FLANIGAN V. THE WARRANTY GROUP, INC. SETTLEMENT ADMINISTRATOR PO BOX 3967 PORTLAND, OR 97208-3967

## SHORT CLAIM FORM

Return this claim form to: Flanigan v. The Warranty Group, Inc., Settlement Administrator, PO Box 3967, Portland, OR 97208-3967 or submit an electronic form at www.CallBackSettlement.net. Questions? Call 1-866-686-8704.

• **Instructions:** A proposed class action settlement has been reached in a lawsuit over allegedly unauthorized calls made to telephones by or on behalf of American Protection Plans LLC d/b/a American Residential Warranty ("ARW") or The Warranty Group, Inc. (and together, "Defendants"). The Settlement Class includes all individuals who received a call on their United States telephone from March 7, 2011 through August 11, 2015 from Defendants for the purpose of offering one or more home warranty products after having previously called ARW's call center and ended the call before reaching an operator or leaving a voicemail. Defendants deny any wrongdoing, and the Settlement does not establish that any law has been broken. If you are a Settlement Class Member, you can use this Short Claim Form to request a payment by check. This Short Claim Form offers a single, one-time check payment of \$125 if you received one or more calls on your cell phone or if you received more than one call on your telephone number while that number was registered on the National Do Not Call Registry. If your claim is approved, the amount you will receive may be reduced depending on the number of valid claims submitted. You can only submit a Short *O* claim Form *but not both*. Visit www.CallBackSettlement.net for more information.

First Name	MI Last Name
Address	
City	State ZIP Code
Affected Phone Number (This must be the phone number	er that received the calls related to this settlement.)
Email Address (optional)	
Contact Phone Number (Please provide a phone number	r where you can be reached if further information is required.)
Settlement Cl	ass Member Verification
By submitting this Short Claim Form and checking Class, and the following statements are true:	the boxes below, I declare that I am a member of the Settlement
	f of Defendants regarding an offer for a home warranty product above between March 7, 2011 and August 11, 2015. (must be
(2) Prior to receiving any such call from or on b consent to call my cell phone. (box 2 or 3 mus	behalf of Defendants, I did not provide Defendants with express st be checked to be valid)
offer for a home warranty product on my photon	re-month period from or on behalf of Defendants regarding an one number listed above while that number was listed on the provide Defendants with consent to call my phone. (box 2 or 3
(4) Under penalty of perjury, all information p knowledge and belief. (must be checked to be	rovided in this claim form is true and correct to the best of my valid)
Signature of claimant	Date Date DD - YY
First Name MI	Last Name

Your claim will be submitted to the Settlement Administrator for review. If your claim form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your claim is approved, you will be mailed a check at the street address you provide. This process takes time; please be patient.

CLAIM FORMS MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN DECEMBER 17, 2015 TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT: www.CallBackSettlement.net OR MAIL THIS CLAIM FORM TO: Flanigan v. The Warranty Group, Inc., Settlement Administrator, PO Box 3967, Portland, OR 97208-3967. If you have questions, you may call Class Counsel at 1-866-354-3015.