

Claimant: Name: _____
Social Security#: _____
Address: _____

JAMS
71 S. Wacker Dr., Suite 3090
Chicago, IL 60606

Acie Moore, Rodney McCullough,)
And Ronny Cunningham,)
individually and on behalf of all others)
similarly situated ,)
)
Claimants,)
-vs-)
)
Menard, Inc.,)
a Wisconsin Corporation d/b/a Menards,)
)
Respondent.)

Case No.: 11 160 02063 10

SETTLEMENT CLAIM FORM AND RELEASE OF CLAIMS

TO PARTICPATE IN THIS SETTLEMENT AND TO RECEIVE A PORTION OF THE SETTLEMENT PROCEEDS, YOU MUST SIGN, DATE AND RETURN THIS FORM SO THAT IT IS POSTMARKED BY NO LATER THAN APRIL 23, 2012.

Number of weeks worked between January 1, 2004 and August 3, 2011 in a Covered Management Position: _____.

You are eligible for a cash payment if you are a Class Member and you did not opt out of the Settlement, and if you properly complete and return this Claim Form and Release of Claims. In order to be eligible to receive any portion of the Settlement funds, you **MUST** sign, date and return this form including the substitute IRS Form W-9 so that it is **postmarked on or before April 23, 2012 (60 days from date of mailing).**

If your Settlement Claim Form and Release of Claims is not postmarked by April 23, 2012, you will not be eligible to receive any portion of the Settlement funds. For more information on the Settlement and your rights, please see the attached Notice of Proposed Settlement Class Action.

By signing, dating and returning the Settlement Claim Form and Release of Claims, you are confirming that your race is African American, that you wish to participate in the Settlement, and that you are releasing those claims set forth below. This Settlement Claim Form and Release of Claims must be personally filled out by the current or former

employee listed above or his or her legal representative who seeks to participate in this Settlement.

Be sure to make a copy of the signed Claim Form for your records. It is your responsibility to keep a current address on file with the Class Administrator. Please make sure to notify the Class Administrator of any change of address. The contact information for the Class Administrator is in Section X of the Notice and contained at the end of this Claim Form.

QUESTIONS

If you have any further questions with respect to this Settlement or about the Notice or this Claim Form, you may direct such questions to Class Counsel at Kinoy, Taren & Geraghty P.C., Telephone Number: (312) 663-5210. **You should not contact the Arbitrator.**

RELEASE OF ALL RACE- BASED PROMOTION CLAIMS

By signing this Settlement Claim Form and Release of Claims, you are acknowledging that you were employed by Menard, Inc. in a Covered Management Position as set forth in the Notice during the relevant Class Period as described in the Notice and that you are releasing any race-based claims that you may have against Menard relating to promotions in employment. The full language of the Release is set forth in the attached Notice.

By signing below, I acknowledge that I want to participate in the Settlement of this matter, that the information on this Claim Form is accurate and that I am releasing those claims set forth in the Release portion of the attached Notice.

Signature

Date

Return Claim Form to:
M.C.C.
P.O. Box 538
Eau Claire, WI 54702

SUBSTITUTE IRS FORM W-9	
TAX PAYER IDENTIFICATION NUMBER	
Enter your Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CERTIFICATION	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none">1. The Social Security number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and3. I am a U.S. person (including a U.S. resident alien).	
_____ W-9 Signature	_____ W-9 Signature Date
<small>Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.</small>	

