

**JONES V. NUTЕК RECALLED BABY WIPES SETTLEMENT
CATEGORY 1 CLAIM FORM – PRODUCT PURCHASE CLAIM**

CATEGORY 1 CLAIM – PRODUCT PURCHASE CLAIM

IMPORTANT: Use this Form only if you qualify for a Category 1 claim. Please read the detailed descriptions of Category 1, Category 2 and Category 3 claim qualifications in the enclosed Notice or on the settlement website at <http://jonesvnutekclasssettlement.com> before completing this form. **DO NOT complete this Form if you already filed a claim online.**

1. You may submit your claim online if you received a settlement notice in the mail with a unique ID number. If you did not receive a settlement notice, you may submit your claim by mail, but you must include a receipt showing your purchase and/or return of the Recalled Baby Wipes.
2. You must provide the Class Member’s information in Section 1, answer all of the questions in Section 2, and sign the Claim Form in Section 3. Complete Section 4 only if you are represented by your own Attorney.
3. Any person who purchased or otherwise acquired Recalled Baby Wipes between October 25, 2013 and October 25, 2014 for or on behalf of themselves or a third party or a minor child over whom they have custody and control as a caregiver, parent or guardian can file a Category 1 Claim. “Recalled Baby Wipes” means the baby wipes manufactured by Nutek that were sold in the United States and subject to the Recall including, but not limited to, those under the brand names Cuties, Diapers.com, Fred’s, Kidgets, Member’s Mark, Simply Right, Sunny Smiles, Tender Touch, and Well Beginnings, as well as feminine wipes manufactured under the Femtex brand.
4. Return your signed Category 1 Claim Form postmarked by January 29, 2018.

Recalled Baby Wipes Settlement
c/o Dahl Administration
PO Box 3614
Minneapolis, MN 55403-0614

5. QUESTIONS? Visit the settlement website at <http://jonesvnutekclasssettlement.com> or call 1-888-218-0349.

SECTION 1: CLASS MEMBER IDENTIFICATION

The Class Member listed below received a Notice by mail or email.

YES NO

If YES, the eight digit Claimant ID Number from that Notice is:

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If NO, you will need to provide proof of purchase and/or return of the Recalled Baby Wipes with your Claim.

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FIRST NAME OF SETTLEMENT CLASS MEMBER

MIDDLE INITIAL

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LAST NAME OF SETTLEMENT CLASS MEMBER

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MAILING ADDRESS

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CITY

STATE

ZIP CODE

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DAYTIME PHONE NUMBER

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MOBILE/HOME PHONE NUMBER

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EMAIL ADDRESS

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SECTION 2: PRODUCT PURCHASE

1. I purchased or otherwise acquired Recalled Baby Wipes on the following approximate date(s):
(To qualify, you must have purchased or acquired Recalled Baby Wipes on or between October 25, 2013 and October 25, 2014. Attach a separate sheet if you have more than two purchases.)

____/____/____ Purchased Date 1 ____/____/____ Purchased Date 2

2. I purchased Recalled Baby Wipes at the following retailer (check all that apply):

Sam's Club Family Dollar Walgreens Fred's Other. If other, please list: _____

3. List the city(s) and state(s) of the retailer(s) from which you purchased Recalled Baby Wipes:

4. The Recalled Baby Wipes were used during the following time period (date range):

From: ____/____/____ To: ____/____/____

5. The Recalled Baby Wipes I purchased were sold under the following brand (check all that apply):

Cuties Diapers.com Fred's Kidgets Member's Mark Simply Right
 Sunny Smiles Tender Touch Well Beginnings Femtex Other

If other, please list: _____

6. I returned the Recalled Baby Wipes due to the recall. YES NO

7. If YES, please provide the following information:

a. Approximate date the Recalled Baby Wipes were returned: ____/____/____

b. Retailer Recalled Baby Wipes were returned to: _____

c. City and State of Retailer: _____

d. Number of units returned: _____

8. DOCUMENTATION OF CLAIM:

I provided a Claimant ID number in Section 1: YES NO

If YES, proceed to Section 3.

If NO, you must provide proof of purchase in the form of receipts and, if you answered YES in question 7 above, you must provide proof of your return of product.

Documentation included: YES NO

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SECTION 3: DECLARATION

I declare, under penalty of perjury, under the laws of the United States, that the information provided in the Claim Form is true and correct and that any documentation I have provided is a valid copy of my original receipt(s) or product return documentation.

CLASS MEMBER NAME (PLEASE PRINT)

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SIGNATURE

DATE

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SECTION 4: ATTORNEY NAME AND CONTACT INFORMATION (IF REPRESENTED)

I am represented by my own attorney (if yes, please list your attorney’s name and contact information below.)

YES

NO

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NAME OF ATTORNEY

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ATTORNEY FIRM

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MAILING ADDRESS OF ATTORNEY

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CITY

STATE

ZIP CODE

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PHONE NUMBER OF ATTORNEY

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EMAIL ADDRESS OF ATTORNEY