

LINEAR RESISTORS INDIRECT PURCHASER CASE

CLAIM FORM

GENERAL INFORMATION

This class action alleges Panasonic Corporation, Panasonic Corporation of North America, KOA Corporation, KOA Speer Electronics, Inc., ROHM Co., Ltd., ROHM Semiconductor U.S.A., LLC, Hokuriku Electric Industry Co., HDK America, Inc., Kamaya Electric Co., Ltd., and Kamaya Inc. (the “Defendants”), engaged in an unlawful conspiracy to fix, raise, maintain, or stabilize the prices of Linear Resistors. Plaintiffs allege that, as a result of the unlawful price-fixing conspiracy involving Linear Resistors, they and other indirect purchasers paid more for Linear Resistors than they would have paid absent the conspiracy. Defendants deny Plaintiffs’ claims.

The Class for each of the Settlements is defined as:

All persons and entities in the United States who purchased one or more Linear Resistor(s), from a resistor distributor not for resale which a Defendant, its current or former subsidiary, or any of its co-conspirators manufactured and/or sold, between January 1, 2003, and August 20, 2015. Excluded from the Class are Defendants, their parent companies, subsidiaries and Affiliates, any co-conspirators, Defendants’ attorneys in this case, federal government entities and instrumentalities, states and their subdivisions, all judges assigned to this case, all jurors in this case and all persons and entities who directly purchased Linear Resistors from Defendants.

The specific definition of who is included in each of the Settlement Classes is set forth in the Settlement Agreements and in the order preliminarily approving the Settlements. The Settlement Agreements, the preliminary approval order, and the related Complaint are accessible on the website www.linearresistorsindirectcase.com.

To be eligible for payment you must submit a valid Proof of Claim and Release Form no later than November 12, 2019.

REQUIREMENTS FOR FILING THE ATTACHED CLAIM FORM

Your Claim will be considered only if you meet the following conditions:

1. You must accurately complete all required portions of the attached Claim Form.
2. You must sign the Claim Form, which includes the Certification. If you submit the form electronically, your electronic signature and submission of the form will have the same force and effect as if you signed the form on paper.
3. By signing and submitting the Claim Form, you are swearing under penalty of perjury that you are a Class Member and the information you provide on the Claim Form is accurate.
4. If you are submitting the Claim Form on behalf of another person or entity, indicate the capacity in which you are submitting the claim and proof of your authority to do so.
5. You have two options for completing a Proof of Claim Form:
 - i. You can mail the completed and **signed** Claim Form by mail, postmarked no later than November 12, 2019, to:

Linear Resistors Indirect Case
c/o A.B. Data, Ltd.
P.O. Box 173078
Milwaukee, WI 53217

OR

- ii. You can complete and submit the Claim Form using the Claims Administrator's Settlement Website, www.linearresistorsindirectcase.com. Upon completion of the online Claim Form, you will receive an acknowledgement that your claim has been submitted. If you choose this option and file a claim electronically, your electronic signature and submission of the form will conform to the requirements of the Electronic Signatures Act, 15 U.S.C. § 7001, et seq., and will have the same force and effect as if you signed the Claim Form in hard copy.
6. Your failure to complete and submit the Claim Form postmarked or filed online by **November 12, 2019**, will prevent you from receiving any payment from these Settlements. Submission of this Claim Form does not ensure that you will share in the payments. If the Claims Administrator disputes a material fact concerning your Claim, you will have the right to present information in a dispute resolution process.
7. At this time, it is unknown how much each Class Member that submits a valid claim will receive. Payments will be based on a number of factors, including the number of valid claims filed by all Class Members for Linear Resistors and the dollar value of each Class Member's purchase(s) of Linear Resistors in proportion to the total claims filed. No matter how many claims are filed, no money will be returned to the Settling Defendants once the Court finally approves the Settlements.
8. Payments to Class Members will be made only: (1) if the Court grants final approval of the Settlements and any objections and appeals are resolved, and (2) in accordance with the Distribution Plan to distribute the Settlement Funds minus expenses, Court-approved attorneys' fees ("Net Settlement Fund"), and any Class Representative incentive awards as permitted by the Court, to Class Members. The distribution plan, as approved by the Court, will determine the amount, if any, that each Class Member will receive. The proposed distribution plan for these Settlements is to make a *pro rata* distribution to each Class Member in a state that permits indirect purchaser antitrust claims based upon the number of approved purchases of Linear Resistors per Class Member during the Settlement class period. The indirect purchaser states are: Alabama, Arizona, Arkansas, California, District of Columbia, Florida, Hawaii, Illinois, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, West Virginia, and Wisconsin.

