

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

IN RE VITAMINS ANTITRUST LITIGATION

This document relates to:

ANIMAL SCIENCE PRODUCTS, et al.,

Plaintiffs,

- against -

CHINOOK GROUP, LTD.,

Defendants.

Misc. No. 99-197 (TFH)
MDL No. 1285

NOTICE OF CHOLINE CHLORIDE CLASS DETERMINATION AND CLAIM FORM

TO: ALL PERSONS AND ENTITIES WHO DIRECTLY PURCHASED CHOLINE CHLORIDE FROM A DEFENDANT HEREIN OR A CO-CONSPIRATOR DURING THE PERIOD FROM JANUARY 1, 1988 THROUGH SEPTEMBER 30, 1998 IN THE UNITED STATES.

PLEASE READ THIS NOTICE CAREFULLY AND IN ITS ENTIRETY.

THE COURT HAS CERTIFIED A CLASS OF PURCHASERS OF CHOLINE CHLORIDE. THIS NOTICE DESCRIBES YOUR RIGHT TO EXCLUDE YOURSELF FROM THE CLASS AND NOT PARTICIPATE FURTHER IN THIS LITIGATION.

IF YOU HAVE FILED YOUR OWN LAWSUIT, YOU STILL NEED TO TAKE ACTION TO EXCLUDE YOURSELF FROM THIS LITIGATION.

NOTICE IS HEREBY GIVEN, pursuant to Rule 23 of the Federal Rules of Civil Procedure and an Order of the United States District Court for the District of Columbia ("the Court"), dated February 25, 2002, that a class (the "Choline Chloride Class") has been certified by the Court.

Notice of one prior settlement involving both Vitamin Products and Choline Chloride and two prior settlements involving only Choline Chloride was given previously. Your possible choices are described later in this Notice.

IF YOU PURCHASED VITAMIN PRODUCTS, YOU SHOULD RECEIVE A SEPARATE NOTICE ABOUT CERTIFICATION OF A VITAMIN PRODUCTS CLASS AND ANOTHER SETTLEMENT. IF YOU DID NOT, YOU MAY REQUEST THAT NOTICE FROM THE CLAIMS ADMINISTRATOR IDENTIFIED BELOW.

I. BACKGROUND OF THE CLASS ACTIONS

Class Plaintiffs and others have filed lawsuits in this Court and elsewhere in the United States against the various defendants. The lawsuits have been consolidated in the Court for pretrial purposes before the Honorable Thomas F. Hogan, Chief Judge, United States District Court. The class actions and certain earlier settlements were described in previous Notices mailed in December, 1999, April, 2001 and July, 2001.

Class Plaintiffs allege that certain defendants unlawfully agreed to fix, raise, maintain and stabilize the prices of Choline Chloride sold in the United States in violation of Section 1 of the Sherman Act, 15 U.S.C. § 1. Class Plaintiffs claim that, as a result of this alleged price-fixing and other unlawful collusive conduct, they and other members of the Choline Chloride Class paid more for Choline Chloride than they would have paid absent such conduct.

The remaining defendants in these actions are Chinook Group Ltd., Chinook Group, Inc., Cope Investments, Ltd., DuCoa LP, DCV, Inc., Bioproducts, Inc., Mitsui & Co., USA, Inc., Mitsui & Co. Ltd., Peter Copland and Patrick Stayner.

Certain defendants have pleaded guilty to government (both United States and Canadian) charges of fixing the prices of Choline Chloride. All the remaining defendants, however, deny that they engaged in the unlawful conspiracy affecting the Choline Chloride market as alleged by Class Plaintiffs and others. Further, defendants deny that they have injured or damaged any direct purchasers of Choline Chloride to the extent alleged by Class Plaintiffs and others.

THE COURT HAS NOT RULED ON ANY OF THE CLAIMS OR DEFENSES OF THE PARTIES. THIS NOTICE IS NOT TO BE UNDERSTOOD AS AN EXPRESSION OF ANY OPINION FROM THE COURT AS TO THE MERITS OF ANY OF THE CLAIMS OR DEFENSES ASSERTED BY PLAINTIFFS OR DEFENDANTS.

