

***In re: Ready-Mixed Concrete Antitrust Litigation***  
UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF INDIANA  
Case No. 1:05-cv-00979-SEB-JMS

**CLAIM FORM**

Please Type or Print

You must complete and sign this Claim Form and return it to the Claims Administrator at the address below, with any necessary documentation, no later than **March 22, 2010**.

**IDENTITY OF CLAIMANT**

Please provide identifying information below:

**MUST BE  
POSTMARKED NO  
LATER THAN  
MARCH 22, 2010**

**INDIVIDUAL/ENTITY NAME:**

---

---

**STREET ADDRESS:**

---

---

**CITY:**

**STATE:**

---

---

**ZIP CODE:**

---

---

Please note: Correspondence concerning your claim will be directed to you at this address. You should notify the Claims Administrator promptly if your address changes after you have submitted this Claim Form.

**CONTACT PERSON**

Indicate below the person to be contacted regarding this claim. By signing this Claim Form, you authorize the Claims Administrator to discuss the contents of this Claim Form and any other aspect of your claim with the contact person identified below. Please notify the Claims Administrator of any change in the contact person's telephone number or email address.

**CONTACT PERSON'S NAME:**

---

---

**TELEPHONE NUMBER:**

---

---

**EMAIL ADDRESS:**

---

---

**PURCHASES OF READY-MIXED CONCRETE**

The following charts are used to identify your purchases of Ready-Mixed Concrete<sup>1</sup> from the Defendant Companies, during the Class Period, from and including July 1, 2000 through and including May 25, 2004, for delivery from a facility in the Central Indiana Area.

<sup>1</sup> All capitalized terms not otherwise defined in this Claim Form shall have the meaning provided in the Notice of Settlement Distribution.

As set forth in the Definitions section in the Notice of Settlement Distribution (the “Notice”), for purposes of determining the amount of your Qualifying Purchases, Ready-Mixed Concrete includes additives or admixtures such as, but not limited to, calcium chloride, accelerators, retarding admixtures, plasticizers, colorants, and fly ash, **but does not include taxes or the following extra service or product charges:** (Service Charges) delivery charges, demurrage charges, hourly charges, minimum load charges, overtime, plant charges, same-day-service charges, truck cleanup charges, weekend/holiday/after-hours charges, and winter charges; (Product Charges) truck/equipment rental costs, costs of building materials, concrete blocks, precast concrete products, equipment/tools, expansion joints, foam/Styrofoam, concrete forms, hardware, plastic, rebar, steel fiber, wire mesh, sealants, and test cylinders.

**Chart 1—Purchases from Defendant Companies other than Carmel Concrete:** This chart is used to determine the amount of your Qualifying Purchases (as defined in the Notice) from the Defendant Companies other than Carmel Concrete, which are listed in Column 1. Column 2 states the amounts of your Qualifying Purchases based on data provided by the Defendant Companies.

- **If you agree** with any of the amounts indicated in Column 2, check the box in Column 3 next to those amounts with which you agree and leave Column 4 blank.
- **If you disagree** with any of the amounts in Column 2, provide what you believe to be the correct amount of Qualifying Purchases, based on your records, in Column 4 **and submit documentation along with this Claim Form to support the amount of Qualifying Purchases you are claiming in Column 4.**

| <b>Chart 1: Purchases from Defendant Companies other than Carmel Concrete</b> |   |   |  |
|---|---|---|--|
| <b>COLUMN 1</b>   | <b>COLUMN 2</b>   | <b>COLUMN 3</b>   | <b>COLUMN 4</b>  |
| <b>Defendant Company</b>  | <b>Amount of your Qualifying Purchases according to Defendant Company records</b> | <b>Check below if you agree with the amount in Column 2</b> | <b>IF YOU DISAGREE WITH AN AMOUNT IN COLUMN 2, indicate the amount of your Qualifying Purchases based on your records (otherwise, leave this column blank)</b> |
| American Concrete   | \$0.00  |   |  |
| Beaver Materials  | \$0.00  |   |  |
| Builder’s Concrete  | \$0.00  |   |  |
| IMI   | \$0.00*   |   |  |
| Prairie Materials   | \$0.00  |   |  |
| Shelby Materials  | \$0.00  |   |  |

**\* IMPORTANT NOTE:** This amount *does not include purchases from IMI’s operating subsidiary, Southside Ready-Mix*, for the period from and including July 1, 2000 through and including March 31, 2003. If you purchased any concrete from Southside Ready-Mix Concrete from and including July 1, 2000 through and including March 31, 2003, you should add the dollar amount of these additional purchases to the dollar amount of your Qualifying Purchases from IMI as reported in Column 2, state the corrected total dollar amount of your Qualifying Purchases from IMI in Column 3, and submit documentation to support the additional purchases.

