

Allen v. Similasan Corporation, Case No. 3:12-cv-00376
CLAIM FORM

YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN SEPTEMBER 7, 2017.

PERSONAL INFORMATION. Please legibly print or type the following information:

Name (first, middle, and last): _____

Residential Street Address: _____

City, State, and ZIP code: _____

Telephone Number: (_____) _____ Email Address (optional): _____

The above information will be used to send you your Settlement Payment and to communicate with you if any additional information is needed for or problems arise with your claim.

CONFIRMATION OF CLASS MEMBERSHIP

I declare the following (choose one):

I purchased a Similasan Product between February 10, 2008 and April 12, 2017, and the Product I purchased did not provide relief. I do not have a receipt for my purchase.

I purchased a Similasan Product between February 10, 2008 and April 12, 2017, and the Product I purchased did not provide relief. I am attaching documentation of my purchase in the form of a receipt or itemized credit card or itemized bank statement.

IF SUBMITTED BY ELECTRONIC SUBMISSION:

I agree that by submitting this Claim Form I certify under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and that checking this box constitutes my electronic signature on the date of its submission.

IF SUBMITTED BY U.S. MAIL:

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge.

Dated: _____

Signature: _____

Mail To:

Similasan Claims Administrator
c/o Classaura Class Action Administration
1718 Peachtree St NW, Suite 1080
Atlanta, GA 30309