

**ONTARIO
SUPERIOR COURT OF JUSTICE**

THE HONOURABLE MADAM
JUSTICE LAX

) *Tuesday*, THE 22nd DAY
) OF *July*, 2008

BETWEEN:

NICKIE TOURLOS

Plaintiff

and

TIFFANY GATE FOODS CORPORATION

Defendant

PROCEEDING UNDER THE *CLASS PROCEEDINGS ACT*, 1992

ORDER

THIS MOTION made by the Plaintiff for an order, *inter alia*, certifying this action as a class proceeding, approving a Settlement Agreement dated December 21st, 2007, as amended on May 26th, 2008, entered into between the Plaintiff and Tiffany-Gate Foods Corporation (“Tiffany-Gate”), and approval of the fees and disbursements of Plaintiff’s counsel, was heard July 4th, 2008, at the Court House, 361 University Avenue, Toronto, Ontario.

UPON BEING ADVISED that the Parties to this action, by their counsel, have entered into a Settlement Agreement executed on the 21st day of December, 2007, as amended on May 26, 2008, and that the Defendant has consented to the terms of this Order;

AND ON READING the materials filed, and on hearing the submissions of counsel for the Plaintiff and the Defendant:

1. THIS COURT ORDERS that the within proceeding be certified as a class proceeding pursuant to s.5 of the *Class Proceedings Act*, S.O. 1992, c.6 ("*Class Proceedings Act*") on behalf of the following class:

a) All persons who consumed the Greek style pasta salad, manufactured by Tiffany Gate Foods Corporation between May 1, 2002 and May 31, 2002 and who became ill as a consequence of the contamination of this salad with shigella sonnei bacteria; or

b) All living parents, grandparents, children, grandchildren, siblings and spouses (within the meaning of s. 61 of the *Family Law Act*, R.S.O. 1990, c. F.3, as amended) of Class Members.

2. THIS COURT ORDERS that Nickie Tourlos be appointed as the representative plaintiff for the Class;

3. THIS COURT ORDERS that the law firms McPhadden Samac Merner Barry and Nelligan O'Brien Payne LLP be appointed as Class Counsel;

4. THIS COURT DECLARES that subject to the terms of this Order, the Settlement Agreement, as filed, is fair and reasonable and in the best interest of the Class Members and approves the Claim Form (Form 1) and Contact Information Update Form (Form 2) in the form attached hereto as Schedule "A" and Schedule "A-1";

5. THIS COURT ORDERS that the Settlement Agreement is hereby approved pursuant to s.29 of the *Class Proceedings Act*;

6. THIS COURT ORDERS that the Settlement Agreement is hereby approved on behalf of parties under a disability;

7. THIS COURT ORDERS that Crawford Class Action Services shall be appointed as Claims Administrator pursuant to the Settlement Agreement;

8. THIS COURT ORDERS that Paul Torrey and Anne Mullins be appointed as Mediators and/or Arbitrators for the Settlement, and shall respectively hear challenges brought under the Settlement Agreement for the Toronto and Ottawa regions, pursuant to the applicable provisions of the Settlement Agreement, and if, for any reason, any appointed Mediator and/or Arbitrator is unable to fulfill any of the duties set out in the Settlement Agreement and the Exhibits thereto, another Mediator and/or Arbitrator shall be appointed in his place;

9. THIS COURT ORDERS that Notice of Certification and Settlement Approval shall be given in the form attached as Schedule "B" hereto, as follows:

- a. By the posting the Notice by Class Counsel on their respective websites within seven days of the date of this order;
- b. By the mailing of the Notice by Class Counsel, in electronic or in paper form, to potential class members known by them as of the date of this Order, within seven days of the date of this order;
- c. By the publication of the Notice by Class Counsel on a Saturday in the Toronto Star, the Ottawa Citizen, the London Free-Press and the Kingston Whig-Standard, within 15 days of this order;

