

SHORT-FORM CLAIM FORM

Baskin, et al. v. P.C. Richard & Son, LLC, et al.

Superior Court of New Jersey, Ocean County – Law Division

Docket No. OCN-L-000911-18

I. Your Information

[Preprinted] Name: _____

[Preprinted] Street Address: _____

[Preprinted] City: _____ [Preprinted] State: _____ [Preprinted] Zip Code: _____

[Preprinted] Phone Number: _____ [Preprinted] E-mail Address: _____

II. Your Transaction Information

The records show that you used an American Express ("AmEx") credit or debit card for the following transaction(s):

[Preprinted transaction record(s)]

III. Please Sign This Form

By completing this Short-Form Claim Form, I declare that I used my own personal American Express card for at least one transaction that is referenced in Section II above.

Signature: _____

INSTRUCTIONS FOR THE SHORT-FORM CLAIM FORM

**Use this form only if you have received written notice
with a Notice Number that begins with the letter P**

I. Deadline For Returning Your Completed Short-Form Claim Form

If you have already received written notice by postal mail or e-mail which contains a Notice Number that begins with the letter P, this means that the records show that you used an American Express ("AmEx") credit or debit card for one or more transactions at P.C. Richard during the period November 12, 2015 through August 18, 2016, but it is unknown whether the AmEx card you used is your personal card or a non-consumer business card.

Therefore, if you received written notice by postal mail or email which contains a Notice Number that begins with the letter P, in order to obtain a payment, in an amount up to \$1,000.00, you must submit a Short-Form Claim Form attesting that at least one transaction shown in the records was made with your personal American Express ("AmEx") credit or debit card. Once you timely submit your Short-Form Claim Form and it is approved you will become an Eligible Settlement Class Member.

You may submit the Short-Form Claim Form by U.S. mail, fax, or on-line submission.

If you are mailing the Short-Form Claim Form, your completed form must be mailed to the following address **postmarked no later than November 26, 2024:**

Atticus Administration LLC
P.O. BOX 64053
St. Paul, MN 55164

You may also send your completed Short-Form Claim Form by facsimile to the following facsimile number 1-888-326-6411, **by no later than 11:59 p.m. Eastern Time on November 26, 2024.**

You may also submit your Short-Form Claim Form by completing and submitting an electronic version of the Short-Form Claim Form on the internet at www.ReceiptSettlement.com, **by no later than 11:59 p.m. Eastern Time on November 26, 2024.**

II. You Must Sign In The Space Provided In Section III Of The Claim Form

You must also sign the Short-Form Claim Form in the space provided in Section III of the Short-Form Claim Form.