

**CLAIM FORM**

Return this Claim Form, properly completed and duly executed, to: Estrada v. iYogi Settlement Administrator, PO Box 3518, Portland, OR 97208-3518. For questions, visit [www.renewalcallsettlement.com](http://www.renewalcallsettlement.com) or call 888-281-7040.

If you are an individual who is a current or former iYogi subscriber in the United States and received phone calls on a cellular telephone between September 23, 2009 and November 18, 2013 from iYogi or one of its affiliates, you may complete this Claim Form and may be entitled to recover a one-time cash payment of \$40 under the Settlement of this case\*. For your claim to be considered valid, you must provide the information requested below, including your signature (or electronic verification).

**Instructions for completing this form.** Please fill out the information requested below completely. If the information you provide is insufficient to determine whether you are a member of the Settlement Class in this case, your claim may be rejected, or you may be requested to provide additional information.

**YOUR CONTACT INFORMATION**

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Address**

<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Email Address Used in Connection with Purchasing an iYogi Subscription:**

**iYogi Subscription Number (if known):**

**Current Telephone Number (Please provide a phone number where you can be reached if further information is required.):**

 -  - 

**Telephone Number at Which You Received a Call(s) Made by or on Behalf of iYogi:**

 -  - 

**Approximate Date(s) of the Telephone Call(s) You Received from or on Behalf of iYogi:**

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>			
MM		DD		YYYY		MM		DD		YYYY		MM		DD		YYYY

**Class Member Identification Number (contained in the notice you received regarding this case):**

**SETTLEMENT CLASS MEMBER VERIFICATION**

By submitting this Claim Form and checking the boxes below, I declare that I am a member of the Settlement Class, and the following statements are true:

- (1) I am a current or former iYogi subscriber.
- (2) I received one or more cellular telephone call(s) made by or on behalf of iYogi between September 23, 2009 and November 18, 2013.
- (3) Under penalty of perjury, all information provided in this Claim Form is true and correct to the best of my knowledge and belief. (This box must be checked to be valid.)

Signature

Date   -   -      
MM DD YYYY

Print Name: \_\_\_\_\_

Your claim will be submitted to the Settlement Administrator for review. The Parties have the right to audit all claims submitted under the Settlement for accuracy, veracity, and compliance with the terms and conditions of the Settlement Agreement in this case. 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 JANUARY 2, 2016 TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT: WWW.RENEWALCALLSETTLEMENT.COM OR MAIL THIS CLAIM FORM TO: Estrada v. iYogi Settlement Administrator, PO Box 3518, Portland, OR 97208-3518. If you have questions, you may call Class Counsel at 1-866-354-3015.**

\*Certain individuals are excluded from the Settlement, including the Judges presiding over the case and members of their families as well as current or former officers, directors, and employees of the Defendant and any of its subsidiary and parent companies. See the Settlement Agreement on the Settlement Website ([www.renewalcallsettlement.com](http://www.renewalcallsettlement.com)) for more information.