10. THIS COURT ORDERS that the Defendant shall pay the costs associated with the dissemination/publication of the Notice of Certification and Settlement Approval pursuant to the Settlement Agreement;

11. THIS COURT ORDERS that any Party may bring a motion on notice to the other party to the case management judge appointed to supervise this action, or his or her successor or designate, at any time for directions with respect to the implementation or interpretation of this Settlement Agreement;

12. THIS COURT ORDERS that all settlements relating to the minor members of the Class are hereby approved;

13. THIS COURT ORDERS that any amount payable to a Class Member who is a minor shall be paid to the Accountant of the Superior Court of Justice to be held and paid out to the minor upon attaining the age of eighteen years, subject to any further order which the court may in the meantime make.

14. THIS COURT ORDERS that any amount payable to a Class Member who is an adult party under a disability shall be paid to the party's guardian of property, attorney for property or to the Accountant of the Superior Court of Justice.

15. THIS COURT ORDERS that any amount payable to a Qualified Claimant who is a deceased party shall be paid to the Qualified Claimant's estate, care of the executor, estate administrator or estate trustee.

16. THIS COURT ORDERS that notwithstanding paragraph 13, 14 and 15 herein, any amount of \$250.00 or less otherwise required to be paid into court pursuant to Rule 7.09 of the *Rules of Civil Procedure* or by other applicable legislation shall be paid in trust for the benefit of the claimant(s) as follows:

- a. in the case of a minor, to the minor's parent(s) with whom the minor resides or the person who has custody of the minor;

17. THIS COURT ORDERS that further service on the Public Guardian and Trustee and The Children's Lawyer is dispensed with, except where:

- a. An adult Class Member, who is a party under disability and is not represented by a guardian or attorney, opts out of the settlement; or
- b. A minor, or a person on behalf of a minor, opts a minor out of the settlement; or

- c. A motion is made affecting the terms of the settlement that may affect any party under a disability.

18. THIS COURT ORDERS that the Defendant shall pay the costs incurred by the Claims Administrator pursuant to the Settlement Agreement;

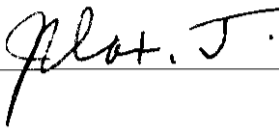
19. THIS COURT ORDERS that Class Members may Opt Out of this proceeding by sending a completed Opt Out Form (Form 3), attached hereto as Schedule "C", signed by such person or representative to: Crawford Class Action Services, 3-505, 133 Weber St. N., Waterloo, Ontario, N2J 3G9, Attention: Tiffany-Gate Class Action – Requests for Exclusion, received no later than ninety (90) days following the day of this Order;

20. THIS COURT ORDERS that if any Class Member, or the executor, administrator or personal representative of a deceased person who, had he or she not died, would have been a Class Member, elects to Opt Out of this class proceeding, each and every Family Class Member related to the Class Member who has Opted Out is deemed to have Opted Out of this class proceeding;

21. THIS COURT ORDERS that all Class Members who do not Opt Out in the manner prescribed in the Settlement Agreement, shall be deemed to have elected to participate in the Settlement and shall be bound by the Settlement Agreement and this Order and such Class Member shall forever be barred from commencing any new proceeding against Tiffany-Gate;

22. THIS COURT ORDERS that Plaintiff's Counsel are awarded Seven Hundred Thousand dollars (\$700,000.00), inclusive of legal fees and disbursements, plus applicable taxes, which amount shall be paid pursuant to the Settlement Agreement;

23. THIS COURT ORDERS that subject to the terms of this Order the within action is hereby dismissed with prejudice as against Tiffany-Gate without costs on the ninetieth day following the date of this Order;



SCHEDULE "A"

FORM 1

CLAIM Form

Greek Style Pasta Salad Class Action Settlement

A settlement in a class action lawsuit involving Greek-Style pasta salad manufactured and distributed by Tiffany Gate Foods Corporation between May 1, 2002 and May 31, 2002 and contaminated with shigella sonnei bacteria has been approved by the Ontario Superior Court of Justice and may affect your rights. If you consumed the said Greek style pasta salad and as a consequence of the contamination of this salad became ill, you or your living parents, grandparents, children, grandchildren, siblings or spouses may be eligible to receive money under the settlement.

