

INSTRUCTIONS FOR SUBMITTING YOUR PROOF OF CLAIM

If you are a member of the Settlement Class, you may file a claim for a share of the Settlement Fund. You must complete this claim form and mail to the Settlement Administrator at the address provided below or submit your claim online at www.SolodynCase.com **no later than July 31, 2018**.

To complete this form:

1. You must accurately complete all required portions of the attached Proof of Claim form.
2. Complete *Section A* of the attached Claim Form.
3. Answer the questions in *Section B* to determine your eligibility. To be eligible, you must have either paid all or a portion of the price of 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, and/or 135mg Solodyn[®] and/or its generic versions of one or more of these dosages, in Alabama, Alaska, Arizona, Arkansas, California, Florida, Hawaii, Idaho, Illinois, Iowa, Kansas, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming, the District of Columbia and Puerto Rico (together, the "Eligible States"), in tablet form, for consumption by yourself or your family, from July 23, 2009 through February 25, 2018, inclusive.
4. Provide the total amount of your purchases of 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, and/or 135mg Solodyn[®] and/or its generic versions of one or more of these dosages, in the Eligible States, in tablet form, for consumption by yourself or your family, from July 23, 2009 through February 25, 2018, inclusive in *Section C*.
5. Review and sign the Proof of Claim form in *Section E*, which includes the Certification that the information that you provide is true and correct to the best of your knowledge. If you submit the form electronically, your electronic signature and submission of the form will have the same force and effect as if you signed the form on paper.
6. By signing and submitting the Proof of Claim form, you are swearing under penalty of perjury that you paid or reimbursed for 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, and/or 135mg Solodyn[®] and/or its generic versions of one or more of these dosages, in the Eligible States, in tablet form, for consumption by yourself or your family, from July 23, 2009 through February 25, 2018, inclusive, and that you did not resell the Solodyn[®] and/or its generic versions.
7. You have two options for completing a Proof of Claim form:
 - i. You can mail the completed and **signed** Proof of Claim form and Certification by First-Class U.S. Mail, postage prepaid, postmarked no later than July 31, 2018, to:

Solodyn Settlement
c/o A.B. Data, Ltd.
P.O. Box 173034
Milwaukee, WI 53217

OR
 - ii. You can complete and submit the Proof of Claim form and Certification using the Settlement Administrator's Settlement Website, www.SolodynCase.com. Upon completion of the online Proof of Claim form, you will receive an acknowledgement that your claim has been submitted. If you choose this option and file a claim electronically, your electronic signature and submission of the form will conform to the requirements of the Electronic Signatures Act, 15 U.S.C. § 7001, et seq., and will have the same force and effect as if you signed the Proof of Claim form in hard copy.
8. Your failure to complete and submit the Proof of Claim form postmarked or filed online by **July 31, 2018**, will prevent you from receiving any payment from this Settlement. Submission of this Proof of Claim form does not assure that you will share in the payments related to the Settlement. If the Settlement Administrator disputes a material fact concerning your Claim, you will have the right to present information in a dispute resolution process. For more information on this process, visit www.SolodynCase.com.