CLASS ACTION CLAIM FORM

HEPATITIS A EXPOSURE ALLEGED TO ORIGINATE AT MCDONALDS RESTAURANT LOCATED IN MILAN, ILLINOIS FROM JUNE 1 – JULY 15, 2009 AND AS REFERENCED IN <u>PATTERSON v. JKLM, INC. D/B/A MCDONALDS.</u>

If you are a person who was allegedly exposed to the Hepatitis A virus while consuming the defendant McDonald's food and drink in Milan, Illinois between June 1 and July 15, 2009, or through exposure to other persons who had done so, and you subsequently obtained an immunoglobulin ("IG") shot at 1) a public Health Department clinic between July 15 and August 31, 2009, or 2) a private health care provider, between July 1 and August 31, 2009, and you wish to participate in the settlement, please complete this form.

IMPORTANT – to be valid, this form **MUST** be mailed so that it is received by the Claims Administrator on or before **September 30, 2010**.

Fill out a <u>sep</u>	ARATE CLAIM FORM FOR EACH PERSON WHO OBTAINED AN IG SHOT. OBTAINED AN IG SHOT SHOULD FILL OUT A SEPARATE CLAIM FORM			
CLAIMANT	NAME	SOCIAL SECURITY NO.		
Mailing Address	STREET			
Phone	Сітү	State	Zip	
	Day	Evening		
TREATMENT INFORMATION				
	NAME OF HOSPITAL, HEALTH DEPT. OR PRIVATE MEDICAL FACILITY WHERE YOUR IG SHOT WAS OBTAINED			
	STREET			
	Сіту	STATE	Zip	
I declare under penalty of perjury that during the period June 1 - July 15, 2009 I consumed food or drink at the McDonald's restaurant in Milan, Illinois, or was exposed to other persons who had done so, and that on the day of, 2009, I obtained an IG shot at the health care facility identified above and that I am a member of the Settlement Class.				
CERTIFICATION		DAT		
	SIGNATURE OF CLAIMANT (BOX IF YOU ARE SIGNING AS THE PARENT OR GUARDIAN OF THE CLA	DATI	E	
THIS FORM WILL NOT BE ACCEPTED UNLESS ALL INFORMATION IS PROVIDED, SIGNED BY THE CLAIMANT AND RETURNED SO THAT IT IS RECEIVED NO LATER THAN SEPTEMBER 30, 2010 TO THE ADDRESS BELOW:				
THE NOTICE COMPANY HEPATITIS CLASS ACTION PO BOX 778 HINGHAM, MA 02043				