If a Class Member who is seeking settlement benefits under the Settlement Agreement HAS NOT PROVIDED INFORMATION TO CLASS COUNSEL with respect to his or her claim, this claim form (form 1) must be filled out in its entirety and mailed along with all required documents to the Claims Administrator.

If the Class Member has PREVIOUSLY PROVIDED HIS OR HER CLAIM INFORMATION TO CLASS COUNSEL, he or she does not have to fill out this claim form (form 1) but, the CLAIMANT MUST STILL FILL OUT THE CONTACT INFORMATION UPDATE FORM (FORM 2), and mail it to the Claims Administrator.

All forms and any associated documents must be submitted to the Claims Administrator, postmarked on or before the Deadline, being 90 days following the date of the order approving the settlement, to the following addressing:

Tiffany Gate Claims Administrator
Crawford Class Action Services
3-505, 133 Weber St. N.
Waterloo, Ontario, N2J 3G9
Attention: Greek Style Pasta Salad Class Action
Tel. 1-866-640-0039
Fax (519) 578-4016

If the completed claim form (form 1), and all necessary documents identified in this claim form (form 1), are not submitted to the Claims Administrator, postmarked on or before the Deadline, being 90 days following the date of the order approving the settlement you may lose your right, if any, to receive a payment under the Settlement.

You may only receive benefits from one of the categories indicated below. If there is any conflict between the provisions in this claim form and the terms of the Settlement Agreement, the Settlement Agreement provisions prevail.

Before filling out the claim form (form 1), it is important that you carefully read the instructions below together with the entire claim form (form 1). If you do not understand this claim form (form 1), or want further information on how to complete it, please call 1-866-640-0039. The Claims Administrator will help you. You may also choose to consult with a lawyer, at your own expense, about options under the Settlement Agreement.

IMPORTANT INSTRUCTIONS

1. **Deadline.** To be eligible for benefits from the Settlement, your completed Claim Form (form 1) and all required supporting documentation must be submitted to the Claims Administrator, postmarked on or before **the Deadline**, being 90 days following the Order approving the settlement. If the completed claim form (form 1) is not submitted to the Claims Administrator, postmarked on or before the said Deadline, you will lose your rights, if any, to benefits from the Settlement.
2. **Mailing Address.** Send your completed Claim Form (form 1) and required supporting documents to: **Crawford Class Action Services**, 3-505, 133 Weber St. N., Waterloo, Ontario, N2J 3G9, Attention: Greek Pasta Salad Class Action.
3. **One Claim Form (form 1) Per Claim.** Each Class Member seeking benefits under the Settlement Agreement must complete and submit a separate Claim Form (form 1). **DO NOT** claim for two or more Class Members on the same form. You may photocopy this claim form (form 1), download a copy of this claim form (form 1) from www.msmb.ca or www.nelligan.ca or call the Claims Administrator, toll-free, at 1-866-640-0039, to obtain another Claim Form (form 1).
4. **Read the Entire Claim Form (form 1).** It is recommended that you read the entire claim form (form 1) before filling it out to prevent mistakes.
5. **Complete, Correct and Honest Answers.** This claim form (form 1) consists of 7 pages. All questions must be answered honestly, completely and accurately, and must be **printed or typed**. If you run out of space to answer each question completely, please attach additional sheets. The deliberate submission of false or misleading information may result in your being ineligible to participate in the settlement and may result in the imposition of criminal sanctions. The submission of incorrect or incomplete information may delay the processing of your claim, or may lead to the rejection of your claim or the reduction of your benefit. Be sure to submit all required documents. Your application for benefits will not be considered complete without this information, and may be rejected if insufficient information is provided to make a benefit determination.
6. **Keep a Copy.** So that you can document the submission of your completed paper work, it is recommended that you maintain a copy for your records.
7. **This Claim Form (form 1) does not Guarantee Payment from the Settlement.** Upon receipt of a completed Claim Form (form 1) and all required supporting documentation, the Claim Administrator will evaluate your claim and will notify you of the benefits, if any, to which you are entitled.
8. **Additional Information.** If the Claims Administrator determines that a Claim Form (Form 1) is incomplete, it may, after reviewing your initial submissions, request missing or incomplete information or documents by notifying you of the deficiencies. Such deficiencies must be cured within 45 days of the date the notice of deficiencies is sent. Failure to cure the deficiencies within this delay will result in the rejection of your claim.
9. **Questions?** If you have any questions regarding the claims process and what is required of you, please call the Claims Administrator, toll-free, at 1-866-640-0039