II. THE CHOLINE CHLORIDE CLASS

On February 25, 2002, the Court certified the Choline Chloride Class, and designated certain of the Class Plaintiffs in the Class Action (the "Class Plaintiffs") to be representatives of the Choline Chloride Class. The Choline Chloride Class is defined as:

All persons or entities who directly purchased Choline Chloride from any defendant or their co-conspirators from January 1, 1988 through September 30, 1998. Excluded from the class are all governmental entities, defendants and other manufacturers of vitamins, vitamin premixes and bulk vitamin products, and their respective subsidiaries and affiliates.

HOW TO REMAIN IN THE CLASS

IF YOU PURCHASED CHOLINE CHLORIDE DIRECTLY FROM A DEFENDANT HEREIN OR A CO-CONSPIRATOR AT ANY TIME DURING THE PERIOD FROM JANUARY 1, 1990 THROUGH SEPTEMBER 30, 1998 IN THE UNITED STATES OR FOR DELIVERY IN THE UNITED STATES, YOU ARE A MEMBER OF THE CHOLINE CHLORIDE CLASS AND YOU NEED NOT TAKE ANY ACTION TO REMAIN IN THE CHOLINE CHLORIDE CLASS.

IF YOU REMAIN IN THE CHOLINE CHLORIDE CLASS, YOUR RIGHTS UNDER ANY SETTLEMENTS WILL BE REPRESENTED BY THE CLASS PLAINTIFFS AND PLAINTIFFS' CO-LEAD COUNSEL.

YOU ARE A MEMBER OF THE CHOLINE CHLORIDE CLASS EVEN IF YOU PREVIOUSLY EXCLUDED YOURSELF FROM THE EARLIER SETTLEMENTS.

HOW TO EXCLUDE YOURSELF FROM THE CLASS

If you wish to exclude yourself from the Choline Chloride Class, you must do so by sending a written request for exclusion, by certified

mail, return receipt requested, postage prepaid, postmarked on or before December 9, 2002 to the following address:

Vitamin Products Antitrust Litigation
(Choline Class Certification)
P.O. Box 58520
Philadelphia, PA 19102-5852

The request for exclusion must clearly state the name and address of the person or entity who wishes to be excluded from the Choline Chloride Class, as well as all trade names or business names and addresses used by such person or entity and any of its parents, subsidiaries or affiliates that purchased Choline Chloride during the period from January 1, 1988 through September 30, 1998 and are also intended to be excluded from the Choline Chloride Class.

IN ORDER TO BE EXCLUDED FROM THE CHOLINE CHLORIDE CLASS, YOU MUST TIMELY REQUEST EXCLUSION IN THE MANNER SET FORTH ABOVE EVEN IF YOU HAVE FILED OR HEREAFTER FILE YOUR OWN LAWSUIT AGAINST ANY OF THE DEFENDANTS BASED ON CLAIMS THAT ARISE OUT OF THE CONDUCT AT ISSUE IN THIS LITIGATION.

III. CLAIM FORM

As prior Notices have detailed, there have been two additional settlements with Choline Chloride defendants—the UCB defendants and the Akzo Nobel defendants—since distribution of the first Choline Chloride settlement with the BASF defendants. The two additional settlements have been finally approved by the Court and the proceeds have been accruing interest (“Choline Chloride Settlement Funds”). If you are a member of either the UCB Settlement Class or the Akzo Nobel Settlement Class, or both (and did not exclude yourself), you will be entitled to share in the Choline Chloride Settlement Funds, provided you submit a timely and valid Proof of Claim and Release form (“Claim Form”) in accordance with the instructions set forth herein and in the Claim Form.

The Claim Form is included with this Notice. If you receive multiple copies of this mailing, complete only one Claim Form covering all the qualifying Choline Chloride purchases by each member of the Choline Chloride Settlement Class that wishes to participate in the Choline Chloride Settlement Fund (“Claimant”).

The Claim Form asks for information concerning the amount, calculated in whole dollars, of each Claimant’s qualified direct purchases of Choline Chloride for delivery in the United States, as well as reasonably available documentation (such as account statements and extracts of books and records) that evidence such purchases. In providing the dollar amount of Claimant’s Choline Chloride purchases, sales taxes and delivery or freight charges should be excluded (if ascertainable).

