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2 107 SPRUCE RD.
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FILED

12 JUN -8 PM 3: 28

CLERK U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

5 UNITED STATES DISTRICT COURT

VIA FAX

6 FOR THE SOUTHERN DISTRICT OF CALIFORNIA

7 IN RE FERRERO LITIGATION)
8)
9)

Case No. 11-cv-205 H (CAB)
OBJECTION TO CLASS ACTION
SETTLEMENT AND

10 My name is Michael Hale and I am a class member. I do not intend on appearing at the
11 fairness hearing or submitting evidence of any kind there or asking questions of any witnesses. I
12 request that this objection be submitted at the hearing for consideration by the Court. I rely on the
13 documents attached to this objection, as well as all document in the Court's file.
14

15 I would ask that the Court reject this settlement and the proposed award of attorneys' fees
16 and expenses.

17 My objections to the settlement are as follows:

18
19 Objection is also made that the requirements of Fed. R. Civ. P. 23 cannot be met to maintain
20 this case as a class action. The different groups and claims are too disparate and involve too many
21 individualized issues to be maintained as a class.
22

23 The defendant has already agreed to nationwide practice changes outside of California. Not
24 only is it unthinkable that the defendant would implement materially different practice changes in
25 California, the practice changes are illusory and in the defendants best interest.
26

27 Please reject the settlement and under all circumstances please do not approve the attorneys'
28 fees and expenses. Thank you for your attention to this matter.

1
2 Date: June 8, 2012


Michael E. Hale, Pro Se

3
4
5
6 CERTIFICATE OF SERVICE


7 I certify that a true and correct copy of this document has been forward to all those list as
8 indicated below on this the 8th day of June 2012.

9 Via U.S. Mail
10 Ronald A. Marron
11 Law Offices of Ronald A. Marron, APLC
12 3636 4th Avenue, Ste. 202
San Diego, CA 92103

13 Via U.S. Mail
14 Gregory S. Weston
15 Jack Fitzgerald
16 The Weston Firm
1405 Morena Blvd., Ste. 201
San Diego, CA 92110

17 Via U.S. Mail
18 Keith E. Eggleston
19 Colleen Bal
20 Dale R. Eggleston
21 Colleen Bal
22 Dale R. Bish
Wilson Sonsini Goodrich & Rosati, P.C.
650 Page Mill Rd.
Palo Alto, CA 94304-1050

23 Clerk of the Court
24 U.S. District Court for the Southern
25 District of California
880 Front Street, Ste. 4290
San Diego, CA 92101-8900

26
27 
Michael E. Hale, Pro Se

**In re Ferrero Litigation
CLAIM FORM**

VIA FAX

Please print or type
I, MICHAEL HALE, state as follows:

LAST NAME (Claimant)*	FIRST NAME (Claimant)*
H A L E	M I C H A E L

Current Address*

107 SPRUCE

Current City*	State*	Zip Code*
FAIRFAX	CA	94930 -

Telephone Number (Day)(optional)	Telephone Number (Night)(optional)
415 - 400 - 7002	

E-mail Address*

MIKERED7@OHIOEMAIL.COM

IDENTITY OF CLAIMANT (Check appropriate box)

Individual Legal Representative (attach information showing authority to submit claim)

Other (specify, describe on separate sheet)

Please state the number of jars of Nutella that you purchased in California from August 1, 2009 to January 23, 2012, inclusive.

[] []

NOTE: YOU CAN CLAIM UP TO A MAXIMUM OF FIVE (5) JARS

CERTIFICATION*

I have read and am familiar with the contents of the Instructions accompanying this Claim Form and I certify that the information I have set forth in the foregoing Claim Form and in documents attached by me are true, correct and complete to the best of my knowledge.

I certify that I purchased the number of jars of Nutella in the State of California indicated on the Claim Form above during the period August 1, 2009 to January 23, 2012, inclusive.

I am not an officer, director, agent, servant or employee of Ferrero U.S.A., Inc. or any related entity thereof; a judge in this lawsuit; or an immediate family member of such persons; *and* I have not requested exclusion from the Settlement.

I certify that the foregoing information supplied by the undersigned is true and correct to the best of my knowledge and that this Claim Form was executed this 8 day of JUNE, 2012.

	MICHAEL HALE	6-8-12
Signature	Type/Print Name	Date

If the Claimant is other than an individual, or is not the person completing this form, the following must also be provided:

Name of person signing	Capacity of person signing (Executor, President, Trustee, etc.)	Date

REMINDER CHECKLIST:

1. Please sign the above Claim Form.
2. Keep a copy of your Claim Form and supporting documentation for your records.
3. If you desire an acknowledgment of receipt of your Claim Form, please complete the on-line Claim Form or mail this Claim Form via Certified Mail, Return Receipt Requested.
4. If you move or your name changes, please send your new address, new name or contact information to the Claims Administrator via the Settlement Website, or First-Class U.S. Mail, each listed in the Notice.

*Fields or Sections are Required to be Completed.

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.