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JUL 30 2012

Israel Elizondo
1738 Arlington
Corpus Christi, TX 78415

FILED

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CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

July 27, 2012

BY: 

DEPUTY

Boiron Settlement Administrator
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael, CA 94912-8060

Re: Gallucci v. Boiron, Inc., et. al.; No. 11-cv-2039-JAH-NLS

Dear Administrator:

My name is Israel Elizondo and I am a member of the settlement class as described in the Class Notice. See my declaration and claim form attached.

I object to the settlement and object to the attorneys fees and expense application being paid from the Settlement Fund. That means that the settlement fund of \$5,000,000 for the class members will decrease because of the attorneys' fees. I also object that if aggregate number of claims exceeds the Net Settlement Fund, payments to Class Members may be subject to pro rata reduction. This does not seem fair.

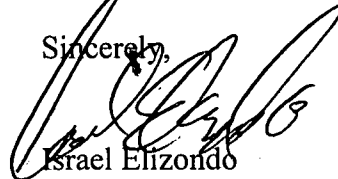
My name, address, telephone number are as follows:

Israel Elizondo
1738 Arlington
Corpus Christi, TX 78415
361-945-4625

I ask that this objection be submitted at the hearing for decision by the Court. I ask that the settlement be rejected and that the attorneys' fee application is denied for the reasons set forth below. I incorporate by reference all other objections filed by any other class member who objects the settlement and or the approval attorneys fees.

I will not attend the fairness hearing scheduled for August 27, 2012 at 2:30 p.m.

Sincerely,


Israel Elizondo

cc: Clerk of the Court
United States District Court
Southern District of California
880 Front Street, Ste. 4290
San Diego, CA 92101-8900

Ronald A. Marron
Law Offices of Ronald A. Marron, APLC
3636 Fourth Avenue, Ste. 202
San Diego, CA 92103
Class Counsel

Christina Guerola Sarchio
Patton Boggs LLP
2525 M St., NW
Washington, DC 20037
Defendants' Counsel

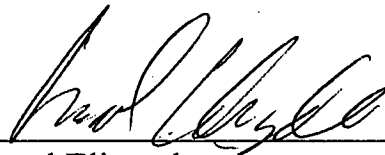
I, Israel Elizondo, declare that:

1. I am over the age of eighteen and a resident of Texas. I have personal knowledge of the facts as set forth herein and if called upon to testify, could competently do so.

2. This Declaration is made in support of my membership as part of the Settlement Class. I purchased Coldcalm approximately sometime in December of 2008 at Sunharvest, on Airline Road in Corpus Christi, Texas.

3. I have never been an objector or objected in any lawsuits.

4. I declare under penalty of perjury, under the laws of the State of Texas that the foregoing is true and correct. Executed this the 27th day of July 2012, at Corpus Christi, Texas.



Israel Elizondo

Boiron Settlement Administrator
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael, CA 94912-8060

Must Be Postmarked
No Later Than
45 days after the date the Court enters
the judgment ("Claim-In Period")

Gallucci v. Boiron, Inc. et al.
Case No. 11-cv-2039-JAH-NLS
CLASS ACTION SETTLEMENT CLAIM FORM

BRGL1

You must complete this Claim Form in its entirety using blue or black ink. Please print all information clearly. This Claim Form only relates to qualifying purchases of products manufactured by Boiron such as Oscilloccinum, Children's Oscilloccinum, Arnica, Quietude, Camilia or Coldcalm (a "Boiron Product"). Do not complete this Claim Form if you did not make a qualifying purchase of a Boiron Product. **All information requested on this Claim Form is required including a proof of purchase, where available, for each purchase that you claim.**

You may submit only one Claim Form, and two people cannot submit Claim Forms for the same qualifying purchase of a Boiron Product. All Claim Forms must be postmarked by no later than 45 days after the date the Court enters the judgment ("Claim-In Period"). Mail your fully completed and signed Claim Form and, where available, the required proof of purchase of a Boiron Product to: Boiron Settlement Administrator, c/o Gilardi & Co. LLC, P.O. Box 8060, San Rafael, CA 94912-8060

CLAIMANT INFORMATION

All of the information below is required. If you do not provide all of the information below, your claim may be denied.

First Name: Israel M.I.: Last Name: Elizondo

Address 1: 1738 Arlington

Address 2:

City: Corpus Christi State: TX Zip Code: 78415

Email Address: N/A

Daytime Telephone Number: 361-945-4625

CLAIM INFORMATION

All of the information below is required. You must provide the information in the table below for each purchase of Oscilloccinum or any other Boiron product. (If additional space is needed, please submit on a copy of either page 2 or page 3, or on a separate sheet, and attach that sheet to your completed claim form.) If available, you must provide proof of each purchase you list below. If you cannot provide proof of a particular purchase, you may still submit your claim as detailed below. If you do not provide all of the information below, your claim may be denied.