CLAIM INFORMATION

TO THE EXTENT ALLOWED BY LAW, ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE DISSEMINATED TO THE PARTIES AND OTHER PERSONS INVOLVED IN THE EVALUATION AND PROCESSING OF YOUR CLAIM.

Please read the entire claim form (form 1) and follow all instructions carefully.

- 1) **Claimant information:** Please provide the following information about yourself or, if you are filing this claim as the legal representative of another person who cannot file his or her form, provide the following information about the person on whose behalf you are filing the form.

First Name of Claimant	Middle Initial	Last Name
List all other names, including your maiden name, that you have used during the last 10 years		
Street Address		Apt. No.
City	Province	Postal Code
Daytime Phone number	Evening Phone Number	Gender (circle one) M F
Date of Birth(DD/MM/YY)	Date of death (if applicable)	Social Insurance Number

<p>Claimant Name:</p> <p>Are you a Qualified Claimant (person who fell ill) or an FLA Claimant (family member of the person who fell ill)? Please check</p> <p align="center"> <input type="checkbox"/> Qualified Claimant <input type="checkbox"/> FLA Claimant </p>

- 2) **Legal Representative Information:** (if applicable) If you are filing this form as the legal representative of another person or an estate, please provide the following information:

First Name of Legal Representative	Middle Initial	Last Name
Street Address		Apt. No.
City	Province	Postal Code
Daytime Phone number	Evening Phone Number	Relationship to Claimant above:

3) If you are a **Qualified Claimant**, please provide the following information regarding your family members who will make a FLA claim in relation to your illness:

Name of FLA claimant	Date of Birth of FLA claimant (dd/mm/yy)	Relationship with Qualified claimant (e.g. spouse, child, sibling, parent)	Contact information of FLA claimant

Please indicate the anticipated **total number of FLA claimants** (family claimants) in relation to your Qualified Claim:

4) Consumption of Greek style pasta salad

A Did you consume Tiffany Gate Greek style pasta salad between May 1, 2002 and May 31, 2002? yes No

B Did you become ill as a result of the consumption of the Tiffany Gate Greek style salad? yes No

If you are a FLA claimant, provide the following information relative to the Qualified Claimant (i.e. the person in your family who consumed the Tiffany Gate Greek pasta salad and became ill as a result):

First Name of Qualified Claimant	Middle Initial	Last Name
List all other names, including your maiden name, that you have used during the last 10 years		
Street Address		Apt. No.
City	Province	Postal Code
Daytime Phone number	Evening Phone Number	Gender (circle one) M F
Date of Birth(DD/MM/YY)	Date of death (if applicable)	Social Insurance Number

5) Medical Information (section 5 is not applicable to family claimants)

A. List the name(s) and address(es) of each **physician** you consulted relative to the illness caused by the Tiffany Gate Greek style pasta salad.

