

# Exhibit E

*Metague v. Woodbolt Distribution, LLC*

*in the United States District Court for the District of Maryland*

Civil Action No. 8:20-cv-02186-PX

**SETTLEMENT CLAIM FORM**

You can also submit a claim online as set forth in the Product list on the settlement website  
[www.XTENDCalorieSettlement.com]

Use this Claim Form to claim refunds of a portion of the purchase price of one or more of the XTEND Products (“Challenged Products”). This Claim Form is only for claims concerning the purchase(s) of Challenged Products set forth in the Product list on the settlement website [www.XTENDCalorieSettlement.com] and only for those purchases made between the time period of **July 28, 2014 until [preliminary approval date]**. You cannot use this form to make a claim concerning the purchase(s) of any other products manufactured by Woodbolt Distribution, LLC d/b/a Nutrabolt or any other company. Claim Form submission is limited to one per household. **All Claim Forms must be postmarked or submitted online by [60 days after the Notice Date]**. If mailing, please return this form to:

Metague v. Woodbolt  
c/o Kroll Settlement Administration LLC  
P.O. Box 5324  
New York, NY 10150-5324

You may also email this form to the Settlement Administrator, Kroll Settlement Administration LLC at info@ .com.

**NOTE:** If you wish to receive payment electronically, you must complete the Claim Form online at www. www.XTENDCalorieSettlement.com.

**SECTION 1: CLAIMANT INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS:  
\_\_\_\_\_

ADDRESS 1: \_\_\_\_\_ ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**SECTION 2: CLAIM AND POTENTIAL CASH BENEFIT:**

**Option A:** I purchased, but I **do not** have Proof of Purchase.

For Settlement Class Members who purchased Challenged Products in the Product list during the Class Period and do not have a valid Proof of Purchase, please complete the following information. You will receive up to \$0.50 per product, up to a \$25.00 *maximum* per household. The amount you actually will receive could be appreciably more or less than this amount, depending on several factors including the number of Settlement Class Members who submit a Valid Claim, and the number of XTEND Products you purchased, and whether you provide Proof of Purchase.

Number of Units Purchased	Approximate Purchase Date	3 <sup>rd</sup> Party Seller Purchased From	Itemized Number for Challenged Product on the Attached List

**Option B: I purchased, and I do have Proof of Purchase.**

For Settlement Class Members who purchased XTEND Products in the Product list available on the settlement website [www.XTENDCalorieSettlement.com] during the Class Period and have a valid Proof of Purchase, please complete the following information. You will receive up to \$0.50 per product, up to a \$50.00 *maximum* per household. The amount you actually will receive could be appreciably more or less than this amount, depending on several factors including the number of Settlement Class Members who submit a Valid Claim, the number of XTEND Products you purchased, and whether you provide Proof of Purchase.

**“Proof of Purchase” means a receipt or similar documentation from the Defendant directly or an approved Third Party Retailer that reasonably establishes the facts of purchase of an XTEND Product from the Defendant or an approved Third Party Retailer.**

How many Products did you purchase? \_\_\_\_\_

**\*Please attach Proof(s) of Purchase, reflecting proof for each product you purchased.\***

**SECTION 3: SIGN AND DATE THE AFFIRMATION BELOW**

I UNDERSTAND THAT THE DECISION OF THE SETTLEMENT ADMINISTRATOR IS FINAL AND BINDING ON ME AND WOODBOLT DISTRIBUTION, LLC D/B/A NUTRABOLT. I SWEAR UNDER THE PENALTY OF PERJURY THAT THE INFORMATION ON THIS CLAIM FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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