

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

IN RE SUPREMA SPECIALTIES, INC., SECURITIES
LITIGATION

Master File No. 02-168 (WHW)

PROOF OF CLAIM AND RELEASE

GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (1) Pendency of Class Action and (2) Hearing on Proposed Settlement and Attorneys' Fee Petition and Right to Share in Settlement Fund (the "Notice") and Plan of Allocation of Net Settlement Fund (the "Plan of Allocation") that accompany this Proof of Claim and Release ("Claim Form"). The Notice and Plan of Allocation describe the proposed Settlement, how the Class Members are affected by it, and the manner in which the Settlement Fund will be distributed, if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting the Claim Form, you will be certifying that you have read and that you understand the Notice.

2. IN ORDER TO PARTICIPATE IN THE SETTLEMENT, YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM, BY FIRST-CLASS MAIL, POSTAGE PREPAID, POSTMARKED ON OR BEFORE APRIL 10, 2008, ADDRESSED TO:

**SUPREMA SPECIALTIES, INC., SECURITIES LITIGATION
CLAIMS ADMINISTRATOR
c/o A.B. DATA, LTD.
POST OFFICE BOX 170500
MILWAUKEE, WI 53217**

3. This Claim Form is directed to all Persons who purchased or otherwise acquired Suprema common stock from September 27, 2000, through and including December 21, 2001. Excluded from the Class are Defendants; the officers and directors of Suprema; members of their immediate families and their legal representatives, heirs, successors, or assigns; and any entity in which Defendants have or had a controlling interest. Also excluded from the Class are any Persons who exclude themselves by filing a request for exclusion in accordance with the requirements set forth in the Notice.

4. "Class Member" means any Person who is included in the definition of the Class who did not timely submit proper request for exclusion in accordance with the requirements set forth in the Notice.

5. "Authorized Claimant" means a Class Member who timely submits to the Claims Administrator a valid Claim Form that has been allowed pursuant to the terms of the Stipulation.

6. IF YOU ARE NOT A CLASS MEMBER, OR IF YOU OR SOMEONE ACTING ON YOUR BEHALF FILES A REQUEST FOR EXCLUSION FROM THE CLASS, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A CLASS MEMBER. THUS, IF YOU FILE A REQUEST FOR EXCLUSION IN A TIMELY MANNER, ANY CLAIM FORM THAT YOU SUBMIT, OR WHICH MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.

7. To recover as a Class Member, you must complete and sign this Claim Form and mail it to the Claims Administrator postmarked on or before April 10, 2008. If you fail to file a timely, properly addressed, and completed Claim Form, your claim may be rejected and you may be precluded from receiving any distribution from the Net Settlement Fund.

8. Submission of this Claim Form does not ensure that you will share in the proceeds of the Net Settlement Fund. Distributions from the Net Settlement Fund are governed by the Plan of Allocation approved by the Court. The proposed Plan of Allocation, which is subject to the Court's approval, is included in the Notice.

9. If you have questions concerning the Claim Form or need additional copies of the Claim Form or Notice, you may contact the Claims Administrator, A.B. Data, Ltd., at the above address or by toll-free phone at (866) 778-9470 or you may visit the Claims Administrator's Internet website, abdatalawserve.com for additional information.

10. If you are a Class Member and you do not, or someone acting on your behalf does not, submit a timely Request for Exclusion and if the Court approves the Settlement, you will be bound by the terms of any judgment that the Court enters. You will be bound by the judgment whether or not you submit a Claim Form. The judgment enjoins the filing or continued prosecution of Released Claims. It also releases the Released Claims against the Released Parties, including those that are subject to pending lawsuits or arbitrations.

11. You are required to submit genuine and sufficient documentation for all your transactions in Suprema common stock during the Class Period of September 27, 2000, through and including December 21, 2001. Documentation may be photocopies of stockbrokers' confirmation slips or stockbrokers' monthly statements (reflecting your opening and closing balances for the months specified on the actual Claim Form and in which transactions during the Class Period occurred). IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL STOCK CERTIFICATES.

12. If you are a bank, broker, or nominee, or an individual with 70 or more transactions in your claim, you may choose to file your claim electronically. For more information on electronic claims filing or to download the electronic claims filing guidelines and template for this case, visit abdatalawserve.com/file_claims_electronically.php or call (800) 949-0194 to speak with an electronic claims filing specialist.

13. All joint purchasers must each sign this Claim Form.

14. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them and they must:

- (i) expressly state the capacity in which they are acting;
- (ii) identify the name, account number, Social Security number (or taxpayer identification number), address, and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Suprema common stock; and
- (iii) furnish herewith evidence of their authority to bind the person or entity on whose behalf they are acting with respect to the Claim Form. (Authority to complete and sign a Claim Form cannot be established by stockbrokers only demonstrating that they have discretionary authority to trade stock in another's accounts.)

15. By submitting a signed Claim Form, you will be swearing that you:

- (i) own(ed) the Suprema common stock you have listed in the Claim Form; or
- (ii) are expressly authorized to act on behalf of the owner thereof.

16. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

PLEASE BE AWARE: The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide any of this information could delay verification of your claim or result in rejection of your claim.

