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MUST BE
POSTMARKED
NO LATER THAN
APRIL 29, 2019

STERN et al. vs. RESIDE
LIVING LLC, et al.
CASE NO. 17 CH 17101

For Office Use
Only

CLASS MEMBER CLAIM FORM

Please fill out this form and promptly return the *completed Claim Form*, by U.S. mail to: Stern v. Reside Settlement, c/o Third Party Administrator, PO Box 58201, Philadelphia, PA 19102-8201, or by email to **info@sternsettlement.com**.

Class Claimant:

Current Name: _____
(First) (M.I.) (Last)

Your Current Address: _____
Street Unit Number

_____ City State Zip

Your Current Telephone Number: (____) _____ - _____

Your Current Email: _____ @ _____ . _____

By signing and submitting this Claim Form, the Class Member(s), claimant(s) or the person(s) who represent(s) the claimant(s) agree(s) to the release above and certifies as follows:

1. that I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the respective Settlements and the terms of the Settlement;
2. that the claimant(s) is a (are) member(s) of the Settlement Class, as defined in the Notice, and is (are) not excluded by definition from such Settlement Class as set forth in the Notice;
3. that the claimant has **not** submitted request(s) for exclusion from the Settlement Class in which he/she would otherwise be a member;
4. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE.

Signature: _____ Date: ____/____/____



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