

Please read the statement below. You must sign and date the Claim Form acknowledging that you have reviewed and agree with the statement.

I declare under penalty of perjury under the laws of the United States that between January 1, 2011 and June 6, 2016, I purchased "Reservie Trans-Resveratrol" dietary supplement product for personal consumption, and not for resale, and am not an officer, director, or employee of Vitamin Shoppe, or the immediate family member of such a person, and have not received remuneration from Vitamin Shoppe in connection with the use or endorsement of Reservie Trans-Resveratrol.

Signature: _____

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REMINDER: If your Claim Form is not received or postmarked on or before September 23, 2016 your claim may be rejected.

PLEASE DO NOT CALL THE COURT, THE JUDGE, OR THE DEFENDANTS REGARDING THIS MATTER.

If you have questions about this Claim Form visit www.supplementsettlement.com.

OR E-mail the Settlement Administrator at: info@SupplementSettlement.com

OR Write the Settlement Administrator at:

Vitamin Shoppe Industries, Inc. Settlement Administrator
1801 Market Street, Suite 660
Philadelphia, PA 19103