YOUR CLAIM FORM	Settlement Administrator - 83037	FOR OFFICE USE ONLY
MUST BE SUBMITTED	c/o Kroll Settlement Administration LLC	
ON OR BEFORE	PO Box 5324	
AUGUST 26, 2024	New York, NY 10150-5324	

Bustos, et al. v. Riverside Medical Clinic

Superior Court of the State of California County of Riverside (Case No. CVRI2203466)

CLAIM FORM

SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT WWW.RIVERSIDEPIXELSETTLEMENT.COM

GENERAL CLAIM FORM INFORMATION

You should complete and submit a Claim Form online or this Claim Form by mail if you are a patient or other person who visited Riverside Medical Clinic's ("RMC") website, <u>www.riversidemedicalclinic.com</u> between September 9, 2017 and December 13, 2022.

The Postcard Notice describes your legal rights and options. Please visit the official Settlement Website, <u>www.riversidepixelsettlement.com</u>, or call (833) 462-9176 for more information.

If you wish to submit a claim for a cash payment, please provide the information requested below. You must submit your Claim Form online by the Claims Deadline of **August 26**, **2024**, or complete and mail this Claim Form to the Settlement Administrator, postmarked by **August 26**, **2024**.

TO SUBMIT A CLAIM FOR PRO RATA CASH PAYMENT:

- 1. Complete all sections of this Claim Form.
- 2. Sign the Claim Form.
- 3. Submit the completed Claim Form to the Settlement Administrator so that it is postmarked by August 26, 2024.

This Claim Form should only be used if a claim is being mailed and is not being filed online. You may go to <u>www.riversidepixelsettlement.com</u> to submit your Claim Form online, or you may submit this Claim Form by mail to the address at the top of this form. Note that postage to send this Claim Form by mail is not pre-paid.

Payment will be mailed in the form of a Claim Check to the address you provide below. If you would like to receive a Claim Payment electronically (Venmo, PayPal, Zelle, ...) you must submit a Claim Form online at www.riversidepixelsettlement.com.

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83037 CF 1. <u>SETTLEMENT CLASS MEMBER INFORMATION</u>

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*First Name

MI *Last Name

*Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)

*City	*State	*Zip Code	Zip4 (Optional)
		a	
*Current Email Address			
()			
Current Phone Number (Optional)			
*Class Member ID: 83037		_	

*Class Member ID: Your Class Member ID can be found on the Postcard Notice you received informing you about this Settlement.

If you do not have a Class Member ID, or if you need additional help locating this Class Member ID, please contact the Settlement Administrator at (833) 462-9176.

2. <u>PAYMENT ELIGIBILITY INFORMATION</u>

Please review the Postcard Notice and Frequently Asked Questions located on the Settlement Website, <u>www.riversidepixelsettlement.com</u> for more information on who is eligible for a Claim Payment under the Settlement. Please provide as much information as you can to help us figure out if you are entitled to a cash compensation.

Settlement Class Members who file a valid Claim Form will be eligible to receive a *pro rata* cash payment of the Net Settlement Fund from the Defendant regarding the Website Usage Disclosure.

I attest that I visited the Defendant's website at least once between September 9, 2017 and December 13, 2022.

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3. <u>SIGN AND DATI</u>	E YOUR CLAIM FORM		
Signature		$\frac{1}{\text{Date}} \frac{1}{(\text{mm/dd/yyyy})} = \frac{1}{1}$	
8			
Printed Name			
Please	e keep a copy of your completed C	laim Form for your records.	
Mai	il your completed Claim Form to th	e Settlement Administrator:	
	Settlement Administra	tor – 83037	
	c/o Kroll Settlement Admi	nistration LLC	
	PO Box 532	4	
	New York, NY 101	50-5324	
	or submit your Claim Fo www.riversidepixelsettl		
It is your responsibility to	notify the Settlement Administrato	r of any changes to your contact information after	
	-	ontact information on the Contact page at	

www.riversidepixelsettlement.com.

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