

EXHIBIT B

Class Action Registration Form

To participate in the \$65 million settlement described in the Notice of Proposed Settlement, Class Members must submit this Registration Form to the Claims Administrator.

Your Registration Form must be postmarked on or before **March 22, 2021** for it to be valid. Alternatively, you may register your claim online at www.MountaireSettlement.com. Your online claim must be submitted on or before **March 22, 2021** for it to be valid.

A separate registration form must be completed for each Claimant. Claims on behalf of minors should be submitted on the minor’s behalf by a parent or guardian (separately from any claims made by the parent or guardian for themselves).

Your Registration Form must be submitted to:

Mountaire Class Action Settlement Administrator
RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479
Phone: (844) 951-2344
Web: www.MountaireSettlement.com
Email: info@rg2claims.com

You may contact the Class Administrator toll-free at 1-844-951-2344 to determine whether you are eligible and to receive assistance with completing this Registration Form.

You must also sign this form on the signature line at the bottom of the last page to be eligible to participate in the settlement fund.

I. Claimant Information:

Claimant First Name Claimant Middle Name Claimant Last Name

If you are completing this Registration Form on behalf of someone else (e.g., a deceased person, an incapacitated person, a minor, or a legal entity), please complete the following, and complete the contact information in Section III below on your own behalf.

Your First Name Your Middle Name Your Last Name

What is your relationship to the Person upon whose behalf you have completed this Fact Sheet? (e.g., parent, guardian, Estate Administrator)

II. Qualifying Street Address:

Identify property address wholly or partly within the class area which you owned, leased, resided on, or were employed full-time at any time between May 1, 2000 to the present. If you have owned, leased, resided, or were employed full-time at multiple property addresses within the class area, identify the most recent address, and indicate below.

_____ Address

City State Zip

I owned leased resided at was employed full-time at the property at the above address.

Approximate duration of ownership, lease, residency, or full-time employment at this address:

_____ to _____

I have have not owned, leased, resided at, or was employed full-time at multiple properties within the class area from May 1, 2000 to present.

III. Contact and Identifying Information:

My contact information is the same as the Qualifying Street Address listed above.

_____ Address

City State Zip

Telephone: _____
Home Cell Work

Email: _____

Date of Birth: _____
MM DD YY

_____ Date: _____
Signature:

**CUPPELS V. MOUNTAIRE CORPORATION ET AL.
CIVIL ACTION NO. S18C-06-009 CAK
DELAWARE SUPERIOR COURT**

LATE FILER SUBMISSION

Name: _____

Today's Date: _____

Address: _____

Telephone: _____ Email: _____

Please explain why you did not file your Registration Form by the Court's March 22, 2021 deadline:

Please provide any documents you wish the Claims Adjudicator to consider in deciding whether to allow your late registration. Examples are below:

IF YOUR REGISTRATION WAS LATE DUE TO:	PLEASE PROVIDE A COPY OF:
MILITARY SERVICE AT TIME OF DEADLINE	RECORD OF SERVICE
UNDER AGE 18 AT TIME OF DEADLINE	BIRTH CERTIFICATE, DRIVERS' LICENSE, PASSPORT, OR SCHOOL ID
DECEASED AT TIME OF DEADLINE	DEATH CERTIFICATE
INSTITUTIONALIZED	INSTITUTIONAL DOCUMENTATION

Please return this form and all documentation you wish the Claims Adjudicator to consider in deciding whether to allow your registration to move forward with your Registration Form to:

Mountaire Settlement
RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479
Fax: (215) 827-5551
Email: info@rg2claims.com

Your signature: _____ Date: _____

BY SIGNING THIS FORM YOU ARE CERTIFYING THAT ALL INFORMATION YOU ARE PROVIDING IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

If you are the healthcare agent, court-appointed guardian, holder of a power of attorney or other legally appointed representative providing information on a Class Member's behalf, please attach proof of your authority to act on the Class Member's behalf.