

# CLAIM FORM

## *In re: Endosurgical Products Direct Purchaser Antitrust Litigation*

A Proposed Settlement has been reached in a class action lawsuit alleging antitrust claims against the Defendants, Johnson & Johnson, Johnson & Johnson Health Care Systems, Inc., Ethicon, Inc., and Ethicon Endo-Surgery, Inc. The lawsuit claimed that the Defendants violated the antitrust laws by bundling endosurgical products with other products and by including anticompetitive provisions in their contracts with hospitals and group purchasing organizations. The lawsuit claimed that as a result, purchasers paid more for endosurgical products than they otherwise would have paid.

The **Direct Purchaser Settlement Class** consists of *all persons and entities who made purchases of Defendants' Relevant Endosurgical Products in the United States directly from Defendants at any time during the Class Period.*

The **Indirect Purchaser Settlement Class** consists of *all persons and entities who made purchases of Defendants' Relevant Endosurgical Products in the United States other than directly from Defendants at any time during the Class Period.*

"Relevant Endosurgical Products" means endosurgical trocars, clip applicators, specimen retrieval bags, endocutters, insufflation needles and tubing, surgical scissors, graspers, dissectors, surgical staplers, surgical procedure trays or kits containing the aforementioned products, as well as related accessories.

The Class Period is from December 19, 2001 through October 20, 2008.

It is possible to be a member of both classes if you made both direct and indirect purchases.

### **GENERAL INSTRUCTIONS**

This Claim Form must be completed and returned by any Class Member who seeks payment from the Proposed Settlement.

- 1. Authorized Claimant:** This Claim Form must be signed and verified by the claimant.
- 2. "Purchase"** refers to a transaction which can be proven by business records, if required, and where the Class Member paid for and obtained title to the *Relevant Endosurgical Products*. Purchases made on consignment or as a broker, where title does not pass to the buyer, do not qualify for claims under the Proposed Settlement.
- 3. Third-Party Agents:** There are companies that may contact Class Members upon learning of a pending class action distribution and offer to help Class Members file claim forms in exchange for a share of the money that the Class Members may ultimately recover or for other compensation. Please be advised that you do not need to use one of these companies in order to file a Claim Form. Assistance is available from the Claims Administrator at no cost to you.
- 4. Submission of Claim:** This Claim Form may be submitted by first-class mail, or it may be completed and submitted online at [www.EndoSettlement.com](http://www.EndoSettlement.com). If you mail the Claim Form, it must be postmarked by **April 20, 2009**, and addressed to: Endosurgical Settlement, c/o Complete Claim Solutions, LLC, P.O. Box 24678, West Palm Beach, FL 33416. If you complete and submit the Claim Form online, it must be submitted by **April 20, 2009**. If you fail to mail a timely, properly addressed Claim Form or submit a timely online Claim Form, your claim may be rejected and you may be precluded from any recovery from the Proposed Settlement. Do not send a Claim Form to the Court or to any of the parties or their counsel.

5. **Completion of Claim Form:** Please type or neatly print all requested information. Failure to complete all parts of the Claim Form may result in denial of the claim, may delay processing, or may otherwise adversely affect the claim.
6. **Verification:** The Claims Administrator will verify the information you submit in your Claim Form by comparing it to an electronic database of Defendants' *Relevant Endosurgical Products* sales. The Claims Administrator may ask you to provide supporting information. If you fail to provide such requested information, your claim may be delayed, reduced, or denied.
7. **Claims of Single Entities:** Even if you belong to more than one of the classes described in the Notice, you need only submit one Claim Form. The Claims Administrator will determine the classes in which you qualify and the Proposed Settlement from which you will receive proceeds.
8. **Claims of Entities Owned by You:** If you own the majority of any entity, including a subsidiary or affiliate, that purchased *Relevant Endosurgical Products* from Defendants and seek to obtain settlement proceeds as a result of those purchases, you must identify that entity in Part 1 of this Claim Form and list that entity's *Relevant Endosurgical Products* purchases in Part 2 of this Claim Form. Entities that are majority-owned by you should NOT submit separate Claim Forms. Owning the majority of an entity includes owning the majority of shares, partnership interests, corporate interests or other similar ownership interests of the entity.
9. **Keep a Copy:** For your records, keep a photocopy of your completed Claim Form. You should also retain any and all documents and records you may have concerning purchases of *Relevant Endosurgical Products* in the United States during the period from December 19, 2001 through October 20, 2008.
10. **Changes of Address:** Keep the Claims Administrator advised of any change in your current mailing address.

If you have any questions or concerns regarding your claim, please contact the Claims Administrator at:

Endosurgical Settlement  
c/o Complete Claim Solutions, LLC  
P.O. Box 24678  
West Palm Beach, FL 33416  
Toll-Free: (866) 722-3520  
Email: info@EndoSettlement.com

You may also contact your own attorney or other person to assist you, at your own expense.

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.  
THANK YOU FOR YOUR PATIENCE.**

**Must Be  
Postmarked By  
April 20, 2009**

# CLAIM FORM

For Official Use Only

## ***In re: Endosurgical Products Direct Purchaser Antitrust Litigation***

### **PART 1: CLAIMANT INFORMATION**

Please type or neatly print all information. Correspondence about your claim will be sent to the mailing address you provide below.

