

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

IN RE VITAMINS ANTITRUST LITIGATION

This filing relates to:

ANIMAL SCIENCE PRODUCTS, INC., et al.,

*Plaintiffs,*

*- against -*

CHINOOK GROUP, LTD. et al.,

*Defendants.*

Misc. No. 99-197 (TFH)  
M.D.L. No. 1285

**PROOF OF CLAIM**

**CLAIMANTS MUST ANSWER FULLY ALL PARTS OF THIS FORM**

TO BE ELIGIBLE TO SHARE IN CHOLINE CHLORIDE SETTLEMENT FUNDS FROM MITSUI & CO., LTD., MITSUI & CO. (U.S.A.), INC., BIOPRODUCTS INCORPORATED ("MITSUI"), CHINOOK GROUP LIMITED, CHINOOK GROUP, INC., COPE INVESTMENTS LIMITED, PETER COPELAND, AND WILLIAM PATRICK STAYNER ("CHINOOK") AND ANY OTHER FUTURE APPROVED CHOLINE CHLORIDE SETTLEMENTS, 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 SEPTEMBER 30, 1998. IF YOU DID SO, YOU ARE A MEMBER OF THE CHOLINE CHLORIDE CLASS AND ARE ENTITLED TO SUBMIT A CLAIM TO SHARE IN THE MITSUI AND BIOPRODUCTS SETTLEMENTS, THE CHINOOK SETTLEMENT, AND IN ANY FUTURE APPROVED CHOLINE CHLORIDE SETTLEMENT FUNDS UNLESS YOU PREVIOUSLY EXCLUDED YOURSELF FROM THE CHOLINE CHLORIDE CLASS.

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 MAY 31, 2005, 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 **MAY 31, 2005** 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 or in the AKZO or UCB Settlements, which had a filing deadline of January 8, 2003. 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 with the May 8, 2000 filing deadline 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.
- Use only the approved Choline Chloride purchases from the Proof of Claim form I previously filed with the January 8, 2003 filing deadline in the Choline Chloride Settlement covering the period from 1988 through 1998. I have no additional purchases from 1988 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 by the May 8, 2000 deadline totaling \$\_\_\_\_\_. For the additional years (1988-1991 and 1996-1998) relevant to these settlements, base my claim upon any purchase data I have included in this form which totals \$\_\_\_\_\_. The total purchases of Choline Chloride I am claiming is \$\_\_\_\_\_.

- \_\_\_ Use the approved Choline Chloride purchases from the Proof of Claim form I previously filed with the January 8, 2003 filing deadline in the Choline Chloride Settlement covering the period from 1988 through 1998 totaling \$\_\_\_\_\_ along with the additional purchase data I have included in this form which totals \$\_\_\_\_\_. The total purchases of Choline Chloride I am claiming is \$\_\_\_\_\_.
- \_\_\_ I did not file a Proof of Claim form in either the May 2000 filing for the first Choline Chloride Settlement or the January 2003 filing for the AKZO and UCB Settlements. Base my claim upon the purchases totaling \$\_\_\_\_\_ 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(s), 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
- Partnership
- Other (Identify and provide the name and address of the person on behalf of whom Claimant is acting)
- Executor
- Trustee in Bankruptcy
- Individual
- Trust

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D.** Taxpayer Identification Number:

- OR --

Employer Identification Number (for corporations) Social Security Number (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, unless you are relying on a previously filed and approved Proof of Claim form, 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 Mitsui & Co., Ltd., Mitsui & Co. (U.S.A.), Inc. and Bioproducts Incorporated in the Class Actions, dated October 14, 2003 and Chinook dated April 23, 2004, and described in the Notices. It will also be used in any future approved settlements, if any. I hereby affirm, on behalf of Claimant, that Claimant is a member of the Choline Chloride Class or the transferee or assignee of, or the successor to, the claims of a member of the Choline Chloride Class. 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 the Choline Chloride Class 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 the Choline Chloride Class, as described in the Notices related to the settlements or the Choline Chloride Class. 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 procedures in May 2000 and January 2003, 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 CHOLINE CHLORIDE CLASS HAS BEEN APPROVED BY THE COURT, IF YOU HAVE NOT EXCLUDED YOURSELF FROM THE CLASS, YOU ARE BOUND BY ALL OF THE COURT'S ORDERS AND JUDGMENTS ENTERED IN THE DISTRICT OF THE DISTRICT OF COLUMBIA OR THE DISTRICT OF MINNESOTA PURSUANT TO THE SETTLEMENT AGREEMENT WITH MITSUI & CO., LTD., MITSUI & CO. (U.S.A.), INC., AND BIOPRODUCTS INCORPORATED, THE CHINOOK SETTLEMENT AGREEMENT WITH CHINOOK GROUP LIMITED, CHINOOK GROUP, INC., COPE INVESTMENTS LIMITED, PETER COPLAND, AND WILLIAM PATRICK STAYNER AND ANY FUTURE SETTLEMENT AGREEMENTS (COLLECTIVELY, THE "SETTLEMENT AGREEMENTS"), INCLUDING THE DISMISSAL AND RELEASE OF YOUR CLAIMS, AS PROVIDED BELOW, REGARDLESS OF WHETHER YOU FILE A CLAIM FORM OR PARTICIPATE IN THESE SETTLEMENTS OR ANY ADDITIONAL FUTURE SETTLEMENT FUNDS.

In the event that the Court approves the Settlement Agreements after a Settlement Hearing, each Choline Chloride Class Member shall (on its own behalf and on behalf of its direct and indirect parents, subsidiaries and affiliates, the present and former officers, directors, employees, agents, shareholders (in their capacity as shareholders) 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 release and forever discharge Settling Defendants, their direct and indirect parents, subsidiaries and affiliates, the present and former officers, directors, employees, managers, agents, shareholders (in their capacity as shareholders) 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 when-ever 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 Settlement Agreements concerning the purchase, sale or pricing of Choline Chloride 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 Choline Chloride 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 Choline Chloride.

In addition, each Choline Chloride Class Member shall waive and release 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 Choline Chloride Class Member 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 each Choline Chloride Class Member as a Releaser shall expressly agree that, upon the approval of the Settlement Agreement by the Court after the Settlement Hearing, it shall have 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 Choline Chloride Class Members will have no effect upon any claims you may have against persons other than the Releasees. This litigation is proceeding against other 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 CHOLINE CHLORIDE CLASS**

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 Choline Chloride Class, 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 (i) a member of the Choline Chloride Class and did not request to be excluded from the Choline Chloride Class or (ii) the assignee or transferee of, or the successor to, the claim of a member of Choline Chloride Class and did not request to be excluded from the Choline Chloride 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 Choline Settlement Class, 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 Choline Chloride Class pursuant to the Settlement Agreements;

**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, and

**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: \_\_\_\_\_

**VIII. 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  —
---

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:

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\_\_\_\_\_ 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: Choline Chloride Antitrust Litigation, 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)