

**NOTICE TO SALMONELLA CLAIMANTS ASSERTING CLAIMS AGAINST PEANUT CORPORATION OF AMERICA (PCA) PLAINVIEW PEANUT CO., LLC (PLAINVIEW) OR TIDEWATER BLANCHING CO., LLC (TIDEWATER)**

**IN ORDER TO HAVE YOUR CLAIM CONSIDERED FOR PAYMENT FROM A FUND ESTABLISHED FOR COMPENSATION OF INJURIES OR DEATH RESULTING FROM AN OUTBREAK OF SALMONELLA YOU MUST COMPLETE AND RETURN THE ATTACHED PROOF OF CLAIM FORM AND ATTACH THE REQUIRED DOCUMENTATION. EVEN IF YOU HAVE PREVIOUSLY FILED A PROOF OF CLAIM, YOU MUST COMPLETE AND RETURN THIS PROOF OF CLAIM FORM AND ATTACH THE REQUIRED DOCUMENTATION.**

**To be considered timely filed, this proof of claim form together with a completed Exhibit A must be actually received on or before October 31, 2009 otherwise your claim may be barred. Proofs of claim are to be mailed to Alan Maxwell, Esq., Weinberg, Wheeler, Hudgins, Gunn & Dial, LLC, 950 East Paces Ferry Road, Suite 3000, Atlanta GA 30326. Faxes and emails will not be accepted. Proofs of claim should not be sent to the Bankruptcy Court for the Western District of Virginia. Any proof of claim sent the Bankruptcy Court for the Western District of Virginia will not be accepted or considered for payment.**

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF VIRGINIA		<b>SALMONELLA PROOF OF CLAIM AND PARTICIPATION IN CLAIMS SETTLEMENT PROGRAM</b>
<b>Name of Debtor: PEANUT CORPORATION OF AMERICA PLAINVIEW PEANUT CO., LLC TIDEWATER BLANCHING CO., LLC</b>		<b>CASE NO. 09-60452 09-61651 09-61652</b>
NOTE: This form should only be used to make a claim related to the potential exposure to <i>Salmonella</i> bacterium as a result of the ingestion of a peanut product produced by Peanut Corporation of America ("PCA"), Plainview Peanut Co., LLC ("Plainview") or Tidewater Blanching Co., LLC ("Tidewater"). This form not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 This form should not be used to assert a general unsecured claim unrelated to <i>Salmonella</i> exposure. This form must be completed and timely filed if you are asserting a claim for being exposed to and/or suffering illness from <i>Salmonella</i> even though you or your attorney has already filled a proof of claim with the Bankruptcy Court.		
<b>Name of Salmonella Claimant:</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
<b>Name and address where notices should be sent:</b>		Court Claim Number: _____ (If known)
<b>Telephone number:</b>		Filed on: _____
The Bankruptcy Court has ordered that all persons who believe that they have acclaim against PCA, Plainview, or Tidewater as a result of being exposed to and/or becoming ill from <i>Salmonella</i> Bacterium <b>must file a claim by October 31, 2009</b> . Failure to file a claim by this date shall create a bar to recovery from a fund established for payment of allowed claims against PCA, Plainview, or Tidewater asserted by a personal injury tort claimant exposed to and/ or suffering from illness from <i>Salmonella</i> .		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
<b>1. Amount of Claim as of Date Case Filed:</b> \$ _____		
<b>2. Basis for Claim:</b> _____		
<b>COMPLETE THE ATTACHED EXHIBIT "A"</b>		
<b>3. PARTICIPATION IN THE CLAIMS SETTLEMENT PROGRAM*</b> The Bankruptcy Court has authorized the use of a claims settlement process by which valid claims against PCA, Plainview, or Tidewater and other possible defendants arising out of this <i>Salmonella</i> outbreak may be resolved. A summary of the claims settlement procedure together with the Claims Settlement Procedures are attached as Exhibit "B". _____ <b>CHECK HERE TO AGREE TO PARTICIPATE IN THE CLAIMS SETTLEMENT PROGRAM</b>  If you do not elect to participate in the claims settlement program you will not be able to obtain recovery on your <i>Salmonella</i> claim against PCA, Plainview, or Tidewater from the fund established for <i>Salmonella</i> claimants.		
<b>4 Representation</b> Do you have an attorney (please circle)?    YES/NO. If yes his/her name and contact information is: Name: _____ Address: _____ Phone: _____ Email: _____		
<b>5. THE ORIGINAL OF THIS SALMONELLA CLAIM FORM AND ATTACHED EXHIBIT "A" AND ALL REQUIRED DOCUMENTATION MUST BE SENT SO THAT IT IS RECEIVED BY ALAN MAXWELL, ESQ., WEINBERG, WHEELER, HUDGINS, GUNN &amp; DIAL, LLC, 950 EAST PACES FERRY ROAD, SUITE 3000, ATLANTA, GA 30326 NOT LATER THAN OCTOBER 31, 2009 (FAXES AND EMAILS NOT ACCEPTED)</b>  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
Date: _____	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the claimant or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	<b>FOR COURT USE ONLY</b>