*Name of Claimant: (Company Name)*

*Mailing Address:*

*City:*

*State:*

*Zip Code:*

*Federal Employer Tax Identification Number (FEIN):*

*Address of Claimant if different than Mailing Address:*

*City:*

*State:*

*Zip Code:*

*Name of Person to contact if there are any questions:*

*Contact Person's Company Name:*

*Contact Person's Telephone Number:*

*Contact Person's Email Address:*



If you own the *majority* of any entities, including subsidiaries or affiliates, that purchased *Relevant Endosurgical Products* from the Defendants at any time during the Class Period, from December 19, 2001 through October 20, 2008, list the names and addresses of those entities below. (Attach additional copies of this page, if required.) Entities majority-owned by you should *not* submit separate Claim Forms.

**1. Name:**

**FEIN:**

**Address:**

**2. Name:**

**FEIN:**

**Address:**

**3. Name:**

**FEIN:**

**Address:**

**4. Name:**

**FEIN:**

**Address:**

**5. Name:**

**FEIN:**

**Address:**

Please list below any names other than those listed above that you or entities majority-owned by you have used when purchasing *Relevant Endosurgical Products* from the Defendants. (Attach additional copies of this page, if required.)

**1. Name:**

**2. Name:**

**3. Name:**

**4. Name:**

**5. Name:**

**PART 2: SCHEDULE OF PURCHASES OF RELEVANT ENDOSURGICAL PRODUCTS**

In the table below, list the total dollar amount (in U.S. dollars) of your DIRECT and INDIRECT purchases of Relevant Endosurgical Products made from the Defendant and delivered in the United States from December 19, 2001 through October 20, 2008

You should list direct purchases made by you in any state. However, you should include indirect purchases made by you only in the following states: Alabama, Arizona, California, the District of Columbia, Florida, Hawaii, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Mexico, New York, North Carolina, North Dakota, South Dakota, Tennessee, Utah, Vermont, West Virginia, and Wisconsin.

For example, you should list both direct purchases and indirect purchases made in California, but only direct purchases (and not indirect purchases) made in Connecticut.

Amounts should be rounded to the nearest dollar (i.e.; \$12,345.67 should be entered as \$12,346). Include purchases of Relevant Endosurgical Products made by entities majority-owned by you. Purchase amounts should be net of transportation charges, refunds and credits. You **DO NOT** need to attach documentation. However, you must keep copies of your purchase orders, invoices, or other documentation of your purchases in case verification of your claim is necessary.

**PURCHASES OF RELEVANT ENDOSURGICAL PRODUCTS IN U.S. DOLLARS MADE FROM DECEMBER 19, 2001 THROUGH OCTOBER 20, 2008.**

|   | <b><u>DIRECT PURCHASES MADE IN ANY STATE</u></b> | <b><u>INDIRECT PURCHASES MADE IN THE 26 LISTED STATES</u></b> |
|---|--|---|
| Purchases of Relevant Endosurgical Products: endosurgical trocars, clip appliers, specimen retrieval bags, endocutters, insufflation needles and tubing, surgical scissors, graspers, dissectors, surgical staplers, surgical procedure trays or kits containing the aforementioned products, as well as related accessories. |  |   |

**PART 3: CLAIMS BASED UPON ASSIGNMENT OR TRANSFER**

If you acquired the rights that are the basis of this claim from some other person or entity that is not majority-owned by you (as assignee, transferee, successor or otherwise), please check the box below and attach copies of legal documents in support of the acquisition.

Yes – This claim is based upon an assignment or transfer, and I have attached copies of supporting legal documents.



**PART 4: THIRD-PARTY AGENTS**

If your claim is being filed by a third-party agent, you must attach copies of legal documents giving the agent the authority to do so. You, the claimant, must sign below to confirm that you understand that you did not have to use a third-party agent and that the purchase amounts included on the Claim Form were supplied by you and are accurate. (Please see instruction 3 on page 1.)

*Signature of Claimant:*

*Date:*

*Type/Print Name and Title:*

**PART 5: CERTIFICATION**

By signing this Claim Form, you are verifying that you have business records to support your claim and agree to provide additional information to Plaintiffs' Counsel, the Claims Administrator, or the Court to support your claim. Consequently, you are **required** to keep copies of purchase orders, invoices, checks or other documentation of your purchases in case further verification of your claim is necessary. Failure to supply requested information to the Claims Administrator may result in the rejection of all or part of your claim.

By signing the Claim Form, you are also verifying that you have not submitted any other claim for the same purchases of Relevant Endosurgical Products during the Class Period, have not authorized any other person or entity to do so, and know of no other person or entity having done so on your behalf.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I submit to the jurisdiction of the United States District Court for the Central District of California for any proceedings in connection with my claim. I declare under penalty of perjury under the laws of the United States of America that the foregoing information regarding this claim is true and correct and that this Claim Form was executed this \_\_\_\_\_ day of \_\_\_\_\_, 2009 in \_\_\_\_\_.  
(city / state / country)

*Signature of Claimant/Authorized Agent:*

*Date:*

*Type/Print Name and Title:*

**CHECK LIST**

Before submitting your claim, please make sure you have:

1. Filled in the Claim Form in its entirety.
2. Signed the Claim Form.
3. Kept a copy of the completed Claim Form for your records.
4. Submitted your claim postmarked by **April 20, 2009**.
5. **Changes of Address:** Keep the Claims Administrator advised of any change in your current mailing address.