**Must Be Postmarked
No Later Than:
April 10, 2008**

In re Suprema Specialties, Inc., Securities Litigation
PROOF OF CLAIM
Please Type or Print



For Official Use Only

PART I: CLAIMANT IDENTIFICATION

LAST NAME (CLAIMANT) _____ FIRST NAME (CLAIMANT) _____

Last Name (Beneficial Owner if Different from Claimant) _____ First Name (Beneficial Owner) _____

Last Name (Co-Beneficial Owner) _____ First Name (Co-Beneficial Owner) _____

Company/Other Entity (If Claimant Is Not an Individual) _____

Trustee/Nominee/Other _____

Account Number (If Claimant Is Not an Individual) _____ Trust/Other Date (If Applicable) _____

Check here to use Correspondence Address for Distribution

Correspondence Address Line 1 _____

Correspondence Address Line 2 (If Applicable) _____

City _____ State _____ Zip Code _____

Foreign Province _____ Foreign Zip Code _____ Foreign Country _____

(Optional) Distribution Address: Distribution Address Line 1 _____

Distribution Address Line 2 (If Applicable) _____

City _____ State _____ Zip Code _____

Foreign Province _____ Foreign Zip Code _____ Foreign Country _____

Telephone Number (Day) _____ Telephone Number (Night) _____
(_____) _____ (_____) _____

Beneficial Owner's Employer Identification Number or Social Security Number _____

E-mail Address _____

IDENTITY OF CLAIMANT

- Individual Joint Owners Estate Corporation Trust Partnership Other (specify, describe on separate sheet)
 IRA, Keogh, or other type of individual retirement plan (indicate type of plan, mailing address, and name of current custodian) _____ Legal Representative
 Private Pension Fund

LEGAL REPRESENTATIVES OF CLAIMANTS MUST ATTACH POWER OF ATTORNEY OR OTHER INSTRUMENT SHOWING AUTHORITY TO ACT AS A LEGAL REPRESENTATIVE

For informational purposes only, you must also respond to the following questions: Claimant was / was not (circle one) a Defendant in the Action; an officer or director of Suprema; or a member of the immediate family, a legal representative, an heir, a successor, or an assign of an officer or director of Suprema at any time from September 27, 2000, through and including December 21, 2001, or an entity in which any of the Defendants have or had a controlling interest. If so, state position(s) held and dates of employment or affiliation _____.

PART II: OPENING POSITION: AS OF CLOSE OF TRADING ON SEPTEMBER 26, 2000

OPENING POSITION:

Proof enclosed?

Indicate the Claimant's opening position in Suprema common stock as of the close of trading on September 26, 2000:

 Y N

IF NONE, CHECK HERE

PART III: PURCHASES

PURCHASES:

List all purchases of Suprema common stock made during the period September 27, 2000, through and including December 21, 2001:

IF NONE, CHECK HERE

Trade date(s) List chronologically			Number of shares purchased	Price per share (excluding commissions, taxes, & fees)	Proof of purchase enclosed					
MM	DD	YYYY								
____	/	____	/	____	____	\$	____	____	____	<input type="radio"/> Y <input type="radio"/> N
____	/	____	/	____	____	\$	____	____	____	<input type="radio"/> Y <input type="radio"/> N
____	/	____	/	____	____	\$	____	____	____	<input type="radio"/> Y <input type="radio"/> N
____	/	____	/	____	____	\$	____	____	____	<input type="radio"/> Y <input type="radio"/> N
____	/	____	/	____	____	\$	____	____	____	<input type="radio"/> Y <input type="radio"/> N

PART IV: ACQUISITIONS PURSUANT TO SUPREMA'S NOVEMBER 6, 2001, REGISTRATION STATEMENT

ACQUISITIONS:

Proof enclosed?

Indicate the Claimant's acquisitions of Suprema common stock pursuant to the Registration Statement Suprema filed on November 6, 2001:

 Y N

IF NONE, CHECK HERE

PART V: SALES

SALES:

List all sales of Suprema common stock made during the period September 27, 2000, through and including December 21, 2001:

IF NONE, CHECK HERE

Transaction date(s) List chronologically			Number of shares sold	Sale price per share (excluding commissions, taxes, & fees)	Proof of sale enclosed					
MM	DD	YYYY								
____	/	____	/	____	____	\$	____	____	____	<input type="radio"/> Y <input type="radio"/> N
____	/	____	/	____	____	\$	____	____	____	<input type="radio"/> Y <input type="radio"/> N
____	/	____	/	____	____	\$	____	____	____	<input type="radio"/> Y <input type="radio"/> N
____	/	____	/	____	____	\$	____	____	____	<input type="radio"/> Y <input type="radio"/> N
____	/	____	/	____	____	\$	____	____	____	<input type="radio"/> Y <input type="radio"/> N

IF YOU REQUIRE ADDITIONAL SPACE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT AS ABOVE. PRINT THE BENEFICIAL OWNER'S FULL NAME ON EACH ADDITIONAL PAGE.

REMINDER CHECKLIST

1. Please sign the Claim Form above.
2. If this claim is being made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents. These must include documentation of (a) all opening and closing balances, as set forth in the specific sections of the Claim Form and (b) all purchases and sales of Suprema common stock during the Class Period from September 27, 2000, through and including December 21, 2001, as set forth in the specific sections of the Claim Form.
4. If you move, please send your new address to:
**SUPREMA SPECIALTIES, INC., SECURITIES LITIGATION
CLAIMS ADMINISTRATOR
c/o A.B. DATA, LTD.
POST OFFICE BOX 170500
MILWAUKEE, WI 53217**
5. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
6. Keep a copy of your Claim Form and all documentation submitted for your records.
7. You will not receive confirmation that your Claim Form has been received unless you send it via Certified Mail, Return Receipt Requested, or by some other means which provides you with proof of receipt.

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.

THANK YOU FOR YOUR PATIENCE.
