

IMPORTANT LEGAL MATERIALS

Mike Allen, et al. v. Dolgencorp, LLC
Case No. SUCV2020000385
Superior Court
White County, Georgia

For use by purchasers of Clover Valley ground coffee Product(s) from Dollar
General between January 1, 2015 and April 1, 2021.

CLAIM FORM

GENERAL INSTRUCTIONS

Settlement Class Members who seek payment from the Settlement for Tier 1 or Tier 2 Benefits must complete and return this Claim Form.

Completed Claim Forms must be mailed to the Settlement Administrator at Allen v Dolgencorp, LLC c/o Settlement Administrator, PO Box 161, Warminster, PA 18974-0161 or can be submitted online via the Settlement Website, www.clovervalleycoffeessettlement.com. **Claim Forms submitted via mail must be RECEIVED ON OR BEFORE July 6, 2021 OR SUBMITTED ONLINE NO LATER THAN 11:59 pm, Eastern Time.** The information will not be disclosed to anyone other than the Court, the Settlement Administrator, and the Parties in this case, and will be used only for purposes of administering this Settlement.

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Notice of Proposed Class Action Settlement (the "Notice") available at www.clovervalleycoffeessettlement.com. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Release(s) included as a material term of the Settlement Agreement.

Only one Claim may be submitted per Household under either Tier 1 or Tier 2 as you must choose between Tier 1 and Tier 2 Benefits. You may not submit a Claim Form for both Tier 1 and Tier 2 Benefits.

If you fail to submit a timely Claim Form, your Claim may be rejected, and you may be precluded from any recovery from the Settlement fund. If you are a member of the Settlement Class and you do not timely and validly request to Opt-Out from the Settlement Class, you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form.

To receive the most current information, receive updates, and to file your Claim, please visit the Settlement Website at www.clovervalleycoffeessettlement.com.



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Claimant Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: (____) _____ - _____

Evening Phone Number: (____) _____ - _____

E-mail: _____@_____

Please complete only one of the Tier options below. Completing more than one Tier option below will invalidate your Claim.

For use with Tier 1 Claims (No Proof of Purchase)

The Tier 1 Benefit is available for Settlement Class Members who purchased Clover Valley ground coffee Product(s) from Dollar General during the Class Period and do not have valid Proof of Purchase. If you check the box below, then you may recover \$0.85 per Unit purchased, up to a maximum of 4 Units per Household, for a maximum reimbursement of up to \$3.40 per Household. The actual amount paid to Settlement Class Members may be reduced and adjusted depending on the number of Valid Claims submitted in Tiers 1 and 2.

Attestation

I purchased Products during the Class Period.

Type of Clover Valley Coffee Purchased	Quantity Purchased	Store Name where Purchased	Approximate Date(s) of Purchase	Location(s) of Purchase



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For use with Tier 2 Claims (With Proof of Purchase)

The Tier 2 Benefit is available for Settlement Class Members who purchased Clover Valley ground coffee Product(s) from Dollar General during the Class Period and have valid Proof(s) of Purchase, which means either (1) proof of a receipt; or (2) documentation from a third-party commercial source reasonably establishing the fact and date of purchase of the applicable Product during the Class Period in the United States. You may receive up to \$0.85 per Unit purchased for up to 20 Units per Household for which a valid Proof of Purchase has been provided, up to a maximum reimbursement of \$17.00 per Household. The actual amount paid to Settlement Class Members may be reduced and adjusted depending on the number of Valid Claims submitted in Tiers 1 and 2.

Attestation

I purchased _____ [# of units] of Product(s) from Dollar General during the Class Period and have attached the Proof of Purchase for each unit.

Submission to Jurisdiction of the Court

By signing below, you are submitting to the jurisdiction of the White County Superior Court in the State of Georgia.

Certification under Penalty of Perjury

I hereby certify under penalty of perjury that:

1. I have read the Settlement Agreement and agree to its terms, including the Release(s);
2. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information and belief;
3. The additional information provided to the Settlement Administrator to support my Claim is an original or a complete and true copy of the original document;
4. I am a member of the Settlement Class and did not request to Opt-Out from the Settlement Class;
5. I am neither (a) a Person who purchased or acquired the Product for resale; (b) an employee, principal, legal representative, successor, or and assign of Defendants or its affiliated entities; (c) a Person who has filed for exclusion from the Settlement Class; (d) counsel for the Parties; (e) a governmental entity; nor (f) a judicial officer or courtroom staff to whom this Action is assigned, or any member of the judge's immediate family;
6. I have not submitted any other Claim for the same purchases and have not authorized any other Person or entity to do so, and know of no other Person or entity having done so on my behalf;
7. No other Person in my Household has submitted a Claim under this Settlement;
8. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim;
9. I understand that by submitting this Claim Form, and if the Settlement is Finally Approved, I am deemed to have given a complete Release of all settled claims; and
10. I understand that Claims will be audited for veracity, accuracy and fraud. Illegible Claim forms can be rejected. If a Claim Form is determined not to be a Valid Claim, it will be rejected.

Signature: _____ Date: ____/____/____



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