You should retain all documents that substantiate the purchases of Choline Chloride that you claim on your Claim Form. In the event a Claimant is dissatisfied with the decisions reached by the Claims Administrator, the Claimant may seek a determination by the Court of the amount of Claimant’s allowed purchases.

The information submitted in these Claim Forms will also be the basis for distributing any future Choline Chloride settlement funds to members of the Choline Chloride Class.

IN ORDER TO BE ELIGIBLE TO SHARE IN THE PRESENT CHOLINE CHLORIDE SETTLEMENT FUNDS OR ANY FUTURE CHOLINE CHLORIDE SETTLEMENT FUNDS, YOUR CLAIM FORM MUST BE COMPLETED AND SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, POSTAGE PREPAID AND POSTMARKED NO LATER THAN JANUARY 8, 2003 FOR DELIVERY TO THE FOLLOWING ADDRESS:

Vitamin Products Antitrust Litigation
(Choline Claim Form)
P.O. Box 58520
Philadelphia, PA 19102-5852

To the extent that you have previously entered into an agreement with any Choline Chloride Released Party that settles or compromises antitrust claims based on purchases of Choline Chloride during the periods identified above, you may not claim or recover under the Settlement Agreement with respect to any purchases of Choline Chloride covered by the previous settlement.

Claim Forms may only be submitted by purchasers that have not assigned or otherwise transferred their claims to other parties or by their assignees, transferees or successors. If you are the assignee or transferee of, or the successor to, the claims of a member of either Choline Chloride Settlement Class, you may be entitled to submit a Claim Form, provided you provide documents sufficient to establish your ownership rights with respect to such claim. Only one claimant may submit a claim with respect to any particular purchase of Choline Chloride.

IV. PLAN OF ALLOCATION AND DISTRIBUTION OF THE CHOLINE CHLORIDE SETTLEMENT FUNDS

The Choline Chloride Settlement Funds will be distributed to members of the Choline Chloride Settlement Classes that submit timely and valid Claim Forms and whose Claims are allowed by the Court (“Authorized Claimants”). The distribution will take place as soon as practicable after the following: (1) review of the Claim Forms by the Claims Administrator and the determination of the amounts recommended to be paid to Claimants; and (2) approval by the Court of the Claim Administrator’s recommendations as to the amounts to be paid to Authorized Claimants.

Distribution of the Choline Chloride Settlement Funds will be based on Authorized Claimants’ direct purchases of Choline Chloride for delivery to a destination in the United States from any defendant or co-conspirator (or its subsidiary or affiliate) during the period from January 1, 1988 through December 31, 1998. If you purchased Choline Chloride in years other than those for which compensation may be had, you will not be entitled to recover with respect to those purchases. If you did not purchase any Choline Chloride during the periods for which Choline Chloride Settlement Classes members are entitled to recover, you are not a member of the Choline Chloride Settlement Classes, and you are not entitled to any recovery under the Settlement Agreements.

Please note that submission of a Claim Form does not necessarily assure the right to payment thereunder. The Court may deny, in whole or in part, any claim if it determines that the Claimant is excluded from the definition of the Choline Chloride Settlement Classes or if there are legal or equitable grounds for rejecting such claim.

V. ADDITIONAL INFORMATION

For more detailed information concerning the matters involved in the litigation, reference is made to the pleadings, to the Orders entered by the Court and to the other papers filed in the Litigation which may be inspected at the Office of the Clerk of the United States District Court for the District of Columbia, 333 Constitution Avenue, N.W., Washington, D.C. 20001 during regular business hours.

ALL INQUIRIES CONCERNING THIS NOTICE SHOULD BE DIRECTED TO ONE OF PLAINTIFFS’ CO-LEAD COUNSEL, *IN WRITING*, AT THE ADDRESSES SET FORTH BELOW:

Michael D. Hausfeld, Esq.
**Cohen, Milstein, Hausfeld
& Toll, P.L.L.C.**
West Tower, Suite 500
1100 New York Avenue, N.W.
Washington, D.C. 20005-3964

or

David Boies, Esq.
Jonathan D. Schiller, Esq.
Boies, Schiller & Flexner, LLP
5301 Wisconsin Avenue, N.W.
8th Floor
Washington, D.C. 20015

or

Stephen D. Susman, Esq.
Susman Godfrey LLP
1000 Louisiana, Suite 5100
Houston, Texas 77002

INQUIRIES SHOULD NOT BE MADE BY TELEPHONE AND SHOULD NOT BE DIRECTED TO THE COURT.

