

Melgar v. Zicam, LLC,

In the United States District Court for the Eastern District of California

Case No. 2:14-cv-00160-MCE-AC

Settlement Claim Form

If you are a Class Member and wish to receive a payment, your completed Claim Form must be postmarked on or before October 3, 2018, or submitted online at www.ZicamClassAction.com on or before October 3, 2018.

Please read the full notice of this settlement (available at www.ZicamClassAction.com) carefully before filling out this Claim Form.

To be eligible to receive any benefits from the settlement obtained in this class action lawsuit, you must submit your claim form online or by mail:

ONLINE: Visit www.ZicamClassAction.com and submit your claim online.

MAIL: Zicam Class Action, c/o RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479

PART ONE: CLAIMANT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Claims Administrator of any changes to your contact information after the submission of your Claim Form.

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PART TWO: PURCHASE INFORMATION

To qualify for a cash award, you must have purchased one or more of the following Zicam Products in the United States from February 15, 2011 through June 5, 2018:

(i) RapidMelts Original, (ii) RapidMelts Ultra, (iii) Oral Mist, (iv) Ultra Cystals, (v) Liqui-Lozenges, (vi) Lozenges Ultra, (vii) Soft Chews, (viii) Medicated Fruit Drops, and (ix) Chewables (the "Products").

QUESTIONS? VISIT www.ZicamClassAction.com OR CALL 855-279-8685 TOLL FREE

TOTAL NUMBER OF SUBJECT PRODUCTS

Write the **total number** of each of the Products you purchased between February 15, 2011 and June 5, 2018 and the location of purchase next to the name(s) of the Subject Products you purchased in the chart below:

Product Name	Number of Subject Products Purchased	Location of Purchase
(i) RapidMelts Original		
(ii) RapidMelts Ultra		
(iii) Oral Mist		
(iv) Ultra Crystals		
(v) Liqui-Lozenges		
(vi) Lozenges Ultra		
(vii) Soft Chews		
(viii) Medicated Fruit Drops		
(ix) Chewables		

SETTLEMENT BENEFITS

Settlement Fund. Subject to Court approval, the parties have agreed to a Settlement under which Zicam will pay \$16 million in cash. In addition to paying class member claims, the Settlement Fund will be used to pay notice and administration costs, Plaintiff's attorneys' fees, Plaintiff's costs and expenses, and an incentive award to the Class Representative.

If the total dollar amount of all valid claims is different than the available portion of the Settlement Fund (after payment of Plaintiff's attorneys' fees, costs and expenses, and any incentive award), then your recovery, and the recovery of every other Claimant, will be proportionally adjusted. This adjustment may increase or decrease your recovery.

Without Proof of Purchase. You will receive cash based on the average manufacturer's suggested retail price ("MSRP") during the Settlement Class Period for a maximum of five Products that you bought but do not have Proof of Purchase for.

The MSRP for each of the Subject Products is as follows:

Product Name	MSRP
(i) RapidMelts Original	\$11.53
(ii) RapidMelts Ultra	\$11.45
(iii) Oral Mist	\$11.36
(iv) Ultra Crystals	\$11.12

(v) Liqui-Lozenges	\$11.08
(vi) Lozenges Ultra	\$8.74
(vii) Soft Chews	\$6.16
(viii) Medicated Fruit Drops	\$10.95
(ix) Chewables	\$11.29

With Proof of Purchase. To receive cash based on the actual price you paid for six or more Products, you must also submit Proof of Purchase. “Proof of Purchase” means the following documentation that you purchased a Product: receipts or invoices, packaging, bottles, containers, or other documentation reflecting the purchase of a Product covered by the Settlement. If your proof of purchase does not reveal the actual price paid, you will receive the MSRP for those products.

Check here if you are enclosing proof of purchase documentation with this claim form:

- If you are making a claim with a Proof of Purchase, you can either (1) e-mail your receipts or other Proof of Purchase along with this Claim Form to info@rg2claims.com; or (2) mail the receipts or other Proof of Purchase along with this Claim Form to: Zicam Class Action, c/o RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479.

***Failure to include Proof of Purchase for claims for six or more Products will result in the reduction of your claim from six or more Products to the maximum of five Products.**

***Submission of false or fraudulent information may result in the claim being rejected in its entirety.**

PART THREE: ATTESTATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States of America that I purchased the products listed above between February 15, 2011 and June 5, 2018 and that all of the information on this Claim Form is true and correct to the best of my knowledge.

SIGNATURE

DATE

CLAIM FORM REMINDER CHECKLIST

Before submitting this Claim Form, please make sure you:

1. Complete all fields in the Claimant Information section of this Claim Form.
2. Provide the **total number** of the Products you purchased between February 15, 2011 and June 5, 2018.
3. Indicate whether you have and are enclosing proof of purchase documentation.
4. Sign the Attestation under penalty of perjury in Part Three. You must sign the Attestation in order to be eligible to receive settlement benefits.

Please keep a copy of your Claim Form for your records.