**EXHIBIT A TO SALMONELLA PROOF OF CLAIM FORM**

**1. CLAIMANT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number: \_\_\_\_\_ (home)  
\_\_\_\_\_ (work)

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. IDENTIFICATION OF PERSON WITH ILLNESS**

**If the claimant is the same as the person who became ill check here \_\_\_\_ and go to the next section.**

**(If this is being filled out on behalf of a deceased individual, please do not answer Section 6 or 7.)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to the Claimant: \_\_\_\_\_

### **3. PRODUCT**

How did you or the person for whom the claim is being made become ill as a result of eating a contaminated peanut product? (**Specifically identify** the brand name of the product and when and where it was purchased. Also include the particular name of the product, its size, and the type of container it was in. Please attach to the proof of claim form, if applicable, a photograph of any product packaging reflecting the name of the product and any “bar” or “UPC” code and/or any proof of purchase of the product, for example a store receipt or print out of your purchases from the store that sometimes can be obtained by identifiers such as a “frequent shopper” or “loyal customer” card or the like.).

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Do you still have any of the product that made you sick? If so, verify the custodian of the product:

Last Name	First Name	Middle Initial
_____	_____	_____

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

#### 4. MEDICAL TREATMENT

When was the last time you ate the peanut product before you became ill? \_\_\_\_/\_\_\_\_/\_\_\_\_

What was first date of illness? \_\_\_\_/\_\_\_\_/\_\_\_\_

Which, if any, of the following symptoms did you experience?

Dehydration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Muscle aches/pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Joint aches/pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Loss of appetite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bloody Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eye irritation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stomach cramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reiter's Syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Death	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did you experience any other symptoms of the illness? If so, please describe them:

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How many days did the symptoms last? \_\_\_\_\_

Was the illness ever diagnosed by a physician? If so, what was the diagnosis (please attach any medical records supporting the diagnosis to the proof of claim form)?

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Please identify each medical provider (doctor, emergency room, or hospital) that provided treatment or care for the *Salmonella* illness.

1. Name \_\_\_\_\_

Address

\_\_\_\_\_ Street City State Zip

Dates of treatment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Approx. charges: \$\_\_\_\_\_

2. Name \_\_\_\_\_

Address

\_\_\_\_\_

Street

City

State

Zip

Dates of treatment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Approx. charges: \$\_\_\_\_\_

*Attach additional pages as needed to identify other medical providers.*

Please attach all medical bills resulting from your illness to the proof of claims form.

Are you still experiencing any symptoms as a result of the *Salmonella* infection? If so, please describe the symptoms:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you diagnosed at any time before you current illness with any gastrointestinal illness, disorder or disease? If so, what was the diagnosis (please attach any medical records supporting the diagnosis to the proof of claim form)?

\_\_\_\_\_

\_\_\_\_\_

**5. STOOL CULTURE**

Was a stool sample ever tested in connection with the *Salmonella* infection?

\_\_\_YES      \_\_\_NO      \_\_\_I DON'T KNOW

If a stool sample was tested, do you know if it contained the bacteria *Salmonella*?

\_\_\_YES, IT DID      \_\_\_NO, IT DID NOT      \_\_\_I DON'T KNOW

If a stool sample was tested, do you know if it contained the specific type of *Salmonella* bacteria called *Salmonella* Typhimurium?

YES, IT DID       NO, IT DID NOT       I DON'T KNOW

If a stool sample was tested, was it negative for the bacteria *Salmonella*?

YES       NO       I DON'T KNOW

Please attach the stool culture results to the proof of claim form.

### **6. WAGE LOSS**

If you or the person with the *Salmonella* illness missed any work as a result of the *Salmonella* illness, please state:

Employer Name & Address	Dates Missed at Work
Employer _____	_____ to _____
Address _____ _____	_____ to _____ _____ to _____
City _____ State _____ Zip _____	
Nature of the Work _____	
Is the pay by the Hour or as a salaried employee (H/S)? _____	
Rate of Pay            \$ _____	
Total Amount of Wages Lost \$ _____	

### **7. SPOUSAL CONSORTIUM CLAIMS**

If you were ill as a result of the *Salmonella* infection, then your spouse may make a legal claim for the impact your *Salmonella* illness had upon your spouse.

