Rite Aid Claims Administration
PO Box 4277
Portland, OR 97208-4277

Website: www.FTC.gov/RiteAid
Toll free phone number: (877) 341-4602

REFUND REQUEST

Please Type or Print in the Boxes Below; Do NOT use Red Ink, Pencil, or Staples

I hereby declare, under penalty of perjury, that I bought packages of Rite Aid Germ Defense products between September 1, 2005 and July 20, 2009.

Last Name

First Name

Address

City

State

Zip Code

I understand that by accepting a refund issued through this program, I agree to waive any present or future claims I may have against Rite Aid in connection with the advertising, labeling, promotion, offering for sale, or sale of the Germ Defense products for which I receive a refund.

Signature:

PRIVACY ACT NOTICE

The information requested on this claim form is being collected in order to make a distribution of funds paid to the Federal Trade Commission in connection with a settlement of allegations of deceptive acts and practices in or affecting commerce, pursuant to 15 U.S.C. § 45(a). In addition, the information may be disclosed for other purposes authorized by the Privacy Act, 5 U.S.C. § 552a and 47 Fed. Reg. 32,622, including disclosure to other government agencies. Submission of the requested information is voluntary, but failure to provide the requested information could delay processing or be a basis for rejection of your claim.