Physician's Name		
Address		
City	Province	Postal Code
Duration of care		

Physician's Name		
Address		
City	Province	Postal Code
Duration of care		

* Use additional sheets, if necessary

B. List the name(s) and address(es) of each hospital or healthcare facility where you received inpatient or outpatient treatment (including treatment in an emergency room) relative to the illness caused by the Tiffany Gate Greek style pasta salad.

Hospital or Doctor's Name (for inpatient visits)		
Address		
City	Province	Postal Code
Duration of care		

Hospital or Doctor's Name (for inpatient visits)		
Address		
City	Province	Postal Code
Duration of care		

* Use additional sheets, if necessary

6) Lost Income (employment information)

A. Are you claiming lost income (e.g. salary or wages) as the result of the illness caused by the Tiffany Gate Greek style pasta salad to you or the Qualified Claimant?	yes No
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B. If yes, please provide the following information with respect to your employment at the time of the illness caused by the Tiffany Gate Greek style pasta salad:		
Name of Employer	Employer address	Salary or income earned (yearly)

C. Provide the total amount of time you have lost from work as a result of the illness caused by the Tiffany Gate Greek style pasta salad to you or to the Qualified Claimant

7) Category of Illness determination

Please check only one category applicable to the Qualified Claimant's personal situation

Category	Check one
1. Illness of 0-1 days	
2. Illness of 1 to 3 days	
3. Illness of 4 to 9 days	
4. Illness of 10 to 15 days	
5. Illness of 16 to 22 days	
6. Illness transpiring over a period in excess of 22 days	

8) REQUIRED DOCUMENTS

ATTACHED (check)	NONE (check)	REQUIRED DOCUMENTS
		A. Fully Completed and signed Claim Form (this document)
		B. Copies of all receipts for prescription and non-prescription medications, as a result of the illness caused by the Tiffany Gate Greek style pasta salad
		C. If a Claimant is a spouse, sibling, parent, grandparent, child, grandchild of a Qualified Claimant (i.e. the person who was ill), a statutory declaration establishing the relationship between the Claimant completing the form and the Qualified Claimant.
		D. If claiming on behalf of a deceased person, include complete copies of Will appointing the trustee or the Certificate of Appointment of a Estate Trustee without a will if applicable.
		E. If claiming on behalf of a child, a statutory declaration establishing the parental relationship to the child claimant and the age of the child, and if applicable a copy of custody order, court order appointing guardian of property of child or statutory declaration of the person with custody of child
		F. If claimant is seeking benefits for lost income (wages, salary, etc.), a complete copy of Claimant's Notice of Assessment for the year 2002.
		G. If claiming on behalf of a mentally incapable person, copy of a continuing power of attorney for property, or court order appointing a guardian of property or appointing a committee of estate or Certificate of Statutory Guardianship
		H. Any results of medical tests in your possession conducted in relation to the illness caused by the Tiffany Gate Greek style pasta salad
		I. Any Doctor's or medical reports or diagnosis prepared or made in relation to the illness caused by the Tiffany Gate Greek style pasta salad

9) If you checked None, please explain why you are missing the required documents:

10) Expenses paid to doctors or hospitals to obtain the above requested information will be treated as an out of pocket expense. Please provide a copy of all receipts.

11) Confidentiality

I understand that reasonable efforts will be made to maintain the confidentiality of the claimant's medical and personal information, but, by signing below, I hereby consent to the disclosure of the information contained herein to the extent necessary to process my claim for benefits pursuant to the Settlement Agreement.

12) Declaration under penalty or perjury

**READ THE FOLLOWING IMPORTANT INFORMATION
CAREFULLY BEFORE SIGNING AND MAILING THIS FORM**

By signing below, I acknowledge and understand that this form is an official document approved by the Court, and that submitting it to the Claims Administrator is equivalent to filing it with the Court.

