

CLAIM FORM

Family Medicine Pharmacy, LLC v. Impax Laboratories, Inc.,

No. 1:17-cv-00053 (S.D. Ala.)

TO RECEIVE A PAYMENT UNDER THIS SETTLEMENT AGREEMENT, THIS CLAIM FORM MUST BE SUBMITTED ONLINE, FAXED, OR POSTMARKED ON OR BEFORE JANUARY 5, 2018 TO THE FOLLOWING:

FMP v. Impax Laboratories Settlement Administrator
c/o JND Class Action Administration
PO Box 6998
Broomfield, CO 80021
Fax: 1-866-249-8783

INSTRUCTIONS: You must provide all required information below and sign this Claim Form and either submit it online, mail it, or fax it. You may be required to submit a W-9 form if the value of your claim exceeds \$599.99. An example is available at www.fmpvimpaxsettlement.com. This Claim Form is a one-page form that asks for basic identification information. If you are required to submit a W-9 form and do not do so, the Settlement Administrator will deduct tax withholding from your settlement payment. Please print or type the following information:

NAME OF PERSON OR ENTITY WITH FAX NUMBER(S):

Your Name or Company Name:

Contact Name if a Company:

Last: _____

First: _____

Address:

Line 1: _____

Line 2: _____

City/St/Zip: _____

Current Fax Number (area code and number):

Fax: (_____) _____

Fax Number where you received an unsolicited advertisement from Defendant Impax Laboratories (area code and number), if different than above:

Fax: (_____) _____

I am verifying under penalty of perjury that during the period December 1, 2013 through and including **September 29, 2017**, I or my company received at least one unsolicited fax advertisement from Defendant.

Note to Claimant: The Settlement Administrator has been provided with the number and date of faxes sent to you, if any, as reflected in the records of Defendant. **You should go to the settlement administrator's website, www.fmpvimpaxsettlement.com, search the list of fax numbers for your fax number, and review the number and date of faxes sent to you, if any, as reflected in the records of Defendant – your claim will automatically be for only those faxes unless you indicate otherwise.** If you are making a claim for any **other** unsolicited faxes sent to you by Defendant, you **must** (i) check this box and (ii) attach a copy of any other unsolicited fax to this Claim Form.

Signature

Date: _____

Print name and title

IT IS YOUR RESPONSIBILITY TO KEEP A CURRENT ADDRESS ON FILE WITH THE SETTLEMENT ADMINISTRATOR

Questions? Please call 1-844-853-3428 or visit www.fmpvimpaxsettlement.com