1. Name of Spouse      Current Age      Did your spouse live with you while you were ill?

\_\_\_\_\_

2. What impact did your *Salmonella* illness have upon your spouse?

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

### **8. REQUIRED DOCUMENTATION**

For a claim to be considered the following documentation must be attached to this form:

1. All medical records, including laboratory reports, of the Claimant relating in any way the *Salmonella* illness.
2. All medical records, including laboratory reports, generated after the *Salmonella* illness.
3. If the Claimant is deceased, a copy of the death certificate.
4. Pay stubs for the pay periods before and after the *Salmonella* illness (Not applicable for a deceased Claimant.)
5. Proof of product purchase, if applicable.

Pursuant to 28 U.S.C.A. 1746, I declare under the penalty of perjury the information contained in this proof of form claim is true and correct.

\_\_\_\_\_  
[NAME OF CLAIMANT/DECLARANT]

## **EXHIBIT B**

### **SUMMARY OF THE CLAIMS SETTLEMENT PROCESS**

THIS IS A SUMMARY OF THE CLAIMS SETTLEMENT PROCESS. FOR COMPLETE INFORMATION ON THE CLAIMS SETTLEMENT PROCESS YOU SHOULD READ THE PCA SALMONELLA CLAIM SETTLEMENT AND DISTRIBUTION PROCEDURES WHICH IS INCLUDED WITH THESE MATERIALS.

The Bankruptcy Court for the Western District of Virginia has ordered the utilization of a process to settle *Salmonella* infection claims against Peanut Corporation of America (“PCA”), Plainview Peanut Co., LLC (“Plainview”), or Tidewater Blanching Co., LLC (“Tidewater”) and other companies that used PCA, Plainview, or Tidewater products in their food products. The process involves the gathering of relevant information about each claim to determine its legitimacy and the nature and extent of the injuries involved. Then, either through a process of direct negotiation or a voluntary settlement process called mediation, the parties will attempt to settle claims for a specific monetary amount. Important features of the process are discussed below:

1. In order to participate in the claims settlement process, a claimant with a *Salmonella* Claim (a “Salmonella Claimant”) must choose to participate in the Claims Settlement Process by checking the box on the Salmonella Proof of Claim Form. If the Salmonella Claimant does not choose to participate in the Claims Settlement Process, that Salmonella Claimant will be excluded from the Claims Settlement Process.
2. The attorneys representing Salmonella Claimants will receive a percentage of each settled claim as their legal fee based on the agreement between an attorney and a claimant. The attorneys will gather information in an effort to prove that the claimant has a *Salmonella* infection claim that was probably the result of consuming peanut products made by PCA, Plainview, or Tidewater and will also present information on the nature of the illness each claimant suffered and the damages to which they may be entitled. This will allow the Chapter 7 bankruptcy Trustee and the manufacturer or distributor who used product purchased from PCA, Plainview, or Tidewater to evaluate each claim. The attorneys for the claimants and the attorneys for the manufacturer or distributor and the Trustee will then undertake an

effort to reach a settlement. A claimant is not required to be represented by an attorney to participate in the Claims Settlement Process.

3. Settlements may be reached through direct negotiation between the attorneys (or with an unrepresented claimant) or they may use a process called mediation to help settle claims. In mediation, a neutral party not involved in the claims—called the mediator—attempts to get both sides to work to a settlement. The mediator is typically another attorney or a retired judge who is agreed to by attorneys on both sides. The mediator does not have the power to force anyone to do anything because the process is voluntary. The mediator will be paid by the Chapter 7 Trustee. Mediations will be scheduled at times and locations as agreed to by the parties. While claimants are always welcome to attend a mediation, in many instances it is not necessary if attendance would be a hardship for the claimant. No claims are settled without the express approval of the claimant.

4. If mediation is not successful in settling a claim, the attorneys may continue to negotiate. If it appears that a claim cannot be settled through negotiation, then the Trustee, if he determines a claimant has an eligible claim will make a final settlement offer to the claimant. A claimant will have the right to have the bankruptcy court review the Trustee's final settlement offer to determine the amount to be paid by the Trustee on the claim. A claimant with a claim against a manufacturer or distributor and such manufacturer or distributor will then participate in nonbinding arbitration. If the claim is still not settled, a claimant with a claim against a manufacturer or distributor and such manufacturer or distributor may proceed in a civil court proceeding. A verdict from such a civil lawsuit or an award from an arbitrator in favor of the claimant would be paid by the manufacturer or distributor whose product is implicated in the claim. Any amount paid by the Trustee would count as a credit against any judgment or arbitration award against a manufacturer or distributor.

5. Every claimant should understand that choosing to participate in the Claims Settlement Process does not guarantee a settlement or the payment of any money to them. The parties may conclude there is not enough evidence to prove that the claimant's illness was probably a result of peanut products

manufactured by PCA, Plainview, or Tidewater or that the claimed illness is not related to the *Salmonella* bacteria. The value of each claim will be determined by the facts of each claimant's *Salmonella* infection.

**END**