogia product (the “Products”) in California, for personal or household use and not for resale, during the time period between February 2, 2012, until July 15, 2022.
5. In order for you to receive a cash payment, you must complete and submit a completed Claim Form online at www.labradaclassaction.com or mail the completed and signed Claim Form by U.S. Mail, postmarked no later than November 11, 2022:
To:
Labrada Products Class Action Settlement
c/o Classaura Class Action Administration
1718 Peachtree St NW #1080,
Atlanta, Georgia
6. Your failure to complete and submit the Claim Form postmarked by November 11, 2022 will prevent you from receiving any cash payment in this Settlement.

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**CLASS ACTION SETTLEMENT
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Your Name:

Your Mailing Address (with zip code):

Your Phone Number:

Your Email Address:

Did you purchase the Labrada Green Coffee Bean Extract Product and/or the Labrada Garcinia Cambogia product (the “Products”) in California, for personal and household use and not for resale, during the time period between February 2, 2012, until July 15, 2022?

_____ YES

_____ NO

Number of Purchases. How many Products did you purchase between February 2, 2012, and July 15, 2022?

Date of Purchase. For each Product you claim you purchased, give the date of the purchase. If you do not have a receipt for your purchase, give the approximate date:

Date(s):

Copy of Your Proof of Purchase. If you have a proof of purchase for the Products, enclose a copy of your proof of purchase with this form.

Location of Purchase. For each Product you purchased, identify the address of the store where the purchase was made. (Example: Vitamin Shoppe, 5575 Balboa Ave., San Diego, California).

I hereby certify under penalty of perjury under the laws of California and the United States that the foregoing is true and correct.

Signature: _____

Date: _____