**Chart 2—Purchases from Carmel Concrete:** This chart is used to determine the amount of your Qualifying Purchases (as defined in the Notice) from Carmel Concrete. Please indicate below the dollar amount of your Qualifying Purchases.

| <b>Chart 2: Purchases from Carmel Concrete</b> |   |
|--|---|
| ////////////////////                           | <b>Amount of Qualifying Purchases based on your records</b> |
| Carmel Concrete                                |   |

List and identify below the records (e.g., invoices, purchase journals, accounts payable journals, etc.) you used to calculate the claimed amount of your Qualifying Purchases from Carmel Concrete:

---



---



---

**PLEASE NOTE: You are not required to submit with this Claim Form documentation to support the amount of your Qualifying Purchases from Carmel Concrete.** However, the Claims Administrator will review your claim and may (1) compare the amount of your reported Qualifying Purchases with records provided by Carmel Concrete and (2) request from you copies of documentation sufficient to support your reported amount of Qualifying Purchases from Carmel Concrete.

**CLAIMS BASED ON ASSIGNMENT OR TRANSFER**

If the Claimant on whose behalf this Claim Form is being submitted acquired the rights to make a claim from some other person or entity (as assignee, transferee, successor, or otherwise), please check the box below and attach copies of legal documents that support the acquisition of the rights to make a claim.

- I am submitting this Claim Form as an assignee, transferee, successor, or otherwise based on rights acquired from some other person or entity. Legal documents that support my acquisition of the right to make a claim are attached.

**FEDERAL TAXPAYER IDENTIFICATION NUMBER**

Each Claimant must provide an employer identification number or Social Security number.

Name of taxpayer whose employer identification or Social Security number is provided below

--

Employer identification number of Claimant (for corporations, estates, trusts, etc.)

-OR-

--


--

Social Security number of Claimant (for individuals)

**YOU MUST SIGN THE ACKNOWLEDGEMENT ON PAGE 4 OF THIS CLAIM FORM**  
**PLEASE NOTE: ONLY ONE CLAIM SHOULD BE SUBMITTED FOR EACH ENTITY OR INDIVIDUAL.** Although Counsel has collected as much data as possible from the Defendants to correlate into one claim form for each entity or individual, there will be some instances where the sale information provided by the Defendants was not adequate to properly match transactions to the correct parties and despite best efforts, some parties may receive multiple claim forms. Please do not submit multiple claims. If you receive multiple claim forms contact the Claims Administrator at 800-983-6033 and they will assist you in consolidating your claim.

**ACKNOWLEDGMENT AND VERIFICATION**

I acknowledge and represent that I have read the Notice of Settlement Distribution, and I declare under the penalties for perjury under the laws of the United States of America (i) that the information contained in this Claim Form is true and correct; (ii) that I am duly authorized to sign and submit this Claim Form on behalf of the Claimant; (iii) that the Claimant is a member of the Settlement Class and has not requested to be excluded from the Settlement Class with respect to any Settlement; (iv) that the purchases of Ready-Mixed Concrete listed were made by the Claimant **directly** from the Defendant(s) listed; (v) that the Claimant does not know of any other claim being submitted for the same purchases; and (vi) that the Claimant has not transferred or assigned its claims.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title or position  
(if claimant is not an individual)

**MAILING INSTRUCTIONS**

**THIS CLAIM FORM MUST BE SENT TO THE FOLLOWING ADDRESS BY UNITED STATES FIRST-CLASS MAIL OR UNITED STATES CERTIFIED MAIL AND MUST BE POSTMARKED NO LATER THAN MARCH 22, 2010:**

READY-MIXED CONCRETE ANTITRUST LITIGATION  
CLAIMS ADMINISTRATOR  
C/O A.B. DATA, LTD.  
PO BOX 170500  
MILWAUKEE, WI 53217-8042

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted if it is mailed by March 22, 2010, a postmark is indicated on the envelope, and it is mailed and addressed in accordance with the instructions. In all other cases, the Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to process all of the Claim Forms. This work will be completed as promptly as time permits, given the need to review each Claim Form. Thank you for your patience.