

Must be Postmarked
or Faxed
No Later Than
September 4, 2009

McLeod USA Settlement
c/o The Garden City Group, Inc.
PO Box 9000 #9378
Dublin, OH 43017-4277
Fax. No. (614) 553-1300

MLD



PROOF OF CLAIM FORM

CLAIMANT IDENTIFICATION:

Claim Number:

Control Number:

ADDRESS CORRECTIONS:
Name:
Address:
City:
State/Country:
Zip Code:

Daytime Telephone Number:
() -
Evening Telephone Number:
() -
Mobile Telephone Number:
() -

You received this form pursuant to Court Order because McLeod USA ("McLeod") may have faxed advertisements to you or your company. If you properly complete and send this Proof of Claim on or before the date set forth above, you will receive \$125.00. You must submit this Proof of Claim to receive a share of the Settlement Fund.

A. You MUST check four boxes:

1. Ownership or right to use fax number.
☐ In 2002 and 2003, either I or my company owned or had the right to use the fax number identified as "Fax No." above.
2. Permission or invitation to receive McLeod's advertising faxes
☐ I did not give McLeod express permission or invitation to send advertisements by fax.
3. Received McLeod's advertising fax.
☐ Either I or my company received an advertising fax from McLeod.
4. Authorization to submit claim form.
☐ I am authorized to send in this claim form, either because the claim form is mine or because my company has authorized me to send in the claim form.

B. You MUST sign below:

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this form are true and correct.

Sign Here

Print your Name (and Title if for a company)

Date: _____

C. You MUST Fax or Mail this Form:

Fax this Proof of Claim by September 4, 2009, to 614-553-1300.

OR, mail this Proof of Claim, postmarked by September 4, 2009, to: McLeod USA Settlement c/o The Garden City Group, Inc., PO Box 9000 #9378, Dublin, OH 43017-4277 Attn.: McLeod Settlement