

**MUST BE
POSTMARKED NO
LATER THAN
MAY 7, 2010**

Barlo v. Witham Sav-A-Stop
c/o The Garden City Group, Inc.
P.O. Box 91105
Seattle, WA 98111-9205

BVW



WITHAM SAV-A-STOP SETTLEMENT
CLAIM FORM A

Important:

This Claim Form should be used if you want to submit a claim, and you paid inside one of the following Witham Sav-A-Stop stores with a credit or debit card and received a receipt:

2847 165th St., Hammond, IN
7452 Indianapolis Blvd., Hammond, IN
3205 45th Ave., Highland, IN

(If you wish to submit a claim and paid inside the Witham Sav-A-Stop store located at 1111 165th St., Hammond, IN with a credit or debit card and have a receipt displaying more than the last 5 digits of the card number, use Claim Form B. If you paid at the pump at any Witham Sav-A-Stop location and have a credit/debit card receipt displaying more than the last 5 digits of the card number, use Claim Form C.)

Note: This Claim Form must be completely and legibly filled out and mailed to the Class Settlement Administrator by May 7, 2010. To be valid, the envelope containing the Claim Form must bear a postmark on or before that date.

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I affirm under penalty of perjury that, between December 4, 2006 and June 4, 2008, I used a credit or debit card for a purchase inside one of the Witham Sav-A-Stop stores listed below (you must identify which store), and received a receipt, and that all other information listed below is true and correct.

Signature

Printed Name

Address: _____

Telephone No.: (_____) _____ Last 5 Digits of Card Used in Transaction: ____ _

Name of Financial Institution that Issued Card Used in Transaction: _____

At which of the following Witham Sav-A-Stop stores did you receive a receipt for a credit or debit card purchase inside the store between December 4, 2006 and June 4, 2008 (check all that apply)?

- 2847 165th St., Hammond, IN 7452 Indianapolis Blvd, Hammond, IN 3205 45th St., Highland, IN