

This notice may affect your rights. Please read carefully.

**IN THE UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF PENNSYLVANIA**

IN RE: KLINGENSMITH V. BP PRODUCTS NORTH  
AMERICA, INC., CASE NO.: 07-CV-1065

**SUMMARY NOTICE OF CERTIFIED CLASS  
ACTION SETTLEMENT**

A settlement has been proposed in a class action lawsuit filed by Melanie A. Klingensmith and Billie Lee Sonntag ("Plaintiffs"), on behalf of all members of the class against BP Products North America, Inc. ("BPPNA") asserting that BPPNA violated certain requirements of the Fair and Accurate Credit Transactions Act ("FACTA").

**WHO'S INCLUDED?**

All persons who received an electronically printed receipt from certain **BP branded** Service Stations located in Pennsylvania at the point of sale or transaction occurring between December 4, 2006 and September 30, 2007, wherein the receipt displayed (1) more than the last five digits of the person's credit card or debit card number, and/ or (2) the expiration date of the person's credit or debit card number. as specifically set forth in the Compliant on file and available at the Court at 700 Grant Street, Suite 3100, Pittsburgh, PA 15219 **MAY BE ELIGIBLE TO RECEIVE A SETTLEMENT CHECK**, as set forth below. If you qualify, you may send in a claim form to get benefits, or you can exclude yourself from the settlement, or object to it.

If you believe you are a member of the class, you may view the Full Notice and print a claim form online at [www.BPPNASettlement.com](http://www.BPPNASettlement.com), or you can request a copy of the Full Notice by sending a written request to following address: BPPNA Settlement Administrator, PO Box 9347, Minneapolis, MN 55440-9347. Include your name and current address. You may also request a Notice and Claim Form by calling Class Counsel at 1-800-467-5241.

**WHAT DOES THE SETTLEMENT PROVIDE?**

Under the terms of the settlement, BPPNA will provide: (1) to each class member who submits, with the attached claim form, one or more receipts that did not comply with FACTA, \$25.00 for each receipt submitted, up to a maximum of \$100.00 per Participating Claimant; or (2) to each class member who does not submit a receipt, \$5.00 (with \$5.00 being the maximum amount available per household). A Publication Notice describing the Settlement in more detail is available at the website above.

**WHAT ARE YOUR OTHER OPTIONS?**

If you do not want to be legally bound by the settlement, you must exclude yourself by December 27, 2008, or you won't be able to sue, or continue to sue, BP about the legal claims in this case. If you exclude yourself, you can't get

a Settlement Check from this settlement. If you stay in the settlement, you may object to it by December 27, 2008. The Full Notice contains important information regarding the rights, obligations, requirements, and deadlines for class members to participate in the Settlement, to exclude themselves from the Settlement, or to object.

If you wish to communicate with class counsel identified above, you may do so by writing to Gary F. Lynch, Carlson Lynch Ltd, 36 N. Jefferson Street, P.O. Box 7635, New Castle, PA 16107. Alternatively, you may call the offices of the firm at its toll free number 1-800-467-5241.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS, ADDRESS ALL INQUIRIES IN THE MANNER SET FORTH ABOVE. THE COURT AND THE CLERK WILL NOT ANSWER LEGAL QUESTIONS FROM INDIVIDUAL CLAIMANTS. BY ISSUING THIS NOTICE, THE COURT EXPRESSES NO OPINION AS TO THE MERITS OF ANY CLAIMS OR DEFENSES ASSERTED IN THIS CIVIL ACTION. PLEASE DO NOT CONTACT THE COURT.**

**BP PRODUCTS NORTH AMERICA, INC.  
SETTLEMENT CLAIM FORM**

**Mail to:  
BPPNA Settlement Administrator  
PO Box 9347, Minneapolis, MN 55440-9347**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**CHECK THE APPROPRIATE BOX:**

I have included with this Claim Form one or more receipts that did not comply with FACTA.

I have NOT included with this Claim Form a receipt but I certify that I used a debit/credit card at the BP service station located at \_\_\_\_\_ on \_\_\_\_\_ (approximate date of visit) and the last four digits of the account number on the card used were \_\_\_\_\_.

**I understand that the foregoing information may be used for purposes of verifying my claim, and I certify, under penalty of perjury, that the statements and information contained herein is truthful and accurate.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**ALL CLAIM FORMS MUST BE POSTMARKED  
BY: JANUARY 6, 2009**