

POLYURETHANE FOAM PRICE FIXING CLASS ACTION OPT-OUT FORM

I have read the notice to class members for the actions listed below. I do **not** want to participate in the following class actions or in the settlement of any of them:

B.C.: *Trillium Project Management Ltd. v. Hickory Springs et al.*, (Supreme Court of British Columbia, Vancouver Registry Docket No. S-1 06213)

Majestic Mattress MFG, Ltd. v. Vitafoam Products et al., (Supreme Court of British Columbia, Vancouver Registry Docket No. S-1 063621)

Ontario: *"Hi! Neighbor" Floor Covering Co. Limited v. Hickory Springs et al.*, (Superior Court of Justice for Ontario, File No. CV-11-15164)

"Hi! Neighbor" Floor Covering Co. Limited v. Hickory Springs et al., (Superior Court of Justice for Ontario, File No. CV-11-17279)

Quebec: *Option consommateurs c. Produits Vitafoam Canada Limitée*, (Quebec Superior Court, Montreal Registry, File No. 500-06-000524-104)

(the "Foam Class Actions")

I understand that if I complete this form:

- **I will not be able to participate in the Foam Class Actions and will not receive a portion of any judgment or settlement, including the settlement with the Domfoam defendants and certain individuals, negotiated by Class Counsel or receive any other benefit from the Foam Class Actions;**
- **I will lose my claim against the Domfoam Defendants and certain Individual Settling Parties as described in the notice; and**
- **to the extent that I want to pursue a legal claim against any of the other defendants in the Foam Class Actions, I will need to start and pursue my own claim at my own expense.**

Foam Purchaser Details: (Attach a separate sheet if additional space is needed.)

Full Legal Name:	Phone Number:
Current Address (including city, province and postal code):	
Former Names, if any, at the time of Foam purchases:	

Details of Foam Purchases (if known): (Attach a separate sheet if additional space is needed.)

<i>Item Purchased</i>	<i>Volume Purchased</i>	<i>Purchased From</i>	<i>Date Purchased</i>	<i>Price Paid</i>	<i>Foam Manufacturer</i>

I therefore request to be excluded from any and all classes which have or will be certified in the Foam Class Actions and the Settlement Classes in the Domfoam Settlement or any future settlements.

Signature:	Date: (dd/mmm/yyyy)
------------	---------------------

Send this form by mail, fax, email or courier before **October 18, 2013** to:

Mail or Courier: National Class Action Services
175 Bloor Street East,
Suite 807, South Tower,
Toronto, Ontario M4W 3R8
Attn: Paul Battaglia

Fax: (416) 342-1761

Email: Paul@trilogyclassactions.ca