

DAVID WILSON VS. AIRBORNE HEALTH, INC., ET AL.
PROOF OF CLAIM FORM

You can also file online at: www.AirborneHealthSettlement.com

You must complete the required information below and sign the affirmation that you purchased the Airborne Product(s). For those purchases for which you have proof of purchase, please complete Section A, below. For any purchase for which you do not have proof of purchase, please complete Section B below. All Claim Forms must be postmarked or submitted online by **September 15, 2008**.

Please return this form to:

Airborne Class Action Settlement Administrator
P.O. Box 1897
Faribault, MN 55021-7152

CLASS MEMBER INFORMATION

Name: _____ Telephone or Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

A. PURCHASE INFORMATION (WITH PROOF OF PURCHASE)

Complete information should be provided for each purchase. You must provide proof sufficient to show that you purchased an Airborne Product and the amount you paid. Examples of such proof are: original receipt, internet receipt or internet order confirmation. If additional space is required please feel free to make copies of this form.

Product Name	Number Of Boxes	Date of Purchase	Cost of Purchase	Location of Purchase (Store, City & State)	Proof of Purchase Attached?

B. PURCHASE INFORMATION (WITHOUT PROOF OF PURCHASE)

If you are unable to provide proof of purchase, you may be reimbursed up to the average retail price of \$6.99 per box of Airborne Health Formula, \$2.75 per box for Gummi, \$10.50 per box of Seasonal, and \$6.99 per box for the remaining Airborne Products, for up to six (6) Airborne Product packages. **Knowingly filing a false claim is fraud, which is subject, among other things, to audit and rejection.** If additional space is required please feel free to make copies of this form.

Product Name	Number Of Boxes	Date of Purchase	Cost of Purchase	Location of Purchase (Store, City & State)
Airborne Health Formula			\$6.99 Per box	
Gummi			\$2.75 Per box	
Seasonal			\$10.50 Per box	
Other			\$6.99 Per box	

AFFIRMATION

I affirm that I purchased the listed Airborne products in the United States between May 1, 2001 and November 29, 2007.

Signature: _____ Date: _____