

**IN THE UNITED STATES DISTRICT COURT FOR
THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE OSB ANTITRUST LITIGATION <hr/> THIS DOCUMENT RELATES TO: All Indirect Purchaser Actions.	Master File No. 06-CV-00826 (PSD) Honorable Paul S. Diamond
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CLAIM FORM

Important Deadline: To be eligible to share in the settlement proceeds your completed claim form must be mailed to the OSB Claims Administrator at the address provided below and postmarked on or before January 9, 2009.

This Claim Form should be submitted only by persons or entities who are residents of the District of Columbia, Arizona, California, Florida, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Mexico, New York, North Carolina, North Dakota, South Dakota, Tennessee, Vermont, West Virginia or Wisconsin and who, as end users, purchased new OSB between June 1, 2002 and August 4, 2008. You are not a class member, and therefore should not submit a claim form, if you purchased OSB made by any manufacturer other than Louisiana-Pacific Corp. (“LP”), Weyerhaeuser Company (“Weyerhaeuser”), Georgia-Pacific LLC f/k/a Georgia-Pacific Corp. (“Georgia-Pacific”), Potlatch Corporation (“Potlatch”), Ainsworth Lumber Co. Ltd (“Ainsworth”), Norbord Industries Inc. (“Norbord”), Tolko Industries Ltd. (“Tolko”), J.M. Huber Corp. and Huber Engineered Woods LLC; or if you purchased OSB directly from any of these companies; or if you purchased OSB only as part of a house or other structure, unless you can separately identify your OSB purchases with appropriate receipts. If you have elected to exclude yourself from the settlements you are not part of the class and are not entitled to submit a claim.

Eligibility:

In addition to the above requirements, you must meet the following additional qualifications:

1. Your OSB purchases qualify if the new OSB was not purchased for resale and if you purchased new OSB from any person or entity *other than* any of the defendants or from any other manufacturer.
2. If you purchased new OSB as part of a house or structure, you must be able to separately identify your OSB purchase(s) and how much you paid for OSB.
3. You must submit documentary evidence confirming the date and amount of your itemized OSB purchases.
4. If you need any help to determine whether you are eligible to submit a claim, please contact the Claims Administrator at (800) 401-0819 or email claims@osbnotice.com.

Computation of Your Claim:

The settlement funds of \$9,940,000 (plus interest, less \$1 million being distributed to charitable or non-profit entities, as described in the Notice, and less Court-approved attorneys fees, litigation expenses, any incentive awards to the named plaintiffs and notice and administration expenses, which have not yet been determined) (the “Net Settlement Fund”) will be divided among the settlement class members whose claims have been approved for payment. That means that the amount paid to any individual settlement class member may depend on the total amount of the approved claims submitted by all class members. The more approved claims there are, the smaller the individual payments may be. Your “Approved Claim Amount” will be equal to 9% of your total qualifying OSB purchases as indicated by your claim form and supporting documentation, as reviewed and approved by the Claims Administrator. The Approved Claim Amount is intended to reflect the amount by which OSB prices were increased during the Class Period, as calculated by Plaintiffs’ experts. The Claims Administrator will calculate the Approved Claim Amount for each claim submitted by a class member. The Approved Claim Amount for each class member will be divided by the total Approved Claim Amounts for all class members to calculate each claimant’s *pro rata* share of the Net Settlement Fund. If the total of all Approved Claim Amounts (“Total Claim Amount”) is greater than the amount of the Net Settlement Fund, then the Total Claim Amount will be divided by the amount of the Net Settlement Fund to arrive at a *pro rata* share of the Net Settlement Fund for each Class member.

Please be advised that if your *pro rata* share of the Net Settlement Fund is less than \$10, no payment will be sent to you, due to prohibitive administrative costs.

On the other hand, if your *pro rata* share of the Net Settlement Fund would exceed your Approved Claim Amount, your payment will be limited to your Approved Claim Amount.

To Complete This Form:

1. If you want to register a claim, fill out Sections 1 and 2 and mail this form to the Claims Administrator at the address provided below. Your form must be postmarked on or before **January 9, 2009** in order to be considered. You must attach proof of new OSB purchases, such as a copy of your OSB receipt, invoice or bill.
2. You must sign and date in Section 3.
3. Mail completed and signed form to:

OSB Claims Administrator
c/o The Notice Company
PO Box 778
Hingham, MA 02043

Keep a copy of your claim form for your records

OSB INDIRECT PURCHASER CLAIM FORM

Section 1 (Please type or print.)

1. Name: _____

2. Address: _____
Street Address

_____ *City* _____ *State* _____ *Zip Code*

3. Telephone Number: (_____) _____

4. Email Address (optional): _____

Note: By entering your email address, you agree that we may contact you by email for purposes of processing your claim.

Section 2 – (Please type or print.)

List all of the documents you are attaching to this form which indicate the date and amount of your OSB purchase(s):

Document	Date	Amount of OSB Purchase
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Attach additional sheets if necessary.

Must be signed and dated in Section 3 below.

Section 3 – Everyone must complete this Signature and Certification Section.

I declare, under penalty or perjury, that all of the information provided in this form is true, correct, and complete and that the documentation submitted in support of this claim is true, correct, and complete. I understand that filing a false claim constitutes a federal criminal offense under 18 U.S.C. §1621 and §1623.

SIGNATURE

_____/_____/_____
DATE

(Note: You must sign and date for your submission to be valid.)

*If you have any questions about how to fill out any of the blanks in this form,
please call the Claims Administrator, toll-free, at (800) 401-0819.*

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Mail to:

OSB Claims Administrator
c/o The Notice Company
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Hingham, MA 02043