

**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 C**

Important:

This Claim Form should be used if you want to submit a claim, and you paid by credit or debit card and received a receipt displaying more than the last 5 digits of the card number **at a self-serve gas pump at any** Witham Sav-A-Stop location.

(If you wish to submit a claim, and paid inside a Witham Sav-A-Stop store with a credit or debit card and received a receipt displaying more than the last 5 digits of the card number, you must use Claim Form A or Claim Form B, depending on the location. Please see those Claim Forms for more detailed instructions.)

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 at a self-serve gas pump at one of the Witham Sav-A-Stop locations, 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.**