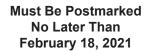
Friend v. FGF Brands (USA), Inc. Settlement Administrator P.O. Box 43516 Providence, RI 02940-3516





Claim Form

CLAIMANT INFORMATION		
First Name	M.I. Last Name	
Primary Address		
Primary Address Continued		
City		State ZIP Code
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

Complete this Claim Form if you would like to be eligible to receive a cash payment from the Friend v. FGF Brands (USA), Inc. Settlement Fund. You may submit a claim for a cash payment of \$2.50 for each Product purchased, up to a maximum of five (5) Products (or \$12.50) if you do not have any proof of your purchases. If you have proof of your purchases, you may make claims for as many Products for which you have proof of purchase. The amount you are eligible to receive for your claims may be increased or reduced proportionally, depending on whether the total amount of claims exhausts or exceeds the available settlement funds. Only one Claim Form may be submitted per household.

Purchase Information: Completely fill in the circle for each Product claimed then indicate the quantity of each Product you purchased from November 16, 2013 through October 23, 2020, the retailer each Product was purchased from, and the location of that retailer.

Product		
Stonefire Original	Quantity of Products Purchased	Retailer
Naan		
	Location (City, State)	
Stonefire Roasted	Quantity of Products Purchased	Retailer
Garlic Naan		
	Location (City, State)	



Product (cont a)			
Stonefire Whole Grain Naan	Quantity of Products Purchased	Retailer	
	Location (City, State)		
	Location (Oity, State)		
Stonefire Organic	Quantity of Products Purchased	Retailer	
Original Naan			
	Location (City, State)		
Stonefire Original	Quantity of Products Purchased	Retailer	
Mini Naan			
	Location (City, State)		
Stonefire Ancient	Quantity of Products Purchased	Retailer	
Grain Mini Naan			
	Location (City, State)		
Stonefire Naan Dippers	Quantity of Products Purchased	Retailer	
	Location (City, State)		
Other Pre-	Insert Name Of Product Or Name	Of Store (certain products may not qualify)	
Packaged Naan Product purchased			
in a grocery,	Quantity of Products Purchased	Retailer	
warehouse, or club store.			
Store.	Location (City, State)		
Dwoof of Dunchase	(if applicable)		
Proof of Purchase (п аррпсавіе)		
	I in this circle if you have enclosed the date of purchase and the loc	osed one or more receipts illustrating the number of Products purchased, the cost of ation of purchase.	
		under penalty of perjury that I purchased the Products as reflected in the table above 0 and that all of the information on this Claim Form is true and correct to the best o	
Signature:		Dated (mm/dd/yyyy):	
	eive any benefits from the class o later than February 18, 202	settlement, you must submit this completed form online by February 18, 2021, or by	

Friend v. FGF Brands (USA), Inc.
Settlement Administrator
P.O. Box 43516
Providence, RI 02940-3516

TO SUBMIT BY MAIL, send to:

TO SUBMIT ONLINE: Visit www.Naanclassactionsettlement.com and follow directions to submit your claim online.