By signing below, I hereby declare, under penalty of perjury, after reviewing the information that has been provided on this claim form, that all of the information provided in this claim form is true and correct to the best of my knowledge, information and belief, and I declare that no deliberate misrepresentations have been made. I further declare, under penalty of perjury, that all of the medical records and reports, authorizations and other documents provided with this form are true and correct to the best of my knowledge, information and belief.

By signing below, I further acknowledge and understand that, if the Claims Administrator determines that I have deliberately provided false or misleading information, benefits to which I might otherwise be entitled may be denied or reduced in the discretion of the Claims Administrator.

(Signature of Claimant)

____/____/____
(MM/DD/YYYY)

Mail this form and all attachments to:

CRAWFORD CLASS ACTION SERVICES
3-505, 133 Weber St. N.
Waterloo, Ontario, N2J 3G9
Attention: Greek Style Pasta Salad Class Action
Tel. 1-866-640-0039
Fax. (519) 578-4016

SCHEDULE "A-1"

FORM 2

CONTACT INFORMATION UPDATE

Greek Style Pasta Salad Class Action Settlement

This form must be completed by **ALL** claimants who have **previously** provided their claim information to proposed class counsel (McPhadden Samac Merner Barry or Nelligan O'Brien Payne LLP).

Please provide your **CURRENT** address information below:

First Name of Claimant	Middle Initial	Last Name
List all other names, including your maiden name, that you have used during the last 10 years		
Street Address		Apt. No.
City	Province	Postal Code
Daytime Phone number	Evening Phone Number	Email Address
Date of Birth(DD/MM/YY)	Date of death (if applicable)	Social Insurance Number

(Signature of Claimant)

____/____/_____
(MM/DD/YYYY)

Mail this form and all attachments to:

CRAWFORD CLASS ACTION SERVICES
3-505, 133 Weber St. N.
Waterloo, Ontario, N2J 3G9
Attention: Greek Style Pasta Salad Class Action
Tel. 1-866-640-0039
Fax. (519) 578-4016

NOTICE OF COURT APPROVAL OF GREEK STYLE PASTA SALAD CLASS ACTION SETTLEMENT AGREEMENT

THIS NOTICE IS TO CONSUMERS OF GREEK STYLE PASTA SALAD MANUFACTURED AND DISTRIBUTED BETWEEN MAY 1, 2002 AND MAY 31, 2002 IN CANADA AND THEIR RELATIVES PLEASE READ THIS NOTICE CAREFULLY AS IT MAY AFFECT YOUR LEGAL RIGHTS. YOU MUST ACT WITHOUT DELAY TO COMPLY WITH THE DEADLINES AS SET OUT BELOW.

TO ALL CLASS MEMBERS

a) All persons who consumed the Greek style pasta salad, manufactured by Tiffany Gate Foods Corporation between May 1 2002 and May 31, 2002 and who became ill as a consequence of the contamination of this salad with shigella sonnei bacteria, or
 b) All living parents, grandparents, children, grandchildren, siblings and spouses (within the meaning of s. 61 of the Family Law Act, R.S.O. 1990, c. F.3, as amended) of Class Members
 Please be advised that the Ontario Superior Court of Justice approved the Settlement Agreement reached in the class actions initiated in Ontario which allege that Tiffany Gate negligently manufactured, marketed and sold tainted Greek Style Pasta Salad between May 1, 2002 and May 31, 2002.
 To be entitled to a payment pursuant to this Settlement Agreement, Tiffany Gate Consumers and Derivative Claimants must file a claim with the Claim Administrator by the Deadline, being 90 days after the date of the Order certifying the action, in the manner described below.

SUMMARY OF THE AGREEMENT

Tiffany Gate, while not admitting liability, has agreed to make compensatory payments to settle the claims of all Class Members. GHIP will also receive compensatory payments, which shall be full and final satisfaction of medical services to or provided to Tiffany Gate Consumers.

