Exhibit C

FRAUD

SETTLEMENT ADMINISTRATOR - 54388 C/O A.B.DATA, LTD. P.O. BOX 173080 MILWAUKEE, WI 53217



NOTICE OF INELIGIBILITY

DATE: {PostmarkDate}

RE: Suboxone End-Payor Antitrust Litigation - Consumer

CLAIM NUMBER: {ClaimNumber}

RESPONSE DEADLINE: {ResponseDeadline}

Dear Claimant:

We have processed the claim and any supporting documentation that you submitted in *In Re: Suboxone (Buprenorphine Hydrochloride and Nalaxone) Antitrust Litigation.*

Based on our review of your claim, we have determined that the information you provided is either invalid or contains material inconsistencies that render your claim ineligible to receive a distribution payment. Your claim has been rejected.

If you agree with this determination, you do not need to do anything in response to this letter.

If you disagree with this determination, you may request that the Court review your claim. To request Court review, you must send the Settlement Administrator a signed written statement that (a) states your reasons for contesting the rejection or payment determination regarding your claim; (b) specifically states that you "request that the Court review the determination regarding this claim", and (c) include a copy of your valid state identification. You must include all documentation supporting your argument(s). Your request must be postmarked and mailed to the address above, or submitted by email to info@SuboxAntitrust.com, no later than the Response Deadline above. The Settlement Administrator and Counsel for the Class will present the dispute to the Court for review, which may include public filing with the Court of your claim and the supporting documentation. PLEASE NOTE: COURT REVIEW SHOULD ONLY BE SOUGHT IF YOU DISAGREE WITH THE SETTLEMENT ADMINISTRATOR'S DETERMINATION REGARDING YOUR CLAIM.

If you have any questions about this notice, or if you want to confirm the status of your claim after you submit a response to this notice, please contact us at 1-877-311-3735 or email us at info@SuboxAntitrust.com. Please reference the Claim Number listed above in any communication.

Sincerely yours,

A.B. DATA, LTD.
Settlement Administrator

DUPCL

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NOTICE OF INELIGIBILITY

DATE: {PostmarkDate}

RE: Suboxone End-Payor Antitrust Litigation - Consumer

CLAIM NUMBER: {ClaimNumber}

RESPONSE DEADLINE: {ResponseDeadline}

Dear Claimant:

We have processed the claim and any supporting documentation that you submitted in *In Re: Suboxone (Buprenorphine Hydrochloride and Nalaxone) Antitrust Litigation*. Based on our review, your Claim is ineligible for recovery for the reason listed below.

The Claim Number listed above is ineligible because the claim is duplicative of another claim (Claim #: {ClaimGUID}). Claim No. {ClaimGUID} is being processed separately, and you will be notified separately if that claim is deficient or ineligible for recovery.

If you agree with this determination, you do not need to do anything in response to this letter.

If you disagree with this determination, you may request that the Court review your claim. To request Court review, you must send the Settlement Administrator a signed written statement that (a) states your reasons for contesting the rejection or payment determination regarding your claim; and (b) specifically states that you "request that the Court review the determination regarding this claim". You must include all documentation supporting your argument(s). Your request must be postmarked and mailed to the address above, or submitted by email to info@ SuboxAntitrust.com, no later than the Response Deadline above. The Settlement Administrator and Counsel for the Class will present the dispute to the Court for review, which may include public filing with the Court of your claim and the supporting documentation. PLEASE NOTE: COURT REVIEW SHOULD ONLY BE SOUGHT IF YOU DISAGREE WITH THE SETTLEMENT ADMINISTRATOR'S DETERMINATION REGARDING YOUR CLAIM.

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Sincerely yours,

A.B. DATA, LTD.
Settlement Administrator