

Reserve Raisins Class Action
c/o KCC Class Action Administration
P.O. Box 404011
Louisville, KY 40233-4011

UNITED STATES COURT
OF FEDERAL CLAIMS

Ciapessoni, et al. v. United States
Case No. 1:15-cv-00938-LAS

UCI

Must Be Postmarked
No Later Than
October 6, 2017

Official
Office
Use
Only



Class Action Opt-In Notice Form

1. Fill out this form completely and legibly. **It must be submitted, postmarked, or faxed to the claims administrator (who has been retained by Class Counsel for this case and whose address is at Paragraph 5 below) by October 6, 2017.**

PLEASE NOTE: It is your responsibility to ensure that the information you provide on this form is complete and accurate, and that you are entitled to a distribution of any money obtained by the above-referenced lawsuit. **If you separately delivered raisins in the name of more than one person, one group of persons that delivered jointly, or an entity, you must submit a separate form on behalf of each person, group of persons, or entity that separately delivered raisins. If you need additional forms, you may call 1-866-763-9930 or download them at www.reserveraisinsclassaction.com.**

2. Please list the name of the person, group of persons (e.g., husband and wife) delivering jointly, or entity (e.g., farm or partnership name) that delivered natural seedless raisins that were acquired by handlers and placed in reserves for the account of the Raisin Administrative Committee in one or more of the 2002–2003, 2003–2004, 2005–2006, 2006–2007, 2007–2008, 2008–2009, and 2009–2010 crop years:

Name of person delivering raisins or persons delivering raisins jointly:

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
1. First Name	M.I.	Last Name
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
2. First Name	M.I.	Last Name
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
3. First Name	M.I.	Last Name

Name of entity (company, farm, partnership, trust, etc.) delivering raisins:

Address at time of delivery of person(s) or entity delivering reserve raisins:

Street Address or P.O. Box

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

Raisin Administrative Committee Account Number (if known)

Questions? Visit www.reserveraisinsclassaction.com or call 1-866-763-9930



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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3. By signing your name in the space below, you are declaring under penalty of perjury under the laws of the United States and applicable state laws:

- a. That the above-listed person(s) or entity(ies) owned natural seedless raisins that were acquired by handlers and placed in reserves for the account of the Raisin Administrative Committee in one or more of the 2002–2003, 2003–2004, 2005–2006, 2006–2007, 2007–2008, 2008–2009, and 2009–2010 crop years;
- b. That the above-listed person(s) or entity(ies) wish(es) to “opt in” to the Class Action lawsuit against the United States described in the accompanying Notice (*Ciapessoni, et al. v. United States*); and
- c. That you are authorized to sign this document on behalf of all above-listed person(s) and/or entity(ies), agree to bind all above-listed person(s) or entity(ies), and agree to serve as the point of contact for purposes of this litigation for all above-listed person(s) or entity(ies).

4. By signing your name in the space below, you agree that Class Counsel, Co-Counsel, and the Class Representatives will represent all above-listed person(s) or entity(ies) in the Class Action lawsuit and that Class Counsel and Co-Counsel will be compensated in accordance with the terms of the accompanying Notice unless you retain and pay for separate, independent counsel who files an appearance on your behalf.

Sign Your Name: _____ Date: _____

Print Your Name: _____

Title (If Applicable): _____

If you are signing not on your behalf but, instead, on behalf of an entity or some other person, please indicate your title (e.g., owner, president, partner, trustee, guardian, executor, etc.)

Please provide the mailing address, telephone number, and email address of the person signing this form:

Primary Address

Primary Address

Primary Address Continued

Primary Address Continued

City

City

State

State

Zip Code

Zip Code

Area Code Telephone Number (Home)

Area Code Telephone Number (Home)

Area Code Telephone Number (Work)

Area Code Telephone Number (Work)

Email Address

Email Address

5. This form may be submitted by mail or by fax:

By Mail: Reserve Raisins Class Action
 c/o KCC Class Action Administration
 P.O. Box 404011
 Louisville, KY 40233-4011

By Facsimile: 1-866-763-9933

Questions? Visit www.reserveraisinsclassaction.com or call 1-866-763-9930