BY ORDER OF THE COURT:

DATED: October 23, 2002

UNITED STATES DISTRICT JUDGE
UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

If you change your address, or if this Notice was not mailed to your correct address, you should immediately provide your correct address to Vitamin Products Antitrust Litigation (Choline Class Certification), P.O. Box 58520, Philadelphia, Pennsylvania 19102-5852. If the Claims Administrator does not have your correct address, you may not receive notice of important developments in this litigation.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

IN RE VITAMINS ANTITRUST LITIGATION

This document relates to:

ANIMAL SCIENCE PRODUCTS, et al.,

Plaintiffs,

- *against* -

CHINOOK GROUP, LTD.,

Defendants.

Misc. No. 99-197 (TFH)
MDL No. 1285

PROOF OF CLAIM AND RELEASE

CLAIMANTS MUST ANSWER FULLY ALL PARTS OF THIS FORM

TO BE ELIGIBLE TO SHARE IN CHOLINE CHLORIDE SETTLEMENT FUNDS FROM AKZO NOBEL, INC. ("AKZO") OR UCB CHEMICALS CORPORATION ("UCB"), YOU MUST HAVE PURCHASED CHOLINE CHLORIDE FOR DELIVERY IN THE UNITED STATES DIRECTLY FROM ANY DEFENDANT OR CO-CONSPIRATOR, OR ITS SUBSIDIARY OR AFFILIATE, DURING THE PERIOD FROM JANUARY 1, 1988 THROUGH DECEMBER 31, 1998. IF YOU DID SO, YOU ARE A MEMBER OF THE AKZO AND UCB CHOLINE CHLORIDE SETTLEMENT CLASSES AND ARE ENTITLED TO SUBMIT A CLAIM TO SHARE IN THE AKZO AND UCB SETTLEMENT FUNDS UNLESS YOU EXCLUDED YOURSELF FROM ONE OR BOTH SETTLEMENTS.

TO SHARE IN THE SETTLEMENT FUNDS, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM FORM AND MAIL IT, VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED, POSTAGE PREPAID, POSTMARKED NO LATER THAN **JANUARY 8, 2003**, TO:

VITAMINS ANTITRUST LITIGATION
(CHOLINE CLAIM FORM)
P.O. BOX 58520
PHILADELPHIA, PA 19102-5852

It is recommended that you retain a photocopy of your completed Proof of Claim.

A FAILURE TO MAIL YOUR PROOF OF CLAIM BY JANUARY 8, 2003 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM SHARING IN THE SETTLEMENT FUNDS. DO NOT MAIL OR DELIVER YOUR PROOF OF CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL. NO PROOF OF CLAIM WILL BE DEEMED SUBMITTED UNLESS ACTUALLY SUBMITTED TO THE CLAIMS ADMINISTRATOR AT THE ABOVE ADDRESS.

This form (other than signatures) **MUST BE TYPED OR PRINTED.**

I. CHOICE ON FILING

You may have previously filed a Court-approved Proof of Claim and Release form in the proceedings related to the first Choline Chloride Settlement, which had a filing deadline of May 8, 2000. You may not have previously filed such a claim. Please choose one of the following options:

- ___ Use only the approved Choline Chloride purchases from the Proof of Claim form I previously filed in the Choline Chloride Settlement covering the period from 1992 through 1995. I have no additional purchases from 1988 through 1991 or from 1996 through 1998 upon which I want to rely for the purposes of this claim.
- ___ For the years 1992 through 1995, base my claim upon the approved Choline Chloride purchases from the Proof of Claim form I previously filed. For the additional years (1988-91 and 1996-98) relevant to these settlements, base my claim upon any purchase data I have included in this form.
- ___ I did not file a Proof of Claim form in the May, 2000 filing for the first Choline Chloride Settlement. Base my claim upon the purchases reflected in this form.

Regardless of your choice, everyone must also complete Sections II, Claimant, and VII, Certification.