The Ontario court has certified the class action in order to give effect to the Settlement on behalf of the following Class

a) All persons who consumed the Greek style pasta salad, manufactured by Tiffany Gate Foods Corporation between May 1 2002 and May 31, 2002 and who became ill as a consequence of the contamination of this salad with shigella sonnei bacteria, or
 b) All living parents, grandparents, children, grandchildren, siblings and spouses (within the meaning of s. 61 of the Family Law Act, R.S.O. 1990, c. F.3, as amended) of Class Members

Compensatory payments are made in accordance with Class Members' level of injury, and will be based on the time of the illness suffered by the Class Members. The specific eligibility criteria and compensation levels are set out as follows

Category	Amount for Direct Claimants	Amount for FLA Claim
1. Illness of 1 to 3 days	\$1,000.00	\$ 250.00
2. Illness of 4 to 9 days	\$2,000.00	\$ 500.00
3. Illness of 10 to 15 days	\$4,000.00	\$ 750.00
4. Illness of 16 to 22 days	\$6,000.00	\$1,200.00
5. Illness transpiring over a period in excess of 22 days	\$8,000.00	\$1,500.00

In some cases, loss of income from employment incurred by a Tiffany Gate Consumer or other out-of-pocket expenses that is proven with supporting documentation will be paid in addition to the compensatory payments outlined above.
 The claims of all other persons who consumed the Greek style pasta salad manufactured by the defendant, Tiffany Gate Foods Corporation between the 1st of May, 2002 and the 31st of May, 2002 and who, as a consequence of the contamination of this salad with shigella sonnei bacteria, became ill, and the claims of all other persons related to those persons, will be dismissed as against Tiffany Gate.

OPTING OUT

All persons who fall within the class definitions certified in the Ontario Court will automatically be included in the class unless they exclude themselves from the class by Opting Out. To Opt Out, Class Members will have to complete, sign and return an "Opt Out Form" to Crawford Class Action Services, 3-505, 133 Weber St. N., Waterloo, Ontario, N2J 3G9, attention Tiffany Gate Class Action on or before the Opt Out Deadline, being 90 days following the date of the Order certifying the action. If a Class Member does not timely and properly Opt Out and does not timely and properly make a claim under the Settlement Agreement, he or she will be forever barred from receiving any payment under the Settlement, and from instituting or continuing any action against Tiffany Gate related to the consumption of its Greek style pasta salad marketed between May 1, 2002 and May 31, 2002. If a Tiffany Gate Consumer elects to Opt Out of the Settlement and the Ontario class proceeding, each and every Derivative Claimant related to this Tiffany Gate Consumer who has Opted Out will be deemed to also have Opted Out of the Settlement.

LEGAL FEES

The Ontario Superior of Justice has awarded to Plaintiff's counsel representing the Class ("Class Counsel") collectively an amount of \$700,000 dollars in legal costs (inclusive fees and disbursements) plus applicable taxes Claimants may, but are not obliged to, retain their own lawyers to assist them in making individual claims under the Settlement. Claimants are responsible for paying the legal fees of any lawyers they retain. Claimants are advised that submitting a Claim under the Settlement Agreement will be considerably less complex and less expensive than pursuing an individual lawsuit, and as such, any percentage fee agreement might be for a lesser percentage than in ordinary circumstances.

IMPORTANT DEADLINES

Deadline to Opt Out of the Settlement is 90 days after the date of the Order certifying the action.
 Deadline to file claim is 90 days after the date of the Order certifying the action.
 Because of the deadlines, you must act without delay

