

**CLAIM FORM**

*Gonzales v. Supplement Services, LLC, d/b/a MuscleMeds Inc. and Xero Limits*  
United States District Court Case No. SACV09-532 DOC

**MUST BE POSTMARKED OR DELIVERED NO LATER THAN NOVEMBER 23, 2009.**

**I. PERSONAL INFORMATION.** Please legibly print the following information:

SIMID  
NAME  
ADDRESS  
CITY, STATE, ZIP

Name/Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. QUALIFYING INFORMATION.** I declare the following:

1. I am attaching hereto, evidence in the form of a receipt, bank statement, and/or credit or debit card statement (or substantially similar evidence) clearly demonstrating each purchase of Arimatest® and/or Novatest from January 1, 2008 through September 29, 2009.
2. I purchased Arimatest® and/or Novatest in the United States, its territories, or commonwealths for personal use.
3. I have not filed a request to be excluded from, or to opt out of, the Settlement Class.
4. I understand that I am entitled to a refund check in the amount of \$10.00 for each purchase of Arimatest® and/or Novatest, up to the maximum amount of \$20.00, during the Class Period as well as a coupon valued at \$7.50 for credit against the purchase at a GNC store of not less than \$50.00 of any of MuscleMeds' products.

*The Claims Administrator may require further proof to verify the accuracy of your claim. Please retain copies of any and all documents that may support your claim.*

**FILL OUT THIS FORM AS COMPLETELY AS POSSIBLE AND RETURN WITH PROOF OF PURCHASE TO THE CLAIMS ADMINISTRATOR AT:**

Gonzales v. Supplement Services, LLC  
c/o Simpluris Claim Administrator  
3176 Pullman Street, Ste 123  
Costa Mesa, CA 92626

**I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_