

# **Exhibit C**

DRAM Antitrust Litigation  
c/o Complete Claim Solutions, Inc.  
P.O. Box 24657  
West Palm Beach, FL 33416  
1-866-483-9938

March 3, 2008

**RESPONSE DUE DATE: POSTMARKED BY APRIL 4, 2008**

«compute\_0007»  
«compute\_0008»  
«compute\_0009»«compute\_0010»  
«compute\_0011»  
«compute\_0012», «compute\_0013» «compute\_0014»

**REQUEST FOR INFORMATION - Claim No. Claim No: «clm\_no»**

Dear Claimant:

We have received and processed the Proof of Claim that you filed in the DRAM Antitrust Litigation. However, we noted a deficiency in the claim you submitted. Your Proof of Claim was missing a signature of the Class Member. You may receive additional letters if other deficient conditions are identified in this claim.

In order to ensure you receive the correct distribution from the Settlement Fund, please sign and date this letter where indicated below and return it to the address listed above by the Response Due Date. If you do not respond by the above Response date, your claim will be denied.

If you have any questions, please call us at 1-866-483-9938.

Sincerely yours,

Class Administrator

**I (WE) DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, THAT THE INFORMATION PROVIDED IN THE PREVIOUSLY FILED PROOF OF CLAIM FORM IS TRUE AND CORRECT.**

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date