FURTHER INFORMATION

A complete copy of the Settlement Agreement including the detailed instruction package and instructions on how to obtain a Claim Form or Opt Out Form are available from the Claims Administrator and/or Class Counsel. To obtain a copy of the detailed instruction package and a Claim Form necessary to file a Claim for settlement benefits or an Opt Out Form necessary to Opt Out, please contact the Claims Administrator, Crawford Class Action Services at 1-866-640-0039, or by fax: (519) 578-4016 or Class Counsel as set forth below.
 The law firms of McPhadden Samac Mermer Barry (Toronto) and Nelligan O'Brien Payne LLP (Ottawa) represent Class Members in Canada. McPhadden Samac Mermer Barry can be reached at (416)363-5195 or at www.msmb.ca. Nelligan O'Brien Payne LLP can be reached at (613) 238-8080 or at www.nelligan.ca
 If there is a conflict between the provision of this Notice and the Settlement Agreement and any of its exhibits, the terms of the Settlement Agreement shall prevail

PUBLICATION OF THIS NOTICE HAS BEEN AUTHORIZED BY THE ONTARIO SUPERIOR COURT OF JUSTICE

SPECIFIED "B"

SCHEDULE "C"

FORM 3

Opt-Out Form

Greek-Style Pasta Salad Class Action Settlement

This is NOT a claim form. It EXCLUDES you and members of your family from the Settlement Class. Do NOT use this Form if you want to receive a compensatory payment under the Settlement Agreement.

To be effective as an election to opt-out of this Settlement, this Form must be completed, signed and received by regular mail or fax, by the Opt-Out Deadline, being 90 days after the date of the order certifying the action, to the Claims Administrator at the address listed below.

Please read the entire form and follow all instructions carefully.

- I. Claimant information: Please provide the following information about yourself or, if you are filing this claim as the legal representative of another person who cannot file his or her form, provide the following information about the person on whose behalf you are filing the form.

Table with 3 columns: First Name of Tiffany-Gate Consumer, Middle Initial, Last Name; List all other names, including your maiden name, that you have used during the last 10 years; Street Address, Apt No.; City, Province, Postal Code; Daytime Phone number, Evening Phone Number, Gender (circle one) M F; Date of Birth(DD/MM/YY), Date of death (if applicable), Social Insurance Number

- II. Legal Representative Information: (if applicable) If you are filing this form as the legal representative of another person or an estate, please provide the following information:

Table with 3 columns: First Name of Legal Representative, Middle Initial, Last Name; Street Address, Apt No.; City, Province, Postal Code; Daytime Phone number, Evening Phone Number, Relationship to Claimant above:

III. **Lawyer Information:** (if applicable) If you or the Claimant have hired a lawyer in connection with this Tiffany-Gate claim, please provide the following information about the lawyer:

Law Firm Name	Lawyer's First Name	Lawyer's Last Name
Street Address		Suite. No.
City	Province	Postal Code
Lawyer's Phone number	Lawyer's Fax Number	Date of first contact with lawyer:

I have read the foregoing and understand that by opting-out, I will never be eligible to receive any compensation pursuant to the Greek-Style Pasta Salad Settlement. I further understand that by opting-out, all personal representatives, spouses, relatives and loved ones who on account of a personal relationship to me assert a derivative claim for compensation are deemed to have opted out as well.

Date Signed

Signature

(Class Member or Executor, Administrator or Personal Representative)

To be effective as an election to opt-out of this Settlement, this Form must be completed, signed and postmarked on or before the Opt-Out Deadline, being **90 days after the date of the order certifying the action** to the address listed below.

The consequences of returning this Form are explained in the Notice of Certification and Settlement Approval. If you have questions about using or completing this Form, contact your lawyer or call the Claims Administrator's Information Line at: 1-866-640-0039

Please mail this Opt Out Form to the following address postmarked on or before the DEADLINE, being 90 days after the date of the order certifying the action.

TIFFANY-GATE CLAIMS ADMINISTRATOR

Crawford Class Action Services

3-505, 133 Weber St N.

Waterloo, Ontario, N2J 3G9,

Attention: Greek-Style Pasta Salad Class Action

Toll-free: 1-866-640-0039

Fax: (519) 578-4016

**THE INFORMATION PROVIDED IN THIS FORM WILL REMAIN
CONFIDENTIAL**