

<b>MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN AUGUST 24, 2020</b>	<b><u>CLAIM FORM</u></b>  <b>Appalachian Land Company v. EQT Production Company, f/k/a Equitable Production Company, Case No. 7:08-cv-139-KKC (E.D. Ky.)</b>	<b>Appalachian Land</b>
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**PLEASE FILL OUT EACH SECTION OF THE FORM AND SIGN WHERE INDICATED:**

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**First Name**

**Last Name**

**Business Name (Optional)**

**Street Address (Mailing Address)**

**City**

**State**

**Zip Code**

**Email Address (Optional)**

**Current Phone Number**

**TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE INFORMATION ABOVE, AND YOU MUST SIGN THIS CLAIM FORM.**

**YOUR CLAIM FORM MUST BE SUBMITTED ONLINE at [WWW.EQTOILANDGASROYALTIESSETTLEMENT.COM](http://WWW.EQTOILANDGASROYALTIESSETTLEMENT.COM) BY 11:59 P.M. EASTERN TIME ON AUGUST 24, 2020 OR SENT BY EMAIL OR BY MAIL TO THE ADDRESS BELOW AND POSTMARKED BY AUGUST 24, 2020**

***Appalachian Land Co. v. EQT Production Co. Settlement Administrator***  
**1650 Arch Street, Suite 2210**  
**Philadelphia, PA 19103**

**[Claims@EQTOilAndGasRoyaltiesSettlement.com](mailto:Claims@EQTOilAndGasRoyaltiesSettlement.com)**

**CLASS MEMBER AFFIRMATION:** By submitting this Claim Form and checking the box below, I declare that I am a member of the Settlement Class and that the following statement is true (**ALL boxes must be checked to receive payment**):

- I affirm I was a lessor on Oil and Gas Lease with EQT Production Company (formerly known as Equitable Production Company), or its predecessors in title, during the period of January 1, 1995 through July 31, 2016, and am a member of the class as defined in the class notice.
- I affirm I am NOT any of the following: (1) the United States of America; (2) any Judge or Magistrate presiding over this action or a member of their families; (3) Defendant, its affiliate, predecessor-in-interest, or its respective employee, officer or director; or (4) a potential member of the class who has been paid or accepted reimbursement for withheld severance taxed during the Class Period (between January 1, 1995 and July 31, 2016).
- I declare under penalty of perjury under the laws of the State in which this affirmation is executed and the United States of America that all information provided in this Claim Form is true and correct to the best of my knowledge and belief.

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **DATED:** \_\_\_\_/\_\_\_\_/\_\_\_\_