The information provided on this Claim Form will be used solely by the Court-approved Claims Administrator for the purposes of administering the Settlement and will not be provided to any third party or sold for marketing purposes.

**MUST BE
POSTMARKED BY
November 12, 2019**

United States District Court
Northern District of California
San Francisco Division

**FOR OFFICIAL
USE ONLY**

*In re Resistors Antitrust Litigation
All Indirect Purchaser Actions
No. 3:15-cv-03820-JD*

PROOF OF CLAIM AND RELEASE FORM

CONTACT INFORMATION:

NAME

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ADDRESS LINE 1

APT

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ADDRESS LINE 2

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CITY

STATE

ZIP

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EMAIL ADDRESS

PHONE NUMBER

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PURCHASE INFORMATION

For some but not all potential Class Members and for some but not all purchases, the Claims Administrator has received Linear Resistors Class Period purchase information from certain distributors. It is important to note that the Claims Administrator did not receive data from all distributors regarding purchases made by the class of Linear Resistors for the entire Class Period. If there is a Notice ID and Purchase Amount populated below, you have the option to elect for that Purchase Amount to be your full amount claimed, with no requirement for providing further proof of your purchase(s).

To elect the Purchase Amount reflected below to be your amount claimed, you must sign and date the Certification included on page 4 of this Proof of Claim and Release Form.

NOTICE ID

PURCHASE AMOUNT

	\$
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Claimants who believe that the amount listed above is not correct for any reason, or who believe they purchased more in Linear Resistors than the amount reflected above, may strike out the amount above and complete the box below and indicate the correct amount. If the amount above is struck, the new amount entered must be supported with proof-of-purchase documentation indicating the total purchases for which you are submitting a claim. Supporting documentation should include the product name, number of units, date of purchase, distributor purchased from, and net purchase amount. Please submit legible copies. Do not send originals, but maintain the originals in your records.

If the boxes on the previous page are blank, it means the Claims Administrator did not receive any usable Linear Resistor purchase information to support your claim and you therefore must complete the box below providing your purchase information and include proof of purchase. Supporting documentation should include the product name, number of units, date of purchase, distributor purchased from, and net purchase amount. Please submit legible copies. Do not send originals, but maintain the originals in your records.

TOTAL PURCHASES: Total amount of all purchases of Linear Resistors purchased from a resistor distributor, not for resale, between January 1, 2003, and August 20 2015.	\$
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CERTIFICATION

By signing this claim submission, I certify, under penalty of perjury, that the information included with this claim submission is accurate and complete to the best of my knowledge, information and belief. If I am submitting this claim submission on behalf of a Claimant, I certify that I am authorized to submit this claim submission on the behalf of the individual or entity. I am, or the individual or entity on whose behalf I am submitting this claim submission is, a member of the Class, and have not submitted a request to exclude myself, or “opt-out of”, the Settlement. I agree to furnish additional information regarding this claim submission if so requested to do so by the Claims Administrator.

SIGNATURE

DATE

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REMINDER

Please make sure that you:

1. Complete all sections of this Claim Form and include supporting documentation where applicable;
2. Sign the Claim Form; and
3. Submit your Claim Form by mail postmarked no later than November 12, 2019, to:

**Linear Resistors Indirect Case
c/o A.B. Data, Ltd.
P.O. Box 173078
Milwaukee, WI 53217**