QUALIFYING PURCHASES OF BOIRON PRODUCTS

Product Name: Coldcalm

Store Name: Sun Harvest

Store Location: Address: Airline Rd

Store Location: City: Corpus Christi State: TX Zip Code: 78415

Date of Purchase: 12/1/2008 Purchase Price: \$9.99 Proof of Purchase Attached? Yes No



FOR CLAIMS PROCESSING ONLY	<input type="radio"/> LC
	<input type="radio"/> OZ

QUALIFYING PURCHASES OF BOIRON PRODUCTS

Product Name

CO/DCC(M)

Store Name

Store Location: Address

Store Location: City

State

Zip Code

Date of Purchase

MM / DD / YYYY

Purchase Price

\$.

Proof of Purchase Attached?

Yes No

Product Name

Store Name

Store Location: Address

Store Location: City

State

Zip Code

Date of Purchase

MM / DD / YYYY

Purchase Price

\$.

Proof of Purchase Attached?

Yes No

Product Name

Store Name

Store Location: Address

Store Location: City

State

Zip Code

Date of Purchase

MM / DD / YYYY

Purchase Price

\$.

Proof of Purchase Attached?

Yes No

Product Name

Store Name

Store Location: Address

Store Location: City

State

Zip Code

Date of Purchase

MM / DD / YYYY

Purchase Price

\$.

Proof of Purchase Attached?

Yes No



QUALIFYING PURCHASES OF BOIRON PRODUCTS

Product Name

Product Name input field

Store Name

Store Name input field

Store Location: Address

Store Location: Address input field

Store Location: City

State

Zip Code

Store Location: City, State, and Zip Code input fields

Date of Purchase

Purchase Price

Proof of Purchase Attached?

Date of Purchase input field (MM/DD/YYYY)

Purchase Price input field (\$.)

Proof of Purchase Attached? radio buttons (Yes/No)

Product Name

Product Name input field

Store Name

Store Name input field

Store Location: Address

Store Location: Address input field

Store Location: City

State

Zip Code

Store Location: City, State, and Zip Code input fields

Date of Purchase

Purchase Price

Proof of Purchase Attached?

Date of Purchase input field (MM/DD/YYYY)

Purchase Price input field (\$.)

Proof of Purchase Attached? radio buttons (Yes/No)

Product Name

Product Name input field

Store Name

Store Name input field

Store Location: Address

Store Location: Address input field

Store Location: City

State

Zip Code

Store Location: City, State, and Zip Code input fields

Date of Purchase

Purchase Price

Proof of Purchase Attached?

Date of Purchase input field (MM/DD/YYYY)

Purchase Price input field (\$.)

Proof of Purchase Attached? radio buttons (Yes/No)

Product Name

Product Name input field

Store Name

Store Name input field

Store Location: Address

Store Location: Address input field

Store Location: City

State

Zip Code

Store Location: City, State, and Zip Code input fields

Date of Purchase

Purchase Price

Proof of Purchase Attached?

Date of Purchase input field (MM/DD/YYYY)

Purchase Price input field (\$.)

Proof of Purchase Attached? radio buttons (Yes/No)



PROOF OF PURCHASE

If available, proof of purchase is required for each qualifying purchase of a Boiron product listed above. Include your proof(s) of purchase, sign the Certification Under Penalty of Perjury below, and mail the fully completed and signed Claim Form to: Boiron Settlement Administrator, c/o Gilardi & Co. LLC, P.O. Box 8060, San Rafael, CA 94912-8060. There is a limit of \$100.00 per household for claims containing proof(s) of purchase.


NO PROOF OF PURCHASE

If you do not have a proof of purchase, you may submit a claim for Boiron products you purchased by completing the Claim Information table above to the best of your knowledge and signing the below Certification Under Penalty of Perjury. Non-proof-of-purchase claims will be processed after claims that are submitted with a proof of purchase. Non-proof of purchase claims are subject to a \$50.00 per household limit, and may be reduced based on the number of claims received.

CERTIFICATION UNDER PENALTY OF PERJURY

I hereby certify under penalty of perjury, as follows:

- a) All of the information on this Claim Form is true and correct;
- b) If I have proof of a qualifying purchase of any Boiron product that I have listed on this Claim Form, I am providing such proof with the submission of this Claim Form. If I do not have a proof of purchase for a qualifying purchase listed on this Claim Form, I certify that I purchased the product for which I submit the claim.
- c) I understand that the Settlement Administrator may contact me to verify any of the information that I have provided on this Claim Form or to verify any of the proofs of purchase that I have submitted with this Claim Form; and
- d) I understand that the decision of the Settlement Administrator is final and binding on me.

Signature:  Date: 7-27-12

Printed Name: ISRAEL ELIZONDO

