Suchanek v. Sturm Foods, Inc. Settlement Administrator P.O. Box 43223 Providence, RI 02940-3223



Suchanek et al. v. Sturm Foods, Inc. et al.

## UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS

Case No. 3:11-cv-00565-NJR-RJD

Must Be Postmarked No Later Than May 7, 2020

## **GROVE SQUARE COFFEE PRODUCTS CLAIM FORM**

CLAIMANT INFORMATION			
First Name	M.I. Last Na	me	
Primary Address			
Primary Address Continued			
City		State	Zip Code
Foreign Province F	Foreign Postal Code	Foreign Country	y Name/Abbreviation

This Claim Form may be submitted online at www.InstantCoffeeLawsuit.com or completed and mailed to the address below. Submit your completed Claim Form online, or mail it so it is postmarked by May 7, 2020.









## I. CLAIM TYPE

Fill in the appropriate circle based on the state in which you purchased GSC products from a retail location:

- I made my GSC product purchases in Alabama and would like to receive the \$100 maximum payment;
- I made my GSC product purchases in New York and would like to receive the \$275 maximum payment;
- I made my GSC product purchases in California, Illinois, New Jersey, North Carolina, South Carolina, or Tennessee:
  - I purchased one GSC product. I am claiming the minimum \$25 for one purchase; or
  - I purchased two GSC products. I am claiming \$50 for two purchases; or
  - I purchased three or more GSC products. I am claiming the maximum of three purchases, \$75.

## II. SIGNATURE

I swear that the information provided in this Claim Form, to the best of my knowledge, is true and correct. In addition, if making a claim for purchases made in Alabama or New York, I declare under penalty of perjury that the information provided in this Claim Form, to the best of my knowledge, is true and correct.

By submitting this claim, you acknowledge that you hold the Settlement Administrator harmless from any and all losses, claims, liabilities, damages, or suits arising out of or in connection with the issuance of any distribution payment in this matter, including those resulting from the submission of incorrect contact information or fraud.

Signature:	Dated (mm/dd/yyyy):
Print Name:	
Preferred Telephone number	

Mail this Claim Form postmarked by May 7, 2020 to:

Suchanek v. Stuvrm Foods, Inc.
Settlement Administrator
P.O. Box 43223
Providence, RI 02940-3223

