

**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**



**WITHAM SAV-A-STOP SETTLEMENT
CLAIM FORM B**

Important:

This Claim Form should be used if you want to submit a claim, and you paid **inside** the following Witham Sav-A-Stop store with a credit or debit card and received a receipt that displayed more than the last five (5) digits of the credit or debit card number:

1111 165th St., Hammond, IN

(If you wish to submit a claim and paid inside the Witham Sav-A-Stop store located at 2847 165th St., Hammond, IN, 7452 Indianapolis Blvd., Hammond, IN, and/or 3205 45th Ave., Highland, IN, with a credit or debit card and received a receipt displaying more than the last 5 digits of the card number, use Claim Form A. 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, along with a copy of the credit or debit card receipt specified below, to the Class Settlement Administrator by May 7, 2010. You may be required later to submit the original receipt in order for your claim to be accepted as valid. To be valid, the envelope containing the Claim Form and receipt 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 the Witham Sav-A-Stop store located at 1111 165th St., Hammond, IN, and received a receipt that displayed more than the last 5 digits of my credit or debit card number (you must submit a copy of the 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: _____

I have enclosed a copy of my credit/debit card receipt displaying **more** than the last 5 digits of my credit/debit card number. **I understand that I may be required to submit my original receipt, and that if I do not, my claim may be denied.**