

Your claim must be postmarked by: November 9, 2021

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA OAKLAND DIVISION
ALEX PYGIN V. BOMBAS, LLC, SHOPIFY (USA) INC., AND SHOPIFY INC.
CASE NO. 4:20-CV-04412-JSW

BMB

Settlement Claim Form

This Claim Form should be filled out online or submitted by mail if you made a purchase on the Bombas LLC (“Bombas”) website during the period commencing on November 11, 2016 and continuing through February 16, 2017.

You may receive a payment if you properly and timely complete this Claim Form, the Settlement is approved, and you are found to be eligible for a payment.

The Class Notice describes your legal rights and options. You can obtain the Class Notice and further information about the Litigation, the Settlement Agreement, and your legal rights and options on the official Settlement website www.BombasSettlement.com or by calling 1-844-963-2273.

Your claim must be submitted online or postmarked by **November 9, 2021** to be considered for payment. You can submit your claim for a settlement award in two ways:

- 1. Online at www.BombasSettlement.com by following instructions on the “Submit a Claim” page.
- 2. By mail to the Claims Administrator at this address:

Bombas Settlement Claims Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

Only one Settlement Claim may be submitted per Settlement Class Member, and only one Settlement Claim may be submitted per method of payment used at the Bombas website.

1. CLASS MEMBER INFORMATION (REQUIRED)

First Name Last Name

Street Address

City State Zip Code

Home Phone Email Address

DOCUMENTATION

REQUIRED: Enclose a receipt, bank or credit card statement, or other proof of purchase showing your purchase from the Bombas website. (Please redact all unrelated transactions).

-OR- If such documents are not available, complete all parts of this section:

(Check to indicate your agreement). I no longer have proof of my purchase, but I attest under penalty of perjury that I made a purchase from the Bombas website on or about:

(Approximate date of purchase) using a credit or debit card ending in

(Last 4 digits of credit or debit card used)

(Check if card is no longer available). I attest under penalty of perjury that I no longer have the debit or credit card used and do not know or have any records showing the last 4 digits of this card.

2. PAYMENT ELIGIBILITY INFORMATION (REQUIRED)

Please select the type of claim you are filing. You may only select one option. Additional information about the award types is available in the Class Notice and Sections 2.1 through 2.5 of the Settlement Agreement (available at www.BombasSettlement.com).

Basic Award (go to Section 5) OR Reimbursement Award (go to Section 3)

3. REIMBURSEMENT AWARD (Do not complete if selecting Basic Award)

ADDITIONAL INFORMATION REQUIRED FROM SETTLEMENT CLASS MEMBERS

You must complete this Section 3 if you are seeking a Reimbursement Award. Please provide as much information as possible.

FRAUDULENT CHARGES

REQUIRED I attest under penalty of perjury that I experienced one or more fraudulent charges between November 11, 2016 and February 16, 2017 on a credit or debit card I used to make a purchase from the Bombas website.

REQUIRED Such charges have not been reimbursed.

REQUIRED I believe in good faith such charges were more likely than not the result of the security incident that affected Bombas' computer systems that was disclosed by Bombas on June 3, 2020.

\$ The total amount of unreimbursed fraudulent charges that I am claiming.

Examples: Fraudulent charges that were made on your credit or debit card account and that were not reversed or repaid even though you reported them to your bank or credit card company.

Required: Attach a copy of statements that show the fraudulent charges and any correspondence showing that you reported them as unauthorized. (Please redact all unrelated transactions). If you do not have any written correspondence reporting the charges, describe when and how you reported them and who you reported them to:

REQUIRED I have made good faith efforts to have these unauthorized charges reversed or repaid, including through my bank or credit card company, and have exhausted all available credit monitoring, identity theft insurance, or other applicable insurance policies, but have not been successful at having the charges reversed, have not received payment, and have no insurance coverage for these unauthorized charges.

TIME

I spent time dealing with these unauthorized charges and wish to be reimbursed for my time spent, up to a maximum of three (3) hours.

I spent this much time (round to the nearest hour and check only one box):

One Hour 2 Hours 3 Hours

Examples: You spent time calling customer service lines, writing letters or emails, or browsing the internet trying to get unauthorized charges reversed or reimbursed. Please note that the time it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Required: If time was spent on the telephone, online, or writing letters, in the space below, describe what you did, or attach a copy of any letters or emails that you wrote. If the time was spent trying to get unauthorized charges reversed or reimbursed, describe what you did.

If you are also seeking reimbursement for Out-of-Pocket Expenses as part of your claim for a Reimbursement Award, complete Section 4. Otherwise, go to Section 5.

4. ADDITIONAL INFORMATION REQUIRED FROM SETTLEMENT CLASS MEMBERS SEEKING REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES IN CONNECTION WITH A REIMBURSEMENT AWARD.

OUT-OF-POCKET EXPENSES

I attest under penalty of perjury that I am making a claim for a Reimbursement Award, and that I incurred the following Out-of-Pocket Expenses as a result of one or more unauthorized charges between November 11, 2016 and February 16, 2017 on a credit or debit card I used to make a purchase from the Bombas website.

I believe in good faith that such unauthorized charges were more likely than not the result of the security incident that affected Bombas' computer systems that was disclosed by Bombas on June 3, 2020.

Check all that apply, stating the total amount you are claiming for each category and attaching documentation of the charges as described below. Round total amounts to the nearest dollar.

Cost Type (Check all that apply)	Amount of Loss	Required Documents	Examples of Out-Of-Pocket Expenses
<input type="checkbox"/> Bank and Card Fees	\$ _____	<i>A copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions).</i>	<i>Overdraft fees, over-limit fees, late fees, charges due to insufficient funds or interest, card reissuance fees.</i>
<input type="checkbox"/> Cell, internet or text charges	\$ _____	<i>A copy of the bill from your telephone company, cell phone company, or internet service provider showing the claimed charges</i>	<i>Long distance or cell phone charges (if charged by the minute), or data charges (if charged based on the amount of data used).</i>
<input type="checkbox"/> Costs of purchasing credit monitoring, placing security or credit freezes, and obtaining credit reports or credit freezes	\$ _____	<i>A copy of a receipt of other proof of purchase for each credit report or credit freeze purchased or placed.</i>	<i>The cost of purchasing a credit report or placing a credit freeze.</i>
<input type="checkbox"/> Postage costs	\$ _____	<i>A copy of any receipt or proof of purchase for all postage costs claimed showing date, amount and vendor.</i>	<i>Postage for correspondence with your bank or credit card company about unauthorized charges. The cost of submitting this form is not included</i>

5. CERTIFICATION

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed that the information, I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Signature _____

Printed Name _____

Date _____

Once you've completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by **November 9, 2021**:

Bombas Settlement Claim Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103