

RESPONSE DUE DATE:
POSTMARKED NO LATER THAN
NOVEMBER 2, 2009

CLAIM FORM

IMPORTANT NOTICE: IN ORDER FOR A CLASS MEMBER TO RECEIVE A SHARE OF THE SETTLEMENT FUND, PURSUANT TO THE PLAN OF DISTRIBUTION DESCRIBED IN THE NOTICE, A COMPLETED, SIGNED, AND CERTIFIED PROOF OF CLAIM MUST BE RETURNED TO THE CLAIMS ADMINISTRATOR, **POSTMARKED NO LATER THAN NOVEMBER 2, 2009**, AT THE FOLLOWING ADDRESS:

In re Pressure Sensitive Labelstock Antitrust Litigation
c/o RSM McGladrey, Inc.
Claims Administrator
P.O. Box 1367
Blue Bell, PA 19422

IF YOU WANT PROOF THAT THE CLAIMS ADMINISTRATOR RECEIVED YOUR CLAIM FORM, YOU SHOULD SEND IT IN A WAY THAT WILL PROVIDE YOU WITH A RECEIPT OF DELIVERY, SUCH AS A UNITED STATES POSTAL SERVICE RETURN RECEIPT. THE CLAIMS ADMINISTRATOR WILL ONLY PROCESS CLAIM FORMS THAT IT ACTUALLY RECEIVES.

THE COMPLETED CLAIM FORM AND THE INFORMATION IT CONTAINS WILL BE TREATED AS CONFIDENTIAL AND WILL BE USED SOLELY FOR PURPOSES OF ADMINISTERING THIS SETTLEMENT.

This Claim Form is for members of the Class the Court certified on November 19, 2007 who want to submit claims in order to receive a payment from the settlements in this case. The Class is described in the attached Notice, which you should review. If you previously requested exclusion from the Class (by June 11, 2008), you are not eligible to file a claim or to obtain a payment from the settlements in this case.

This Claim Form even if prepared by a third party, must be completed, signed and certified by the Class Member. THE CLAIMS ADMINISTRATOR IS AUTHORIZED TO REQUEST FROM PERSONS OR ENTITIES SUBMITTING CLAIMS FORMS ANY DOCUMENTATION NECESSARY TO VERIFY ALL INFORMATION APPEARING IN THE CLAIM FORM OR TO PREVENT CONSIDERATION OF DUPLICATE CLAIMS SUBMITTED BY A CLASS MEMBER. FAILURE TO PROVIDE SUCH INFORMATION IN RESPONSE TO SUCH REQUEST MAY CONSTITUTE GROUNDS FOR REJECTION OF THE PROOF OF CLAIM.

If, after reviewing this Proof of Claim, you need additional assistance, you may contact the Claims Administrator at 1-800-222-2760 or visit the website at www.claimsinformation.com.

Please check the box if your name or address below is different and indicate the corrections on the lines provided below:

SECTION B – Information Necessary to Calculate a Class Member’s Claim

As described in the Notice, each Class Member’s claim is based on the amounts such Class Member paid for purchases of Self-Adhesive Labelstock directly from Raflatac, Avery Dennison (Fasson), or MACtac (the “Defendants”), or any of their subsidiaries, any time during the period January 1, 1996 to July 25, 2003 (the “Class Period”). For your convenience, provided below are the total net purchase amounts, separated by year (net of freight charges, discounts, etc.) of Self-Adhesive Labelstock it appears that you purchased from Raflatac, Avery Dennison (Fasson), and MACtac in the United States based on available electronic transaction data from Defendants. If there is no pre-printed information listed in the chart below, check Option 3 on the next page and provide us with purchase data. You can choose to rely on the amount(s) listed for the Claims Administrator to determine your net purchases throughout the Class Period and accordingly, your *pro rata* share of the Net Settlement Fund. If you want to rely on the amounts listed on your Claim Form, you should check the appropriate box below. The purchase information listed on your Claim Form was derived from electronic transactional data Plaintiffs received from Raflatac, Avery Dennison, and MACtac. MACtac was unable to provide Plaintiffs with purchase data in electronic form from January 1, 1996 through June 30, 1998, and Avery Dennison was not able to provide electronic transaction data from January 1, 1996 through November 30, 1996. Also, in some instances, the available information might not allow the Claims Administrator to provide information about Class Period purchases of Self-Adhesive Labelstock on the Claim Form. Accordingly, if you purchased Self-Adhesive Labelstock from Defendants from January 1, 1996 through July 25, 2003 and/or if you purchased Self-Adhesive Labelstock from MACtac from January 1, 1996 through June 30, 1998 and/or from Avery Dennison from January 1, 1996 through November 30, 1996, you may supplement your claim by listing the purchases in the chart below and submitting (with this claim form) proofs of purchase (such as invoices, purchase orders, cancelled checks, etc.). Additionally, if you believe that any of the purchase information listed in the chart below is incorrect, you may list your purchases by year and by Defendant and provide proofs of purchase (such as invoices, purchase orders, cancelled checks, etc.). If you want to supplement the information listed for you, you should check the appropriate box below and provide the required supplemental information.