II. CLAIMANT

A. Prior Choline Chloride Claim Number, if available: _____.

B. Indicate below the full name of the person or entity on behalf of whom this Proof of Claim is being completed (the "Claimant") and Claimant's current mailing address and telephone numbers.

Name:

Mailing Address:

City: State: Zip Code: -

Country:

Area Code Telephone No. Area Code Facsimile No.

Correspondence concerning this Proof of Claim will be directed to the mailing address provided above unless a different address is specified in Part E below. (If Claimant's address changes subsequent to submitting this Proof of Claim, Claimant must immediately notify the Claims Administrator in writing of such change.)

C. Claimant is (check one):

Corporation Executor Individual
 Partnership Trustee in Bankruptcy Trust
 Other (Identify and provide the name and address of the person on behalf of whom Claimant is acting)

D. Taxpayer Identification Number:

- OR - -

Employer Identification Number Social Security Number
(for corporations) (for individuals)

E. Indicate below the name of the person to be contacted concerning this Proof of Claim, and that person's address and telephone numbers:

Name:

Mailing Address:

City: State: Zip Code: -

Country:

Area Code Telephone No. Area Code Facsimile No.

F. Other names used by Claimant.

If at the time of any purchase claimed below, Claimant used a business or trade name or was located at an address other than the name and address provided above, indicate each such name and/or address below.

Business or Trade Name(s)	Location(s)	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. If Claimant acquired the rights that are the basis for the Claim asserted herein from some other person or entity, explain the legal basis for your derivative rights and attach documentation evidencing such rights.

III. STATEMENT OF CLAIM

To recover from the Settlement Funds, you must complete the Schedule set forth below in full. On the Schedule, state the amount, calculated in dollars, of Claimant’s direct purchases of Choline Chloride for delivery in the United States from each of the manufacturers identified on the Schedule (or any subsidiary or affiliate thereof) for each year for which such information is requested. Your figures should reflect the actual purchase price to the Claimant—*i.e.*, the gross purchase price not including sales taxes or freight or delivery charges. You should provide documentation supporting Claimant’s claimed purchases (such as photocopies of excerpts from accounting books and records) to the extent such documentation is readily available to you. A purchase is considered a purchase for delivery “in the United States” if the goods purchased were delivered by the manufacturer (or a subsidiary or affiliate thereof) to a destination in the United States.

SCHEDULE OF PURCHASES OF CHOLINE CHLORIDE

Claimant directly purchased Choline Chloride from the entities identified below for delivery by the seller to a destination in the United States, during the period from January 1, 1988 through December 31, 1998, in the following amounts, calculated in dollars (excluding taxes, freight and delivery charges, to the extent ascertainable from existing records):

YEAR	Akzo Nobel, Inc. Akzo Nobel N.V.	BASF Corp. BASF AG	Bioproducts, Inc.	Chinook Group Ltd. Chinook Group Inc.	DuCoa L.P. DCV	UCB, Inc. UCB, S.A.	OTHER (IDENTIFY)
1988	\$	\$	\$	\$	\$	\$	\$
1989	\$	\$	\$	\$	\$	\$	\$
1990	\$	\$	\$	\$	\$	\$	\$
1991	\$	\$	\$	\$	\$	\$	\$
1992	\$	\$	\$	\$	\$	\$	\$
1993	\$	\$	\$	\$	\$	\$	\$
1994	\$	\$	\$	\$	\$	\$	\$
1995	\$	\$	\$	\$	\$	\$	\$
1996	\$	\$	\$	\$	\$	\$	\$
1997	\$	\$	\$	\$	\$	\$	\$
1998	\$	\$	\$	\$	\$	\$	\$

