

In Re Botanic Tonics Litigation

In the United States District Court for the Northern District of California

Case No. 3:23-cv-01460-VC

Settlement Claim Form

If you are a Class Member and wish to receive a payment, your completed Claim Form must be postmarked on or before June 17, 2025 or submitted online at www.FeelFreeClassAction.com on or before June 17, 2025.

Please read the full notice of this settlement (available at www.FeelFreeClassAction.com) carefully before filling out this Claim Form.

To be eligible to receive any payment from the settlement obtained in this class action lawsuit, you must submit your claim form online or by mail:

ONLINE: Visit www.FeelFreeClassAction.com and submit your claim online.

MAIL: In Re Botanic Tonics Litigation, c/o RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479

PART ONE: CLAIMANT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Claims Administrator of any changes to your contact information after the submission of your Claim Form.

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PART TWO: PURCHASE INFORMATION

To qualify for a cash award you must have purchased one or more of the kratom-containing Feel Free Wellness Tonic (“Feel Free product”) in the United States from March 28, 2019, through March 5, 2025. Please note that claims are limited to one per household and one per IP address.

TOTAL NUMBER OF BOTTLES OF FEEL FREE PRODUCT

Write the **total number** of bottles of kratom-containing Feel Free you purchased between March 28, 2019, and March 5, 2025:

QUESTIONS? VISIT WWW.FEELFREECLASSACTION.COM OR CALL 1-800-339-2392 TOLL-FREE

Provide the name of the store or website where you purchased bottles of kratom-containing Feel Free between March 28, 2019, and March 5, 2025:

Check here if you are enclosing Proof of Purchase documentation and/or Proof of Destruction document with this claim form:

Attempts to circumvent any requirement to provide supporting documents by providing non-responsive/false documents will result in the automatic denial of claim(s) in its entirety with no ability to remedy.

POTENTIAL CASH AWARD: You may be entitled to receive a **\$10.00 or more** cash award for each bottle of kratom-containing Feel Free you purchased between March 28, 2019 and March 5, 2025, **without Proof of Purchase for up to ten bottles only**. You may receive a cash award for each bottle of Feel Free purchased if you **submit Proofs of Purchase**, such as receipts, establishing each purchase from March 28, 2019 to March 5, 2025.

Cash awards will be sent in the form of a check. Once the Settlement is approved, if electronic payment are available, you will receive an email notification to allow you to choose your payment option before payments are issued.

PART THREE: ATTESTATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States of America that (1) I purchased the products listed above between March 28, 2019, and March 5, 2025, and (2) all of the information on this Claim Form is true and correct to the best of my knowledge. Any third-party claim filing requires notarized power of attorney to be provided with submission.

I understand that my Claim Form may be subject to audit, verification, and Court review. I further understand that if multiple claims are submitted from the same mailing address, IP address, or by the same person, subsequent claims will not be accepted.

SIGNATURE

DATE

CLAIM FORM REMINDER CHECKLIST

Before submitting this Claim Form, please make sure you:

1. Complete all fields in the Claimant Information section in Part One of this Claim Form.
2. Provide the **total number** of bottles of Feel Free you purchased between March 28, 2019, and March 5, 2025, in Part Two of this Claim Form.
3. Indicate whether you are enclosing Proof of Purchase documentation.
4. Sign the Attestation under penalty of perjury in Part Three of this Claim Form. You must sign the Attestation in order to be eligible to receive settlement benefits.

Please keep a copy of your Claim Form for your records.