YEAR	AMOUNT OF RAFLATAC PURCHASES	If amount is different from information on left, fill in the amount	YEAR	AMOUNT OF AVERY DENNISON PURCHASES	If amount is different from information on left, fill in the amount	YEAR	AMOUNT OF MACtac PURCHASES	If amount is different from information on left, fill in the amount
1996			1996			1996		
1997			1997			1997		
1998			1998			1998		
1999			1999			1999		
2000			2000			2000		
2001			2001			2001		
2002			2002			2002		
2003 (up to July 25, 2003)			2003 (up to July 25, 2003)			2003 (up to July 25, 2003)		

Claimant must certify in Section C below that this figure is true and accurate and is based upon actual records maintained by or available to Claimant.

NOTE: If you are not supplementing or changing the purchase data above, you do not need to attach any additional information. You should retain all business records (such as invoices, purchase orders, cancelled checks, etc.). In the event your claim is audited, you will be asked to provide the Claims Administrator with information to support your claim.

PLEASE CHECK THE APPROPRIATE BOX BELOW TO MAKE YOUR CHOICE FOR PURPOSES OF PROCESSING YOUR CLAIM:

OPTION 1:

THE CLAIMS ADMINISTRATOR SHOULD USE THE PURCHASE INFORMATION THAT IS LISTED ABOVE TO PROCESS MY CLAIM

OPTION 2:

THE CLAIMS ADMINISTRATOR SHOULD USE THE PURCHASE INFORMATION THAT IS LISTED ABOVE TO PROCESS MY CLAIM AND IN ADDITION THE SUPPLEMENTAL INFORMATION THAT IS BEING PROVIDED FOR

Purchases of Self-Adhesive Labelstock from MACtac from January 1, 1996 through June 30, 1998

Purchases of Self-Adhesive Labelstock from Avery Dennison from January 1, 1996 through November 30, 1996

OPTION 3:

THE CLAIMS ADMINISTRATOR SHOULD NOT USE THE INFORMATION THAT IS LISTED ABOVE TO PROCESS MY CLAIM BUT SHOULD ONLY USE THE INFORMATION BEING PROVIDED WITH THE CLAIM FORM

IF YOU SELECT EITHER OPTION 2 OR OPTION 3 BE SURE TO PROVIDE DOCUMENTATION OF YOUR PURCHASES OF SELF-ADHESIVE LABELSTOCK DIRECTLY FROM DEFENDANTS DURING THE CLASS PERIOD OF JANUARY 1, 1996 TO JULY 25, 2003 TO SUPPORT YOUR CLAIM.

SECTION C – Jurisdiction of the Court and Certification

By signing below, I hereby swear and affirm that: (1) I have authority to submit this Claim Form; (2) the information contained in this Claim Form and any attachments is true and accurate, based on records maintained by or otherwise available to me; (3) I hereby submit to the jurisdiction of the United States District Court for the Middle District of Pennsylvania (the “Court”) for all purposes associated with this Claim Form including resolution of disputes relating to the Claim Form; and (4) I am NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

NOTE: If you have been notified by IRS that you are subject to backup withholding, please strike out the language in clause (4) above that you are not subject to backup withholding in the certification above.

I acknowledge that any false information or representation may subject me to sanctions including the possibility of criminal prosecution. I hereby agree to supplement this Claim Form by furnishing documentary proof for the information provided, upon request of the Claims Administrator.

Name: _____ Capacity or Title: _____
(Print or type)

Signature: _____ Date: _____