IV. SUBMISSION TO THE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

This Proof of Claim and Release is submitted on behalf of Claimant under the terms of the Settlement Agreements with Akzo and with UCB in the Class Actions, dated December 1, 2000 and July 16, 2001, respectively, and described in the Notices. I hereby affirm, on behalf of Claimant, that Claimant is a member of one or both of these Settlement Classes or the transferee or assignee of, or the successor to, the claims of a member of one or both of these Settlement Classes. Claimant hereby submits to the jurisdiction of the United States District Court for the District of Columbia with respect to its claim to participate in one or both of these Settlement Classes and for purposes of enforcing the release set forth herein. Claimant further acknowledges that it is bound by and subject to the terms of any orders or judgments that may be entered by the Court in the Class Actions with respect to the settlement of the claims of one or both of these Settlement Classes, as described in the Notices related to these two settlements. Claimant agrees to furnish additional information to the Claims Administrator to support this claim if required to do so. Except in relation to the prior claims procedure in May 2000, Claimant has not submitted any other Proof of Claim for the purchases claimed herein and knows of no other person having done so on Claimant's behalf or on behalf of any other person or entity.

V. RELEASE

SINCE THE UCB AND AKZO SETTLEMENT AGREEMENTS HAVE BEEN APPROVED BY THE COURT, IF YOU HAVE NOT EXCLUDED YOURSELF FROM THE UCB AND/OR AKZO SETTLEMENT CLASSES, YOU ARE BOUND BY ALL OF THE COURT'S ORDERS AND JUDGMENTS ENTERED PURSUANT TO THE UCB AND AKZO SETTLEMENT AGREEMENTS, INCLUDING THE DISMISSAL AND RELEASE OF YOUR CLAIMS, AS PROVIDED BELOW, REGARDLESS OF WHETHER YOU FILE A CLAIM FORM OR PARTICIPATE IN THE UCB OR AKZO SETTLEMENT FUNDS.

Considering that the Court approved the UCB and Akzo Settlement Agreements after the UCB and Akzo Settlement Hearings, each member of the UCB and Akzo Settlement Classes that did not timely and validly exclude itself from the UCB and Akzo Settlement Classes has (on its own behalf and on behalf of its direct and indirect parents, subsidiaries and affiliates, the present and former officers, directors, employees, agents and legal representatives of each of the foregoing, and the predecessors, successors, heirs, executors, administrators and assigns of each of the foregoing) (collectively, the "Releasers") completely released and forever discharged UCB Chemicals and Akzo Nobel, its direct and indirect parents, subsidiaries and affiliates (including, without limitation UCB S.A., UCB Pharma, Inc., and UCB Films, Inc.), the present and former officers, directors, employees, managers, agents and legal representatives of each of the foregoing, and the predecessors, successors, heirs, executors, administrators and assigns of each of the foregoing (with respect to any conduct of any of the above entities) (collectively, the "Releasees") from all manner of claims, demands, actions, suits, causes of action, whether class, individual, or otherwise in nature, damages whenever incurred, and liabilities of any nature whatsoever, including without limitation costs, expenses, penalties and attorneys' fees, known or unknown, suspected or unsuspected, asserted or unasserted, in law or in equity, that such Releaser, whether directly, representatively, derivatively or in any other capacity, ever had, now has or hereafter can, shall or may have, relating in any way to any conduct prior to the date of the UCB or Akzo Settlement Agreements concerning the purchase, sale or pricing of Vitamin Products and any or all other vitamins or relating to any conduct alleged in the Class Action, including, without limitation, any such claims which have been asserted or could have been asserted in the Class Action against the Releasees or any of them (the "Released Claims"), except that this release shall not affect the rights of any Releasers (i) to seek damages or other relief from any person with respect to any Vitamin Products or vitamins purchased directly from the manufacturer (or any subsidiary or affiliate thereof) outside the United States for delivery to a destination outside the United States; or (ii) to participate in or benefit from any relief or other recovery as part of a settlement or judgment on behalf of a class of indirect purchasers of Vitamin Products.

In addition, each member of the UCB and Akzo Settlement Classes has waived and released with respect to the Released Claims, any and all provisions, rights and benefits conferred by (a) § 1542 of the California Civil Code, which reads:

"Section 1542 . General release: extent. A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor,"

and (b) any similar state, federal, or other law, rule or regulation, or principle of common law, which is similar, comparable or equivalent to § 1542 of the California Civil Code. Each member of the UCB and Akzo Settlement Classes may hereafter discover facts other than or different from those that it knows or believes to be true with respect to the subject matter of the Released Claims, but due to the approval of the UCB and Akzo Settlement Agreements by the Court after the UCB and Akzo Settlement Hearings, each member of the UCB and Akzo Settlement Classes as a Releaser has waived and fully, finally and forever settled and released any known or unknown, suspected or unsuspected, asserted or unasserted, contingent or non-contingent claim with respect to the Released Claims, whether or not concealed or hidden, without regard to the subsequent discovery or existence of such other or different facts.

