CLAIM FORM

Petkevicius v. Lamps Plus, Inc.

Instructions for Completing Claim Form

TO RECEIVE A VOUCHER IF YOU DID NOT RECEIVE DIRECT NOTICE, OR TO EXERCISE ELECTION TO RECEIVE A SETTLEMENT CHECK IN LIEU OF A VOUCHER, YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN MARCH 4, 2020, TO RECEIVE YOUR SETTLEMENT AWARD.

Carefully read each section below and fill in all applicable fields. Once complete, send via U.S. Mail, **postmarked no later than March 4, 2020**, to: Lamps Plus Claims Administrator, P.O. Box 3770, Portland, OR 97208-3770.

Settlement Benefits

PERSONAL INFORMATION. Please legibly print or type the following information requested below. This information will be used to deliver your Voucher or settlement check and communicate with you if any problems arise with your Claim.

First Name | MI | Last Name

Mailing Address 1 (where you would like the settlement check, if elected, delivered)

Mailing Address 2

City | State | ZIP Code

Phone Number

☐ **CONFIRMATION OF CLASS MEMBERSHIP**. I declare that, during the period of time between April 22, 2015, and October 11, 2019, I purchased from a California Lamps Plus retail store Lamps Plus branded or trademarked merchandise bearing a "Compare At" price tag.

Please provide information about the purchases that you are claiming above:

Approximate Month and Year of Purchase	Approximate Location (City and State) of Purchase	Description of Item Purchased

In the alternative to providing the information above, you may upload your Lamps Plus receipt(s) reflecting such purchase(s). If you would like to mail your receipt(s) to the Claims Administrator so as to support your Claim, please send to: Lamps Plus Claims Administrator, P.O. Box 3770, Portland, OR 97208-3770.

The Claims Administrator and/or Lamps Plus may verify your Claim.

Selection of Settlement Award

This Settlement allows for two separate benefits to be chosen by eligible Class Members. **By choosing one of the benefits below, Class Members will forfeit the ability to claim the other**. Please **choose one** of the following options:

☐ **I elect to receive a $20.00 Store Credit Voucher delivered to the email address listed here:**

Email (where you would like the Store Credit Voucher, if elected, sent)

☐ **I wish to receive a settlement check in the amount of $5.00, instead of a Voucher, delivered via USPS to the address I listed above.**

Acknowledgment

I have received notice of the class action Settlement in this case and I am a member of the Class of persons described in the Notice. I agree to release all the claims, known and unknown, stated in section 2.9 of the Settlement Agreement. I submit to the jurisdiction of the Superior Court of California, County of San Diego, with regard to my Claim and for purposes of enforcing the release of claims stated in the Settlement Agreement. I am aware that I can obtain a copy of the full Notice and Settlement Agreement at www.CalLampsSettlement.com or by writing the Claims Administrator at info@CalLampsSettlement.com or Lamps Plus Claims Administrator, P.O. Box 3770, Portland, OR 97208-3770. I agree to furnish additional information to support this Claim if required to do so.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Signature of Class Member

Date: | | | – | | | – | | | | |
MM DD YYYY