The release and dismissal of the claims of the UCB and Akzo Settlement Classes have no effect upon any claims you may have against persons other than the Releasees. This litigation is proceeding against a number of defendants. In addition, the release shall not release any product liability or breach of contract claims unrelated to the subject matter of the Class Action.

VI. SUCCESSORS TO THE CLAIMS OF MEMBERS OF THE AKZO OR UCB SETTLEMENT CLASSES

If the Claimant on whose behalf this Proof of Claim is being submitted is the transferee or assignee of, or the successor to, claims of a member of one or both of the Settlement Classes to participate in the Settlement Funds, proof of such Claimant's entitlement to share in such Funds must accompany this Proof of Claim form.

DO NOT SEND ORIGINAL DOCUMENTS.

VII. CERTIFICATION

I hereby certify under penalty of perjury that:

A. The information provided in this Proof of Claim is true and correct to the best of my knowledge, information and belief;

B. The Claimant is either (i) a member of the Akzo or UCB Settlement Classes or both and did not request to be excluded from the Akzo or UCB Settlement Class or (ii) the assignee or transferee of, or the successor to, the claim of a member of the Akzo or UCB Settlement Classes and did not request to be excluded from the Akzo or UCB Settlement Class;

C. This Proof of Claim is based only upon actual purchases of Choline Chloride DIRECTLY from one or more of the entities identified on the Schedule set forth above during the period between 1988 through 1998 for delivery by the manufacturer (or a subsidiary or affiliate thereof) to a destination in the United States;

D. This Proof of Claim constitutes the only claim being made by the Claimant in connection with the Akzo or UCB Settlements, and Claimant does not know of (i) any other claim being submitted for the same purchases by any other person or entity or (ii) any other person or entity who may have any right to submit a claim with respect thereto;

E. This Proof of Claim has been prepared in accordance with the instructions set forth above;

F. The Claimant is not a Choline Chloride Released Party, as described herein and in the prior Notices;

G. The Claimant has not settled and released its claims against any of the Choline Chloride Released Parties separate from the settlements and releases provided for by the members of the Akzo or UCB Settlement Classes pursuant to the Settlement Agreements, and

H. The Claimant has not transferred or otherwise assigned its claims based on purchases of Choline Chloride for delivery in the United States against any of the entities set forth on the foregoing schedule with respect to Choline Chloride, during the period set forth therein.

I. The Claimant understands that the information provided in this Proof of Claim will be the basis for distributing any future Choline Chloride settlement funds to members of the Choline Chloride Class.

This Certification must be executed before a Notary Public by an executive officer if Claimant is a corporation, by a partner if Claimant is a partnership, or by the owner if Claimant is a proprietorship.

Dated: _____

Signature

Print Name

Title

Sworn and subscribed before me this

____ day of _____

Notary Public

My Commission Expires: _____

VII. SUBSTITUTE FORM W-9

Request for Claimant's Taxpayer Identification Number

YOU MUST ENTER YOUR TAXPAYER IDENTIFICATION NUMBER AND SIGNATURE BELOW IN THE APPROPRIATE PLACES. For most individual taxpayers, this is the Social Security Number.

Social Security Number — —	OR	Employer Identification Number —
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Please enter here the name of the taxpayer whose identification number is written above exactly as it appears in the records of the Social Security Administration or the Internal Revenue Service:

___ Check here if you are a U.S. Taxpayer with a foreign mailing address.

NOTE: If you require the Instructions for Completing Substitute Form W-9, please make a written request to us at: Vitamin Products Antitrust Litigation (Choline Claim Form), P.O. Box 58520, Philadelphia, PA 19102-5852. Please note that your accountant should also be able to provide you with the Instructions.

I certify that I am (we are) **NOT** subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the word "**NOT**" in the previous sentence.

UNDER THE PENALTIES OF PERJURY, I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

(Date)

(Signature of taxpayer whose identification number is written above)